

DEPARTMENT OF HUMAN RESOURCES
WAIVER REQUEST FORM

PLEASE FORWARD THIS INFORMATION WITH NECESSARY ATTACHMENTS TO THE
PROCUREMENT OFFICER

IFB/RFQP/RFP # or AGENCY CONTROL NUMBER: _____

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 CHANGES (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: _____