# Request to Accept Free Attendance Under the Widely Attended Gathering (WAG) Exception

US Department of Health and Human Services
National Institutes of Health

Use prescribed by NIH Manual 2400-10

Any offer of free attendance (e.g., waiver of registration fee, reception, dinner) is a gift and must be evaluated to determine if acceptance is appropriate. Employees may be permitted to accept such gifts under the exception to the gift rule found in the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. § 2635.204(g)).

Free attendance on the day(s) of actual participation in an event is a customary and necessary part of performance of official duties. Free attendance on those days offered by the sponsor of the event, including meals offered to all attendees as a part of the event, does not involve a gift to the employee or the agency. If this is the case, do not complete this form.

For gifts of waived registration, agencies may accept the offer using the Sponsored Travel (HHS-348) mechanism unless it is a local event. For local events, use this form for gifts of free attendance at meals, receptions, and similar events.

Gifts accepted based on this form are gifts to the employee, and attendance must be on the employee's own time or

CA	cused absence.		
1.	EMPLOYEE NAME, TITLE, IC, AND AGENCY AI	DDRESS	2. REQUEST DATE
			3. OFFICE TELEPHONE NUMBER
4.	OUTSIDE ORGANIZATION SPONSORING THE I	EVENT (full name and City, State,	or Country)
5.	FULL NAME OF THE EVENT		
6.	LOCATION OF EVENT (City, State, or Country)	7. DATE OF EVENT	8. TIME OF EVENT
9.	Purpose of the Event: (e.g., reception hono	oring someone, event collateral	to a conference you are attending, other)
	. Value: (i.e., face value, valued printed on tic . Benefit to the Agency: Explain how your at	·	·
12	<b>12. Invitation:</b> Who invited you to attend the event, the sponsor or someone else? Provide the name of the incomposite who invited you and indicate whether that individual represents the event sponsor. If the answer is No, proving and location of the non-sponsor organization. Note: If invited by a non-sponsor, there is a required monumber of attendees and maximum value of the gift, aggregate value for self and guest, if applicable. Contain ethics official for more information. See also the Financial Disclosure Notice.		
	Name of Individual Who Invited You:  Does this individual represent the organization of the Name of Inviting Organization:  Location of the Inviting Organization:	, -	☐ Yes ☐ No (see next question) he individual who invited you?

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13.	Who provided the information about the event, such as cost or other details (e.g., on the invitation, someone from the sponsoring organization)?			
14.	Did you solicit the invitation? ☐ Yes ☐ No			
15.	<b>Attendees:</b> Who else will attend (e.g., other Government employees, industry, public, scientists, etc.)? Describe by groups, not names.			
16.	i. Is the event open to individuals from throughout a given industry (e.g., the healthcare industry)? ☐ Yes ☐ No			
17.	7. Will individuals in attendance represent a range of persons interested in a given matter (e.g., federal, state, or local officials; health care practitioners; industry representatives)? □ Yes □ No			
18.	How many people are expected to attend?			
19.	Guests: Note: If someone other than the sponsor invited you, there is a minimum number of attendees required, and a maximum value for the gift, aggregate value for self and guest, if applicable. Contact your ethics official.			
	a. Does the invitation include free attendance for your spouse or other guest? ☐ Yes ☐ No			
	b. Will a guest accompany you? ☐ Yes ☐ No ☐ Not Applicable			
	c. Will other attendees generally be accompanied by their spouse or other guest? $\ \square$ Yes $\ \square$ No $\ \square$ Not Applicable			
20.	Sponsor Interests: Can your performance or non-performance of your official responsibilities have any effect on the sponsor? If YES, explain a) the nature and sensitivity of any pending official matter(s) which may affect the event sponsor; b) how the matter can affect the interests of the event sponsor; and c) your role in the official matter, including the effect of performance of your official duties, or the effect of non-performance of your official duties.  □ Yes □ No			
21.	If the sponsor is an organization, does the majority of its members have interests (related to the event) that could be affected by the performance or non-performance of your official duties? If YES, explain a) the nature and sensitivity of any pending official matter(s) which may affect the event sponsor; b) how the matter can affect the interests of the event sponsor; and c) your role in the official matter, including the effect of performance of your official duties, or the effect of non-performance of your official duties.  □ Yes □ No  Attach the invitation letter, email, or other information regarding the event.			
22	FMDL OVER'S STATEMENTS AND SIGNATURE			
<b>2</b> 3.	EMPLOYEE'S STATEMENTS AND SIGNATURE  A. I have read the attached notices. I request permission to accept the gift of free attendance at the event described			
	above. The invitation is attached.			
	B. I understand that I may not attend the event described above until I receive approval from my Deputy Ethics Counselor.			
	C. I understand that I must be on approved absence or leave if the event occurs during my regular duty hours.			

24.	SUPERVISOR'S RECOMMENDATION AND SIGNATURE
	Based on my review of the foregoing statements and supporting documentation,
	☐ I confirm that the employee's attendance at this event will further agency interests and I recommend approval.
	☐ I do not recommend approval.
Con	nments:
	Sign & Date:
25.	INTERMEDIATE REVIEWER RECOMMENDATION AND SIGNATURE (IC DEC signs here for NIH Senior employees)
	Based on my review of the foregoing statements and supporting documentation in light of the requirements of
	5 C.F.R. § 2635.204(g), I:
	□ Recommend Approval
	☐ Recommend Approval with Conditions (noted below)
Con	☐ Do Not Recommend Approval nments:
Con	illients.
	Sign & Date:
<del>26</del> .	INTERMEDIATE REVIEWER RECOMMENDATION AND SIGNATURE
	Based on my review of the foregoing statements and supporting documentation in light of the requirements of
	5 C.F.R. § 2635.204(g), I:
	□ Recommend Approval
	□ Recommend Approval with Conditions (noted below)
_	□ Do Not Recommend Approval
Con	nments:
	Sign & Date:
27	DEPUTY ETHICS COUNSELOR (OR DESIGNEE) DECISION AND SIGNATURE
	Based on my review of the foregoing statements and supporting documentation supplied by the applicant, this
	constitutes my determination, as required by 5 C.F.R. § 2635.204(g), that the employee's request is:
	☐ Approved as Requested
	☐ Approved with Conditions (noted below)
	□ Disapproved
Con	nments:
	Sign 9 Date:
	Sign & Date:

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## **NOTICES**

#### FINANCIAL DISCLOSURE

Gifts of free attendance, including meals, entertainment, or other benefits incident thereto, received from one source for the personal use, disposition, or retention by the employee valued in excess of the limit set by regulation must be disclosed by employees who file a financial disclosure report. Incumbent and termination filers of the Public Financial Disclosure Report (OGE-278) include these items on Schedule B, Part II of the form. Confidential Financial Disclosure Report (OGE-450) filers include these items in Part IV. (Note that the reporting threshold is determined every 3 years; check the financial disclosure requirements for the current amount.) Contact your ethics official for details.

# **CERTIFICATION**

The signature of the employee on this form certifies that the statements made and information provided on this form are true, complete, and correct to the best of the individual's knowledge.

## PRIVACY ACT STATEMENT

The Ethics in Government Act, 5 U.S.C. App. § 101, et seq., Executive order 12674, as amended by Executive Order 12731, Sections 301 and 7301 of Title 5 of the U.S. Code, and Section 2635.204 of Title 5 of the Code of Federal Regulations authorize the collection of this information. Disclosure of this information is mandatory for employees seeking prior authorization from an agency designee to receive a gift of free attendance pursuant to Section 2635.204 of Title 5 of the Code of Federal Regulations. Failure to provide the requested information may result in the denial of the request for approval. Falsification of information or failure to file or report information required to be reported may subject the employee to disciplinary action. Knowing and willful falsification of information required to be reported may subject the employee to criminal prosecution. The primary use of this information is to allow HHS supervisors, management officials, and ethics officials to make necessary determinations concerning employee requests to accept gifts of free attendance in order to prevent a conflict of interest or other violations of the statutes, regulations, and executive orders governing employee conduct. The information is also requested, pursuant to

5 C.F.R. §§ 2638.203(b)(9), (10), and (11), for the purpose of evaluating ethics program administration, as well as the Department's supplemental ethics regulations. determine their continued adequacy and effectiveness in relation to current agency responsibilities and to ensure that prompt and effective action is taken to remedy violations or potential violations, or appearances thereof, of conflict of interest and related ethics provisions. Additionally, this information may be disclosed to: (1) the Office of Personnel Management, Office of Government Ethics, Merit Systems Protection Board, Office of the Counsel. Equal Employment Opportunity Commission, Federal Labor Relations Authority, Federal Service Impasses Panel, Federal Mediation and Conciliation Service, and an arbitrator, in carrying out their functions; (2) a Federal, State, or local agency charged with investigating or prosecuting violations of, or implementing, the law, in the event there is an indication of a violation or potential violation of civil, criminal or regulatory law; (3) a Federal, State, or local agency maintaining enforcement records or other pertinent records, such as current licenses, if necessary to obtain a record relevant to an agency decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit; (4) the National Archives and Records Administration or the General Services Administration in records management inspections; (5) the Office of Management and Budget during legislative coordination on privacy relief legislation; (6) Federal agencies with power to subpoena other Federal agencies' records; (7) a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena: (8) private firms with which the Department may contract for the purpose of collating, analyzing, aggregating or otherwise refining records; (9) a Member of Congress or a Congressional office, pursuant to an inquiry made at the request of the individual who is a subject of the record; (10) the Department of Justice in defense of litigation; and (11) contractors and other non-Government employees working for the Federal Government to accomplish a function related to an Office of Government Ethics Government-wide system of records. This report will not be disclosed to any requesting person unless authorized by law. See the OGE/GOVT-1 Government-wide executive branch system of records.

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