

# National Service Criminal History Check – Exemption Request Form

## Please note:

Effective July 19, 2019, all approved Exemptions shall be applied to checks performed *after* the date of CNCS approval. ASPs may not be applied retroactively for any checks completed prior to approval. CNCS may give notice at any time that an approved ASP, including pre-approved ASPs, will be revoked. Once revoked, an organization may no longer use an approved ASP for individuals that begin work or service after CNCS has revoked the approved ASP. When an ASP is revoked, the ASP does not apply to any individuals in covered positions who begin work or service after the expiration date of the approved ASP.

<b>Legal Applicant Name (PRIME):</b>	
<b>Name of Program (s):</b>	
<b>Grant Number (s) Impacted:</b>	
<b>Contact Individual:</b>	

## Please check each box to affirm that you are conducting the following steps:

- ☐ Verify identity with government photo identification
  - ☐ Document that you verified the individual's identity with a government-issued photo ID
- ☐ Obtain and document written authorization prior to initiating checks
- ☐ Document that the individual understands selection is subject to Check results
- ☐ Complete NSOPW check before service/work begins
- ☐ Determine how and from where (sources) the checks (States/FBI) must be obtained
- ☐ Initiate appropriate State/FBI checks no later than the start of work/service
  - ☐ Document initiation of checks
- ☐ Pay for the checks
- ☐ Perform accompaniment while checks are pending
  - ☐ Document accompaniment while checks are pending and the individual has access to vulnerable populations.
  - ☐ Document when you received results for checks
- ☐ Maintain the results of the checks
  - ☐ Document that you conducted the checks
  - ☐ Maintain the results of the Check components: NSOPW, State(s), FBI
  - ☐ Document that you considered the results of the checks.
- ☐ Provide opportunity for review of findings
- ☐ Keep information confidential

## THIS SECTION IS FOR EXEMPTION REQUESTS ONLY:

### Please identify what type of exemption you are requesting:

☐ **Cost Prohibitive**

If applying under **cost prohibitive**, please provide a detailed analysis of costs and burden as they compare to an increase in fees from a 2-part to a 3-part check.

☐ **Good Cause Exemption**

## What to Include in Your Request:

1. Completed National Service Criminal History Check – Exemption Request Form (above)
2. Letter of Request (which should include);
  - a. **Background of your project/program**
  - b. **Background of the exemption being requested**

- i. **Why** the requirements cannot be met? **Explain why** you are requesting an exemption and **describe the specific element(s)** of the requirements that you would be **exempt** from.
3. Attachments (if applicable)
  - a. Other documentation as necessary.

### **Submission Instructions**

Send your exemption request to [CHC@cns.gov](mailto:CHC@cns.gov) and copy your Program/Grants Officers or Portfolio Manager. Subgrantees submit your request to your sponsoring prime grantee. If you have questions regarding these instructions or the requirements, contact [CHC@cns.gov](mailto:CHC@cns.gov).