

 **OPPORTUNITY PROGRAMS GROUP**

**515 BROADWAY, ALBANY, NY 12207**

 **ONE PENN PLAZA, 52ND FL, NY, NY 10019**

**REQUEST FOR WAIVER**

**PURCHASING**

1. TYPE OF WAIVER REQUEST [ ]  TOTAL [ ] PARTIAL If partial, complete blanks below:

MBE waiver % requested

WBE waiver % requested

1. CONTRACTOR/VENDOR

Firm Name:

Address:

City:       State:       Zip:

Contact Person:       Phone:       Fax:

Email Address:

1. PROJECT

Project:       P.O. Amount $

Address:       Bid Number

       MBE GOAL%

       WBE GOAL%

Work Description:

1. REQUIRED WAIVER INFORMATION/DOCUMENTATION
2. In the space provided below, provide information for certified minority and women-owned business enterprises that were solicited in writing to provide services or bids on the Project identified above for purposes of complying with the Authority’s goal requirements; Attach a copy of each solicitation for each certified firm listed; Attach a copy of each written solicitation response received from any MWBE firm.

Firm Name:       Date:

Address:

City:       State:       Zip:       Trade:

Contact Person:       Phone:       Fax:      [ ] MBE [ ] WBE

Email Address:

Firm Name:       Date:

Address:

City:       State:       Zip:       Trade:

Contact Person:       Phone:       Fax:      [ ] MBE [ ] WBE

Email Address:

Firm Name:       Date:

Address:

City:       State:       Zip:       Trade:

Contact Person:       Phone:       Fax:      [ ] MBE [ ] WBE

Email Address:

Firm Name:       Date:

Address:

City:       State:       Zip:       Trade:

Contact Person:       Phone:       Fax:      [ ] MBE [ ] WBE

Email Address:

Firm Name:       Date:

Address:

City:       State:       Zip:       Trade:

Contact Person:       Phone:       Fax:      [ ] MBE [ ] WBE

Email Address:

Firm Name:       Date:

Address:

City:       State:       Zip:       Trade:

Contact Person:       Phone:       Fax:      [ ] MBE [ ] WBE

Email Address:

1. Attach documentation of any negotiations with any minority and women-owned business enterprises undertaken for purposes of complying with the AUTHORITY’s goal requirements.

      Attachment (s) Provided       Not Applicable

1. Provide a statement of justification to support the request for a waiver of the goal requirements established by the Authority.

Print Name of Principal or Officer Print Title of Principal or Officer

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Signature of Principal or Officer Date