

**Higher Education Capital Match Program (HECap)**

**EXHIBIT F-2: REQUEST FOR WAIVER**

**A. GRANTEE INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**B. PROJECT INFORMATION:**

Project ID: \_\_\_\_\_

Project Amount: \$ \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_

MBE Goal % 18 (of Grant Amount) \$ \_\_\_\_\_

WBE Goal % 12 (of Grant Amount) \$ \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Work Description: \_\_\_\_\_

**C. GRANTEE IS REQUESTING THE FOLLOWING:**

1.  MBE Waiver – A waiver of the MBE Goal is requested.

Total Waiver       Partial Waiver (include % requested) \_\_\_\_\_

2.  WBE Waiver – A waiver of the WBE Goal is requested.

Total Waiver       Partial Waiver (include % requested) \_\_\_\_\_

3. Provide a statement of justification to support the request for a waiver of the goal requirements established by this Agreement.

# Higher Education Capital Match Program (HECap)

## EXHIBIT F-2: REQUEST FOR WAIVER

### 4. Good Faith Efforts

By submitting this form and the required information, the Grantee certifies that every "Good Faith Effort" has been taken to promote MWBE participation in accordance with the MWBE requirements in this Agreement. Grantee must document good faith efforts towards meeting certified MWBE goals.

\_\_\_\_\_  
Type Name of Authorized Officer

\_\_\_\_\_  
Type Title of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

### **\*\* FOR DASNY USE ONLY \*\***

REVIEWED BY:

DATE:

Waiver Granted:

YES  NO

MBE: \_\_\_\_\_ WBE: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Total Waiver

\_\_\_\_\_ Partial Waiver

\_\_\_\_\_ Notice of Deficiency Issued

\*Comments: