



SDVOB Post Solicitation Waiver Request

Contract No.:	Campus:
Title of Project:	Contract Value:
Contractor:	Contract Term:
Campus Contact Name: Email: Phone:	Campus Contact Signature:

Project Description:
Assigned Goals: _____%
Recommended Goals: _____%
Reason for Request:
Explanation of Good Faith Efforts:

[Campus] has reviewed and accepted the attached SDVOB utilization plan (UP), good faith effort documentation and waiver request from the above noted contractor/service provider. By signing and submitting this form, the campus certifies that a good faith effort has been made to promote SDVOB participation pursuant to Article 3 of Veterans' Services Law..

- Attachments include:
1. Utilization plan & Waiver Review
 2. Good Faith Effort Documentation
 3. Notice of Deficiency
 4. Any other documents that may be helpful in the review of this waiver