

Bureau of Affirmative Action & Equal Opportunity 625 Broadway, 2<sup>nd</sup> Floor, Albany, NY 12207 (518) 486-2636

## APPLICATION FOR WAIVER OF MWBE PARTICIPATION GOALS

This form must be submitted for review and approval by State Parks' MWBE staff and the Governor's staff.

An approval must be received prior to completion of the project and is a prerequisite for full and final payment.

An approval must be received prior to completion of the project and is a prerequisite for full and final payment.								
Section 1: Basic Information						Federal Identification No.:		
Name of the Offeror/Contractor:						rederal identification No.:		
Are you a NYS MWBE certified by the NYS Empire State Development Corp? Yes No								
Street Address:						E-Mail Address:		
City		State		Zip Code	Telephone	Telephone:		
Contract Num	Parks Region:			Park:				
Description of Project:						MWBE Goals Assigned to the Contract		
best iption of thoject.						MBE% WBE %		
						13%	17%	
Section 2: Details of Request								
MBE Waiver	Total Waive	er Parti	utilization: MBE:	%				
WBE Waiver Total Waiv		ver Partial Waiver		Indicate the proposed WBE utilization: WBE:%				
Section 3: Supporting Documentation								
To be considered, the application for waiver form must be accompanied by the following documentation as indicated below:								
1. A statement detailing the basis for requesting a partial or total waiver. Include a cost breakdown for the project as well as areas where								
there are opportunities for subcontracting along with their estimated costs.								
2. A listing of publication names and dates of general circulation, trade association, and MWBE-oriented publications used to solicit for MWBE participation on this contract.								
3. A list of all certified MWBE appearing in the NYS Directory of Certified Firms that were solicited for participation on this contract <a href="https://ny.newnycontracts.com">https://ny.newnycontracts.com</a> (MWBE Directory).								
4. 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 where an identical solicitation was made to all certified MWBE.								
5. Provide copies of responses to your solicitations received by you from certified MWBE.								
6. Provide a description, including a timeframe, of any contract documents, plans, or specifications made available to certified MWBE for								
purposes of soliciting their bids.								
7. Provide documentation in relation to negotiations that may have taken place during the solicitation of MWBE for participation on this								
contract.								
8. Provide any other information deemed relevant in evaluating the request for waiver.								
9. This request must be accompanied by a utilization plan to include all subcontractors (MWBE and non-MWBE) that will participate on this								
contract.								
Section 4: Signature and Contact Information  SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS								
EXECUTIVE LAW, ARTICLE 15-A. THE UNDERSIGNED ACKNOWLEDGES THAT FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION IN CONNECTION WITH A WAIVER REQUEST MAY RESULT IN DENIAL AND/OR A FINDING OF NONCOMPLIANCE. FAILURE TO ESTABLISH GOOD FAITH EFFORTS MAY RESULT IN SUSPENSION OR TERMINATION OF A NEW YORK STATE CONTRACT.								
Prepared By : (S		IONCOMPLIANCE.	FAILURE TO ES	TABLISH GOOD FAITH EFFORTS MAY RESU		TERMINATION OF A NE Date:	EW YORK STATE CONTRACT.	
Name and Title of Preparer:								

(Revised January 2015)