REQUEST FOR WAIVER FORM - NON-GRANT CONTRACTS

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| **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 Services  Office of Financial Services  Alfred E. Smith Office Building, 10th Floor  80 South Swan Street  Albany, 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)