REQUEST FOR WAIVER FORM E

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|  |  |
| --- | --- |
| **Offeror/Contractor Name:**       | **Federal Identification No.:**       |
| **Address:**       | **Solicitation/Contract No.:**      **Contact Name & Phone No.:**       |
| **City, State, Zip Code:**       | **M/WBE Goals: MBE**       **% WBE**       **%** |
| **Contractor is requesting a (check applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of waiver** | **Total** | **Partial** |
| **[ ]**  | **1. MBE Waiver – A waiver of the MBE Goal for this procurement is requested.** |       **%** |       **%** |
| **[ ]**  | **2. WBE Waiver – A waiver of the WBE Goal for this procurement is requested.** |       **%** |       **%** |
| **[ ]**  | **3. Waiver Pending ESD Certification (Check here if subcontractors or suppliers of Contractor are not**  **certified M/WBE, but an application for certification has been filed with Empire State Development.)**  **Date of such filing with Empire State Development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 |
| **Notes:*** The request for waiver must include detailed “good faith effort” justification/documentation, as defined in the requirements and document submission instructions.
* By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.
 |
| **PREPARED BY (Signature): Date:** **SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.**  |
| **Name and Title of Preparer (Printed or Typed):**       | **Telephone Number:**       | **Email Address:**       |
| **Please submit the Request for Waiver to the Program administering the Grant.**  | **\*\*\*\*\*\*\*\*\* FOR DMWBD USE ONLY \*\*\*\*\*\*\*\*\*** |
| **REVIEWED BY:**       | **DATE:**       |
| **Waiver Granted:** **[ ]  Yes [ ]  No****MBE: [ ]  WBE: [ ]** **[ ]  Total Waiver** **[ ]  Partial Waiver****[ ]  ESD Certification Waiver** **[ ]  \*Conditional****[ ]  Notice of Deficiency Issued****\*Comments:** |

**Incomplete requests will be returned unprocessed**. **See page 2 of 2 for instructions.**

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**MWBE REQUEST FOR WAIVER: REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS**

**When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver must be accompanied by the applicable documentation for items 1 – 12, as listed below. If box # 3 has been checked above, please submit item 12. Copies of the following information and all relevant supporting documentation must be submitted along with the request:**

1. A DETAILED statement with the project description (any special characteristics, needs, specifications, etc.), and an explanation setting forth your basis and justification for requesting a partial or total waiver of the MWBE goals.

1. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals related to this Contract.

1. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.
2. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE participation levels.

1. **Documentation of your search in the NYS Directory of Certified Firms (e.g.: Printouts, screenshots).**
2. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation, if an identical solicitation was made to all certified MWBEs. Any information and/or documentation to support the efforts to follow up with the MWBEs.
3. Copies of responses to your solicitations received by you from certified MWBEs
4. A description of any contract documents, plans, or specifications made available to certified MWBEs for purposes of soliciting their proposals and the date and manner in which these documents were made available.
5. Documentation of any negotiations between you and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.
6. Any other information you deem relevant which may help us in evaluating your request for a waiver.
7. The name, title, address, telephone number, and email address of your representative authorized to discuss and negotiate this waiver request.
8. Copy of notice of application receipt issued by Empire State Development (ESD), if subcontractors are not certified MWBE, but an application has been filed with ESD.

**Note:**

**Unless a Total Waiver has been granted, the Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by NYS Department of State, to determine M/WBE compliance. M/WBE 104 Instructions (1/15)**