

EXHIBIT F-4: APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL

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| Section 1: Basic Information | | | |
| Grantee Name: | Federal Identification Number: | | |
| Street Address: | Contact E-Mail Address: | | |
| City, State, Zip Code: | Contact Telephone: | | |
| Project ID: | SDVOB GOALS | | |
| | 2% | | |
| Section 2: Type of SDVOB Waiver Requested | | | |
| <input type="checkbox"/> Total | <input type="checkbox"/> Partial | If partial waiver, please enter the revised SDVOB percentage: | % |
| Please explain the reason for the waiver request: | | | |
| | | | |
| Section 3: Supporting Documentation | | | |
| Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the GDA and in support of your waiver application: | | | |
| <input type="checkbox"/> Attachment A. Copies of solicitations to SDVOBs and any responses thereto. <input type="checkbox"/> Attachment B. Explanation of the specific reasons each SDVOB that responded to Grantee' solicitation was not selected. <input type="checkbox"/> Attachment C. Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs. <input type="checkbox"/> Attachment D. Other information deemed relevant to the request. | | | |
| Section 4: Signature and Contact Information | | | |
| By signing and submitting this form, the Grantee certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth in the Agreement and 9 NYCRR § 252.2(m). If the Grantee fails to submit complete and accurate information the request for waiver will be deemed non-responsive an incomplete and may be rejected. | | | |
| Type Name of Authorized Officer: | | | |
| Type Title of Authorized Officer: | | | |
| Signature of Authorized Officer: | | | Date: |
| **FOR DASNY USE ONLY** | | | |
| REVIEWED BY: | | DATE: | |
| Decision: | | | |
| <input type="checkbox"/> Full SDVOB waiver granted <input type="checkbox"/> Partial SDVOB waiver granted; revised SDVOB goal: _____ % <input type="checkbox"/> SDVOB waiver denied | | | |
| DATE NOTICE OF DETERMINATION SENT: | | | |
| COMMENTS: | | | |