



Respondent/Vendor Subcontracting Waiver Request Form

COMPANY MUST SUBMIT THIS FORM WITH ITS SOLICITATION RESPONSE.

COMPANY NAME: DATE:

CONTACT PERSON: CONTACT PHONE #:

CONTACT EMAIL ADDRESS:

SOLICITATION NAME:

1. Describe the rationale for your request for a waiver to the subcontracting goals applied to this solicitation.

2. List all SBE/AABE/ABE/HABE/NABE/WBE listings or directories utilized to solicit participation for this solicitation.

3. List all contractor associations and other associations solicited for SBE/AABE/ABE/HABE/NABE/WBE referrals.

4. Indicate advertisement mediums used for soliciting bids from all SBE/AABE/ABE/HABE/NABE/WBEs.

5. List all other efforts aimed at utilizing SBE/AABE/ABE/HABE/NABE/WBE firms.

7. Please attach a copy of your company's small, minority and women-owned business policy.

8. Name and phone number of person appointed to coordinate and administer the good faith efforts of your company on this project.

9. Indicate percentage of SBE/AABE/ABE/HABE/NABE/WBE participation you can alternatively recommend.

10. List and attach documents (i.e. advertisements, emails, phone call logs) of your good faith efforts indicated in questions 2-6.

1.
2.
3.
4.
5.

11. Attach change of subcontract/supplier utilization plan request form, if requesting a waiver to an approved utilization plan for a current project.

AFFIRMATION

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS ACCURATE AND COMPLETE, AND UNDERSTAND THAT IF THIS REQUEST FOR WAIVER IS DENIED AND I FAIL TO MEET THE REQUIREMENTS OF THIS SOLICITATION, MY RESPONSE TO THIS SOLICITATION WILL BE DEEMED **NON-RESPONSIVE**.

SIGNATURE

DATE

PRINT NAME/TITLE

FOR CITY USE ONLY

DATE RECEIVED: _____ RECOMMENDATION: APPROVED DENIED

DATE OF ORIGINATING DEPARTMENT/CMS/PGS/GSC NOTIFICATION: _____

EDD DIRECTOR: _____

JUSTIFICATION: