

DEPARTMENT OF HUMAN RESOURCES
WAIVER REQUEST FORM

PLEASE FORWARD THIS INFORMATION WITH NECESSARY ATTACHMENTS TO:

MBE ADMINISTRATOR
311 WEST SARATOGA STREET, BALTIMORE MD 21201

RFP# TITLE: _____

ADMINISTRATION/AGENCY: _____

PROCUREMENT/PROJECT OFFICER: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

MBE SUBCONTRACT GOAL: _____

WAIVER DOLLAR AMOUNT REQUESTED: _____

WAIVER PERCENTAGE REQUESTED: _____

REASON FOR WAIVER REQUEST (USE ADDITIONAL PAGES IF NECESSARY):

ATTACH THE FOLLOWING DOCUMENTATION: CERTIFIED MBE UTILIZATION AND FAIR SOLICITATION AFFIDAVIT, PRIME CONTRACTOR OUTREACH STATEMENT, MBE PARTICIPATION SCHEDULE, MINORITY CONTRACTOR UNAVAILABILITY CERTIFICATE, FINANCIAL STATEMENTS OF PRIME CONTRACTOR, ADDITIONAL SUPPORTING DOCUMENTATION NOT LISTED ABOVE.

REVIEW TEAM RECOMMENDATION AND COMMENTS

___ APPROVED AS SUBMITTED

___ APPROVED WITH RECOMMENDED CHANGED (SEE COMMENTS)

___ DENIED (SEE COMMENTS)

___ OTHER (SEE COMMENTS)

COMMENTS:

OEPE MBE LIAISON: _____ DATE: _____

OFFICE OF ATTORNEY GENERAL: _____ DATE: _____

PROCUREMENT DIRECTOR: _____ DATE: _____

FINAL AUTHORITY

OFFICE OF THE SECRETARY: _____ DATE: _____