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| **Early Childhood Council Name**:  | **Date**:  |
| **Primary Contact (Name and Position)**:  | **Phone**:  |
| **Mailing Address**:  | **Email**:  |

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| 1. **Citation of Rule or Regulation for Waiver Request pursuant to Early Childhood Council Rule 7.717.6(E):** (*please include rule/regulation number, and specific language of the rule/regulation creating the barrier*):
 |
| 1. **Associated Legislation:** *(Please list any statute or legislation associated with the rule/regulation cited above. Please note: state statutes cannot be waived.)*
 |
| 1. **Waiver Request** *(Describe the barrier this waiver addresses to implementation of an early childhood project is the rule/regulation creating)*
 |
| 1. **Reason for Request** *(Describe the barrier this waiver addresses, and why you are concerned and/or unable to comply with the minimum rule requirements)*
 |
| 1. **How will Waiver Approval positively impact children, families, and/or your community?**
 |
| 1. **Please describe stakeholder outreach.** Who **are all the affected parties of this Waiver Request?** *(You may attach letters from affected parties)*
 |
| 1. **Do you have any evidence to demonstrate that compliance with the specific rule creates a substantial undue burden? (If so, please attach)**
 |
| 1. **If this rule/regulation is waived, how will you meet its intended purpose?** *(ex: diversity of stakeholders, health and safety of children in care, etc.)*
 |
| 1. **On what date would you like the Waiver to START?**
 |
| 1. **On what date would you like the Waiver to END?**
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| 1. **Is there a fiscal impact to implementing this waiver?** *(Please describe any anticipated financial impact)*
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| 1. **How will you evaluate the effectiveness of this rule/regulation waiver if approved?**
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| 1. **Additional Comments:**
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**SIGNED:**

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| ECC Coordinator Name |  | ECC Coordinator Signature |
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| ECC Membership Chair Name |  | ECC Membership Chair Signature |