



Office of the State Auditor Local Government Cooperation Waiver Application

1. Applicant Name(s). *All entities listed must be local units of government. If request is on behalf of a nonprofit organization, include name of nonprofit organization.*

2. Application Contact Person. *The contact person should be able to respond to questions regarding this application.*

Name: _____

Phone: _____

Title: _____

Fax: _____

Agency: _____

Address: _____

E-mail: _____

3. Service/Program. *Identify the specific service or program for which you are requesting a waiver.*

4. Rule/Law. *Specifically identify the rule(s) or procedural law(s) governing the delivery of services from which you are requesting a waiver as well as any related rule(s) or law(s) (for example: M.R. 9525.0125, subp. 1 or M.S. 279.03, subd. 1).*

5. Is the request for a waiver from a statutory notice requirement?

_____ Yes _____ No

If yes, application need not be submitted, because the State Auditor's may not grant the application pursuant to Minn. Stat. § 6.80, subd. 3.

6. School Districts. *Does the Commissioner of Education have authority to grant variance under section 122A.163.*

_____ Yes _____ No

If yes, the State Auditor cannot grant a waiver or variance pursuant to Minn. Stat. § 6.80.

7. Do you know of any state statute, federal law, or state or federal constitutional doctrine that could be interpreted to inhibit the waiver of the rule or law requested?

_____ Yes (CITE AND DISCUSS AS APPROPRIATE) _____ No

8. Is there a Minnesota statute or a federal law, other than Minn. Stat. §§ 6.80, 14.055 and 14.056 that currently allows a waiver from the rule or law?

_____ Yes _____ No

If yes, please cite the applicable rule or law and explain why a waiver or exemption is then needed from the State Auditor.

9. Does the requested waiver or exemption only change the procedural requirements imposed on the applicant?

_____ Yes _____ No

If yes, please explain. It is not sufficient merely to affirm that granting the waiver will only change the procedural requirements of the applicant. You are required to describe; (1) who must deliver a service; (2) where the service must be delivered; (3) to whom and in what form reports regarding the service must be made; and (4) how long or how often the service must be made available to a given recipient. In addition, you must describe the nature of the law or rule and show that its waiver will not have any substantive impacts on the applicant's responsibilities.

10. Previous Requests. *If request is for exemption from an administrative rule, has the petitioner requested and been denied an exemption from the appropriate agency per Minn. Stat. §§ 14.055 and 14.056?*

_____ Yes, when: _____ _____ No

If yes, please attach the agency's findings.

If no, you must request an exemption from the appropriate agency and be denied before submitting this application.

11. In the past three years, has the applicant or any related party been involved in any litigation, mediation, arbitration, or review by an agency or tribunal involving the applicable rule or law for which a waiver is requested?

_____ Yes _____ No

If yes, identify the parties and all persons having information about the action. Also, include all relevant documentation from the action.

12. Overseeing Agency. *List any state or metropolitan agencies having jurisdiction over the rule or law from which the waiver or exemption is sought.*

13. For waivers of administrative rules, indicate the length of time for which you would like the waiver to be effective.

Waiver of administrative rules can be granted for no less than two years and no more than four year, subject to renewal if both parties agree. Exemptions from enforcement of procedural laws automatically expire ten days after the adjournment of the next regular legislative session in the next calendar year, unless extended by the legislature.

_____ Years

14. Affected Parties. *List the name, address, and telephone number of any person, business, or other government unit you know would be adversely affected by the grant of this petition. In addition, include any materials you may have relating to their position on this issue.*

15. Exclusive Representatives. *You must provide a copy of this application to the exclusive representative (union) certified under M.S. 179A.12 to represent employees who provide the service or program affected by your request.*

Are the affected employees represented by an exclusive representative? Yes: _____ No: _____

List all applicable exclusive representatives and indicate the date on which you sent the copy:

Exclusive representatives: *You may submit written comments on this application, including objections, to the State Auditor within 60 days of receipt of the application.*

This application is submitted to the State Auditor pursuant to Minn. Stat. §6.80. The local government unit(s) requesting the waiver agrees (agree) to abide by the requirements of Minnesota law and the operating procedures of the Office of the State Auditor. To the best of my (our) knowledge the information contained in this application, including the attached narrative and resolution, is accurate and complete.

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)