



NYS Department of Labor  
Division of Equal Opportunity Development  
W. Averell Harriman State Office Building Campus – Room 540  
Albany, NY 12240  
(518) 457-1984 (phone) (518) 485-2575 (fax)

## APPLICATION FOR WAIVER OF MWBE PARTICIPATION GOAL

(must be submitted before requesting final payment on the contract)

### Section 1: Basic Information

Contractor's Name:		Federal Identification Number:	
Street Address:		E-Mail Address:	
City, State, Zip Code: ,		Telephone: ( ) -	
Contract Number:	MWBE CONTRACT GOALS		
	MBE %		WBE %

### Section 2: Type of MWBE Waiver Requested

MBE Waiver	Total	Partial	If partial waiver, please enter the revised MBE percentage:	
WBE Waiver	Total	Partial	If partial waiver, please enter the revised WBE percentage:	

Please explain the reason for the waiver request:

### Section 3: Supporting Documentation

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

- ☐ **Attachment A.** List of the general circulation, trade and MWBE-oriented publications and dates of publications soliciting for certified MWBE participation as a subcontractor/supplier and copies of such solicitation.
- ☐ **Attachment B.** List of the certified MWBEs appearing in the Empire State Development MWBE directory that were solicited for this contract. Provide proof of dates or copies of the solicitations and copies of the responses made by the certified MWBEs. Describe specific reasons that responding certified MWBEs were not selected.
- ☐ **Attachment C.** Descriptions of the contract documents/plans/specifications made available to certified MWBEs 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 MWBEs.
- ☐ **Attachment D.** Description of the negotiations between the contractor and certified MWBEs for the purposes of complying with the MWBE goals of this contract.
- ☐ **Attachment E.** Identify dates of any pre-bid, pre-award or other meetings attended by contractor, if any, scheduled by DEOD with certified MWBEs whom DEOD determined were capable of fulfilling the MWBE goals set in the contract
- ☐ **Attachment F.** Other information deemed relevant to the request.

### Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE 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)	