

# M/WBE Waiver Request Form

Note: Although a waiver request satisfies the solicitation minimum criteria, any points attributable to the solicitation M/WBE substantive criteria will be forfeited, up to a potential 20% of the overall score.

**Instructions** - In the area below, please provide the business full legal name, such as "ABC Company, Inc." or "ABC Firm, LLC". Also provide the contact information of the person responsible for the compliance and reporting functions under this agreement, along with the original Solicitation Goal and the vendor's requested M/WBE Goal as part of the waiver application.

Solicitation Name \_\_\_\_\_

Vendor Full Legal Name \_\_\_\_\_ Vendor Tax ID# \_\_\_\_\_

Vendor Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Vendor M/WBE Compliance Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Solicitation M/WBE Goal \_\_\_\_\_ % Vendor Requested M/WBE Goal \_\_\_\_\_ %

## Waiver Justification

**Instructions** - In the section below, document the reason for the waiver request by selecting each option, as applicable. In the 'Written Justification Section', establish and describe in detail the reasonable, good faith efforts made to meet the goals set for the contract. Note which supporting documentation has been provided along with the waiver request form by selecting the check box next to each appropriate option. Finally, sign and date the document.

- Proprietary Information/Business Model
- No M/WBE found in NYS or NYC M/WBE Directory to match **Scope** of Work
- No M/WBE found in NYS or NYC M/WBE Directory to match **Scale** of Work
- No bids or acceptable bids received from M/WBE Solicitation
- Other Reason not listed

## Written Justification Statement

## Supporting Documentation Included with Waiver Request Form

- Proprietary Statement
- Copy of subcontracted Scope of Work
- List certified M/WBEs contacted (provide emails, description of negotiations)
- Pricing Quotes

Other information deemed relevant \_\_\_\_\_

Prepared By (Signature) \_\_\_\_\_

Name of Preparer \_\_\_\_\_ Title of Preparer \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Below portion to be completed by NYC Health + Hospitals**

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

**Decision**

Full                       Partial                       Denied

Final agreed upon goal \_\_\_\_\_ %

**Comments**

Approved by \_\_\_\_\_ Date \_\_\_\_\_