



DATE:

CONTRACT & CONTACT INFORMATION

Originating Department:			
Contact Person:			
Contact Phone #:		Contact Email:	
Solicitation Name:			
Solicitation #:		Estimated Contract Value:	
Solicitation Type:		Industry/Category:	

WAIVER DETAILS/JUSTIFICATION

1.) **Scope of Work/Specification Summary:**

2.) **Please describe any extraordinary and necessary requirements of this contract that prohibit the application of the SDOP Policy:**

3.) **Are sufficient qualified S/M/WBEs within the Tri-County statistical area available to provide the products/services being procured?** Yes No

4.) **Additional Information:**

CERTIFICATION SIGNATURES

I certify that all information contained in this form is, to the best of my knowledge, accurate and complete.

_____ Department Director/Designee Signature	_____ Date
_____ SDOP Coordinator/Designee Signature	_____ Date