**Instructions for Contractors & Service Providers:**

Contractors and Service Providers must complete Sections 2, 3, and 4. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format to the Recipient’s designated Minority Business Officer (MBO).** Incomplete forms will be found deficient.

See the SFA [Mandatory Terms and Conditions](https://efc.ny.gov/terms-conditions) or consult your designated MBO for further guidance.

**Instructions for Minority Business Officers (MBO):**

The MBO must complete Section 1. **Email the completed, signed (electronic signature box checked and dated) form in Microsoft Word format to your EFC Program Compliance Specialist.** The subject heading of the e-mail to the EFC Program Compliance Specialist should follow the format “Waiver Request, Project Number, Contractor.” EFC will review and email an acceptance or denial to the MBO.

If a partial SDVOB waiver is requested, an [SDVOB Utilization Plan](https://efc.ny.gov/service-disabled-veteran-owned-business#forms) must also be submitted for the amount of proposed SDVOB participation.

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| **SECTION 1: MUNICIPAL INFORMATION** | | | | | | |
| **Recipient/Municipality:** | | | **County:** | | | |
| **Project No.:** | **GIGP No.:** | **Contract ID:** | | **Registration No. (NYC only):** | | |
| **Minority Business Officer (MBO):** | | **Email:** | | | **Phone #:** | |
| **Address of MBO:** | | | | | | |
| **Signature of MBO:**  I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief. | | | | | | **Date:** |

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| **SECTION 2: PRIME CONTRACTOR / SERVICE PROVIDER INFORMATION** | | | | | | |
| **Firm Name:** | | | | | **Contract Type:**  Construction  Other Services | |
| **Address:** | | | **Phone #:** | | | **Fed. Employer ID #:** |
| **Contact Information of Firm Representative Authorized to Discuss Waiver Request:**  **Name:**       **Title:**       **Phone #:**       **E-mail:** | | | | | | |
| **Description of Work:** | | | | **EFC SDVOB GOAL Total** | | |
| **Award Date:** | **Start Date:** | **Completion Date:** | | **Total: 6** % $ | | |
| **Total Contract Amount:** $  **SDVOB Eligible Contract Amount:** $  (SDVOB Goals are applied to this amount and includes all change orders, amendments, & waivers) | | | |

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| **SECTION 3: TYPE OF SDVOB WAIVER REQUESTED** |
| 1. **Full Waiver** (No SDVOB participation) 2. **Partial Waiver** (Less than the SDVOB goal; indicate below the proposed SDVOB participation)   **PROPOSED SDVOB Participation**  **Total:**      % $   1. **Specialty Equipment/Services Exclusion** (Must be of SIGNIFICANT cost – attach list of cost and type of equipment and supporting documentation outlined below) |

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| **SECTION 4: SUPPORTING DOCUMENTATION** |
| Provide the following documentation as evidence of good faith efforts to meet the SDVOB goals set forth and in support of the waiver application. Specialty Equipment Exclusion requests must be accompanied by the documentation requested in items 8 – 12, as listed below. Specialty Services Exclusion requests must be accompanied by the documentation requested in item 13, as listed below. |
| 1. A brief letter of explanation setting forth your basis for requesting a partial or total waiver and detailing the good faith efforts that were made.  2. A scope of work that shows what subcontracting opportunities are in the contract. This could be an engineering proposal, schedule of values, or other similar documents.  3. Screenshots of search results for each task using business description from the Office of General Services (OGS) [SDVOB Directory](https://online.ogs.ny.gov/sdvob/search) of all certified SDVOBs that were solicited for this contract. Each search should be saved as an individual file.  4. A [log of solicitation results in Excel format](https://efc.ny.gov/service-disabled-veteran-owned-business#forms), consisting of the list of SDVOB firms solicited for the contract and the outcome of the solicitations. The log should be broken out into separate areas for each task that is solicited (e.g., trucking, materials, electricians), including date, persons communicated with and outcome. The log should show that each SDVOB firm was contacted twice by two different methods if first contact was unsuccessful (e.g., email and phone), and the final outcome of the solicitation.  5. List of the general circulation, trade association, and SDVOB oriented publications and dates of publication soliciting for certified SDVOB participation as a subcontractor/supplier and copies of such solicitations.  6. Description of the negotiations between the contractor and certified SDVOBs for the purposes of complying with the SDVOB goals of this contract.  7. Any other information deemed relevant to the request.  EFC and the MBO reserve the right to request additional information and/or documentation.  **Documentation for Requests for Specialty Equipment Exclusions:**  8. A letter of explanation containing information about the equipment, why the equipment is specialty and why no SDVOB firms could be utilized to provide the equipment.  9. Copies of the appropriate pages of the technical specification related to the equipment showing the choices for manufacturers or other information that limits the choice of vendor.  10. Letter, email, or screenshot of website from the manufacturer listing their distributors in NYS and the locations.  11. Screenshots of OGS’s SDVOB Directory searches for the manufacturer and distributor showing that they are not found in the Directory.  12. An invoice or executed purchase order showing the value of the equipment.  **Documentation for Requests for Specialty Service Exclusions:**  13. A letter of explanation containing information about the scope of work and why no SDVOB firms could be subcontracted to provide that service. |

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| **SIGNATURE** | |
| **Electronic Signature of Contractor:**  I certify that the information submitted herein is true, accurate and complete to the best of my knowledge.  **Name:** (Please Type)**:** | **Date:** |