**Annex IV**

**MCC PROGRAM CLOSURE GUIDELINES EX-ANTE WAIVER REQUEST FORM**

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| --- | --- |
| Guidelines Provision | Waiver Request |
| *[MCC PCG Provision Part, Section and Paragraph Numbers]* | *[Description of the provision of these Guidelines for which the waiver is requested. Include both the text of the provision as it appears in these Guidelines and the specific waiver being requested.]* |
| *Justification for waiving the Guidelines provision(s)* | |
| *[Description of the anticipated impact the waiver would have on the Accountable Entity’s closure activities. Explain the basis of the request, the procedure(s) to be waived, and any recommended alternative action. Detail why the waiver is in the interest of the country’s Compact or Threshold program, and why it would be detrimental to the program if the waiver were denied.]* | |

**MCA REQUEST**

|  |  |  |
| --- | --- | --- |
| Name (typed)/Title | Signature | Date |
| Accountable Entity CEO/Head of Accountable Entity:  [Name]  [subtitle if applicable] |  |  |
| MCA Sector Lead(s) |  |  |

**MCC CLEARANCE/APPROVAL[[1]](#footnote-2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (typed)/Title | Indicate Clearance/Approval | Signature | Date |
| MCC Sector Lead(s) [if applicable] | Clearance  Approval |  |  |
| MCC Legal Counsel | Clearance  Approval |  |  |
| MCC Practice Lead/Senior Director [if applicable] | Clearance  Approval |  |  |
| MCC Resident Country Director | Clearance  Approval |  |  |
| MCC Department of Compact Operations Deputy Vice President [if applicable] | Clearance  Approval |  |  |

1. Please refer to Section 6, “Waivers to these Guideline”, of the Program Closure Guidelines for additional information. [↑](#footnote-ref-2)