



Agriculture and Markets

Division of Fiscal Management 10B Airline Drive, Albany, NY 12235 (518)485-8740
 E-mail: supplierdiversity@agriculture.ny.gov Website: <https://agriculture.ny.gov/supplier-diversity>

REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.

Contractor's Name	SFS ID #	Contract Description Location (Region)	MWBE Goals in Contract	
			% MBE	% WBE
Address	Telephone No.			

By submitting this form and the required information, the Offerer/Contractor certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Either MWBE EEO5-3 MWBE Contractor Good Faith Efforts Certification or MWBE EEO5-5 MWBE Contractor Unavailability Certification must accompany the Request for Waiver to validate Good Faith Efforts.

Contractor is requesting a:

- MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total Partial
- WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total Partial
- Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified MWBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 143. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address	
Name and Title of Preparer (Print or Type)	Telephone No.	Date
Submit with the bid or proposal or if submitting after award submit to: Supplierdiversity@agriculture.ny.gov NYS Department of Agriculture & Markets Division of Fiscal Management 10B Airline Drive Albany, New York 12235	***** FOR MWBE USE ONLY *****	
	REVIEWED BY:	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:	

INSTRUCTIONS FOR COMPLETING REQUIREMENTS AND DOCUMENT SUBMISSION

When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.
4. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified MWBEs.
6. Provide copies of responses made by certified MWBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified MWBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offerer/Contractor, and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offerer/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note: Unless a Total Waiver has been granted, the Offerer/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the NYS Department of Agriculture & Markets, to determine MWBE compliance.