REQUEST FOR WAIVER FORM - NON-GRANT CONTRACTS

|  |
| --- |
| **INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.** |
| **Contractor Name:**       | **Federal Identification No.:**       |
| **Address:**       | **Solicitation/Contract No.:**       |
| **City, State, Zip Code:**       | **M/WBE Goals: MBE**      **% WBE**      **%** |
| **By submitting this form and the required information, the 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.** |
| **Contractor is requesting a:** **1. [ ]  MBE Waiver – A waiver of the MBE Goal for this procurement is requested.** **[ ]  Total** **[ ]  Partial** **2.** **[ ]  WBE Waiver – A waiver of the WBE Goal for this procurement is requested. [ ]  Total [ ]  Partial** **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PREPARED BY (Signature):**      **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.**  | **Date:**       |
| **Name and Title of Preparer (Printed or Typed):**       | **Telephone Number:**       | **Email Address:**       |
| **Submit with the bid or proposal or if submitting after award submit to:**NYS Division of Criminal Justice ServicesOffice of Financial Services Alfred E. Smith Office Building, 10th Floor 80 South Swan StreetAlbany, New York 12210 | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* FOR M/WBE USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| **REVIEWED BY:**       | **DATE:**       |
| **Waiver Granted:** **[ ]  YES MBE: [ ]  WBE: [ ]** **[ ]  Total Waiver** **[ ]  Partial Waiver****[ ]  ESD Certification Waiver** **[ ]  \*Conditional****[ ]  Notice of Deficiency Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*Comments:** |

**M/WBE 104** (Reviewed 05/18)