



DATE:

CONTRACT & CONTACT INFORMATION

Contract Title:			
Contract #:		Prime Contractor:	
Contact Person:			
Contact Phone #:		Contact Email:	

The purpose of this waiver is to address the good faith efforts made in meeting the required subcontracting goal(s) for this project. The Prime contractor should submit a change to the Utilization Plan (if not already submitted) with this waiver request.

RATIONALE FOR WAIVER

1a.) Select the statement below that best explains why the subcontracting goal(s) applied were not met:

<input type="checkbox"/>	The School Board issued a change order that limited subcontracting opportunities or required expedited completion of the scope of work causing the subcontracting goal(s) to not be met
<input type="checkbox"/>	The School Board issued a Change Order which required expedited completion of the scope of work and an S/M/WBE was not able to be identified through Good Faith Effort
<input type="checkbox"/>	The S/M/WBE that was to be utilized lost certification and could not be replaced with another S/M/WBE who could perform the scope of work
<input type="checkbox"/>	There were other issue(s) that resulted in the subcontracting goal(s) not being met

1b.) In the box below, please provide further details for the statement selected above.



2.) List and explain all efforts aimed at communication to potential S/M/WBE subcontractors to meet the subcontracting goal(s). Please provide documentation supporting evidence of the communications (emails, call logs, faxes, etc.) and indicate if the S/M/WBEs provided a response and/or justification for not accepting the bid.

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3a.) Select the statement below that best describes the other good faith efforts made:

	Helped a vendor become a certified S/M/WBE so they could become a subcontractor on the project
	Offered joint check services or bonding assistance for lines of credit to S/M/WBE subcontractors
	Advertised and utilized member listings from SDOP website, multiple trade organizations and Chambers of Commerce
	Other (Specify in the box below)
	N/A – No other good faith efforts made

3b.) In the box below, please provide additional comments (if any) for the statement selected above.

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AFFIRMATION

I certify that all information contained in this for is accurate and complete, and understand that if this request for waiver is denied and I fail to meet the requirements of the contract, my firm may be assessed a penalty and/or sanction.

Signature

Name & Title (Print)

FOR SDOP USE ONLY

	Waiver Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
(Signature) Coordinator, Supplier Diversity Outreach Program	Date:
(Print Name) Coordinator, Supplier Diversity Outreach Program	