



SDVOB Post Solicitation Waiver Request

Section 1: Basic Information			
Name and Title of Preparer:	Telephone:	E-Mail Address:	
Contractor's Name:		Federal Identification Number:	
Street Address:		E-Mail Address:	
City, State, Zip Code:		Telephone: () -	
Contract Number:	SDVOB GOALS ASSIGNED TO THE CONTRACT		
	SDVOB %		SDVOB \$
Contract Value:		Contract Term:	
Not for Profit Rule: No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, what is the value for goal assessment after Not-for-Profit exclusions:	
Section 2: Type of SDVOB Waiver Requested			
SDVOB Waiver <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, is it due to a lack of subcontracting opportunities and/or SDVOB availability.			
Lack of subcontracting opportunities: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Please explain the lack of subcontracting opportunities in the scope of work:			
Lack of SDVOB availability: No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, supporting search and GFE documentation must be attached	
Please provide SDVOB search efforts:			

Section 3: Supporting Documentation

Provide the following documentation as evidence of the good faith efforts to meet the SDVOB goals set forth in the contract and in support of the waiver application.

- Attachment A.** List of the general circulation, trade and SDVOB-oriented publications and dates of publications soliciting for certified SDVOB participation as a subcontractor/supplier and copies of such solicitation.
- Attachment B.** List of the certified SDVOBs appearing in the NYS SDVOB directory, <https://sdves.ogs.ny.gov/business-search> , that were solicited for this contract. Provide proof of dates or copies of the solicitations and copies of the responses made by the certified SDVOBs. Describe specific reasons that responding certified SDVOBs were not selected.
- Attachment C.** Descriptions of the contract documents/plans/specifications made available to certified SDVOBs by the contractor when soliciting their participation and steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from certified SDVOBs.
- Attachment D.** Description of the negotiations between the contractor and certified SDVOBs for the purposes of complying with the SDVOB goals of this contract.
- Attachment E.** Other information deemed relevant to the request.

Section 4: Signature and Contact Information

By signing and submitting this form, the Agency/Authority certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Prepared By: (Signature)

Date:

Name and Title of Preparer (Print or Type)