REQUEST FOR WAIVER FORM

|  |  |  |
| --- | --- | --- |
| **INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.** | | |
| **Offeror/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 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.** | | |
| **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:**  **Long Island Power Authority**  **Compliance Officer**  **333 Earle Ovington Blvd., STE. 403**  **Uniondale, NY 11553** | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 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** (Revised 11/08)

**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 Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:**

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. 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 M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor’s representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (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 AGENCY, to determine M/WBE compliance.**