

**WAIVER FOR REDUCTION IN EBHP CLASS SIZE
Eastern Carolina Council Area Agency on Aging
Health Promotion Disease Prevention (HPDP) Title III-D**

County: _____ Agency: _____

Workshop Title: _____

Person Completing Form: _____

The HPDP Title III-D proposal requires that all evidence-based workshops are to be conducted with a minimum of ten (10) participants in order to receive reimbursement. Workshops which:

1. Do not have at least ten confirmed participants prior to starting or
2. Do not have at least ten participants at the very first class session must submit a Waiver for Reduction in Class Size form. In particular instances, the Area Agency on Aging may approve exceptions to this requirement. Please complete form prior to beginning the workshop or after the first class session and submit to ECCAAA. You will receive a response to your request within 24 hours.

DESCRIBE RECRUITMENT ACTIVITIES FOR THIS WORKSHOP:

DESCRIBE REASON FOR EXCEPTION:

Signed: _____

Date: _____

Please complete form and return to:

Andi Reese
Eastern Carolina Council Area Agency on Aging
P.O. Box 1717
New Bern, NC 28563
Phone: (252) 638-3185 ext. 3015
Fax: (252) 638-3187 Email: areese@eccoq.org



ECCAAA USE ONLY:

RECEIVED DATE _____

ACCEPTED _____

DENIED _____

SIGNATURE _____

DATE _____