REQUEST FOR WAIVER FORM

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| **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.**