



APPENDIX C

NYS MWBE GOAL AND REPORTING REQUIREMENTS

Pursuant to **New York State Executive Law Article 15-A**, the APDC recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority- and women owned businesses (MWBEs) in the performance of APDC contracts. The APDC advises all potential service providers that disadvantaged, minority and women-owned business enterprises will be afforded full opportunity to submit proposals in response to this notice and there will be no discrimination on the basis of race, creed, color, sex, national origin, disability or marital status in the award of the contract or any subcontract.

The APDC has established an overall combined participation goal of 30% for New York State Certified Minority Businesses Enterprises and for New York State Certified Women-owned Enterprises. Vendors with such certifications are requested to identify themselves in their submitted bid.

Veteran's Services Law Article 3 provides for more meaningful participation in public procurement by certified Service- Disabled Veteran-Owned Businesses ("SDVOBs"), thereby further integrating such businesses into New York State's economy. The APDC recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of APDC contracts. In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors, as protégés, or in other partnering or supporting roles. The APDC has established an overall 6% SDVOB goal.

REQUIRED MWBE REPORTING FORMS:

Proposers/Bidders are encouraged to make a good faith effort in working toward the attainment of these goals. Proposers/Bidders will be required to submit specific plans for the implementation of the required approach or evidence of a good faith effort in working toward the attainment of those goals.

Proposers/Bidders that are NYS MWBE certified must provide a copy of their certification.

WITH BID SUBMITTAL:

- 1. EEO Policy Statement.** Prior to the award of a contract, vendors will be required to submit an EEO Policy Statement
- 2. Staffing Plan of the anticipated work force to be unutilized on the contract** (project specific). Where the work force on the contract cannot be separated out from the vendor's total work force, information on the total work force must be supplied by ethnic background, gender and specified occupational categories. The APDC shall determine the time frame for the pre-award submission of the EEO Policy Statement and Staffing Plan. Additionally, after award, vendors will submit a Work Force Employment Utilization Report showing the actual staffing during the course of the project. Reports are to be filed on forms provided to the vendor, on a schedule determined by the APDC.
- 3. Utilization Plan. (or within 2 business days of contract award for construction contracts only)** Vendors will be required to submit a utilization plan for achieving goals established for the participation of certified minority and women-owned businesses in relation to a State contract.
- 4. Waiver or Partial Waiver Requests**

Vendor Compliance Report. Vendor compliance reports shall be submitted by vendors with respect to a contract for which goals have been established. Compliance reports will be filed at intervals required by information, instructions or requirements pursuant to which bids and proposals have been solicited, or the terms and conditions of a contract awarded pursuant to negotiation. A vendor compliance report shall include the following information: The name, address, and telephone number of each certified minority and women-owned business enterprise the vendor is using or intends to use to comply with the utilization plan; A brief description of the contract scope of work to be performed for the vendor by each certified minority and women-owned business enterprise and the scheduled dates for performance; A statement of whether the vendor has a written agreement with each certified minority and women-owned business enterprise, and if requested, copies of such agreements the vendor is using or intends to use; The actual



total cost of the contract scope or work to be performed by each certified minority and women owned business enterprise, for the contract; The actual amounts of any payments made by the vendor to each certified minority and women-owned business enterprise as the date of the compliance report was submitted; and Employments Utilization Form.

Request for Waivers. The APDC shall grant a partial or total waiver of goal requirements established on a State contract only upon the submission of a waiver form, documenting good faith efforts by the vendor to meet the goal requirements of the contract. The following factors will be considered in the waiver:

The number and types of certified minority or women-owned business enterprises located in the region which the State contract is to be performed; The total dollar value of the State contract; The contract scope of work to be performed; The project size; The project term; The availability of other business enterprises located in the region qualified to do the work to be performed; and The financial ability of certified minority and women-owned business enterprises located outside the region to perform the State contract; Requests for a partial or total waiver of goal requirements on a State contract made prior to the award of the contract may be made simultaneously with the submission of the utilization plan for that State contract. Requests for a partial or total waiver subsequent to the award of a State contract may only be made prior to final payment on that contract. If the APDC grants a waiver then the APDC will submit the documentation to the Governor's Office for the MWBE waiver request concurrence.

Disqualification of Vendors. The APDC may disqualify a bid or proposal of a contract as being non-responsible for failure to remedy deficiencies in the utilization plan or upon a determination that the vendor's utilization plan does not indicate that the State contract goal requirements for participation of certified minority and women owned business enterprises will be met, and the vendor has failed to document good-faith efforts. The APDC may similarly disqualify a bid or proposal for failure to meet all the EEO requirements. The vendor shall be entitled to all reviews and remedies afforded to it pursuant to Article 15-A of the NYS Executive Law.

5 NYCRR §142.8 - Contractor's good faith efforts (a) The contractor must document its good faith efforts toward meeting certified minority- and women-owned business enterprise utilization plans by providing, at a minimum: (1) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the New York State Directory of certified businesses, and any responses thereto; (2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected; (3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements; (4) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals; (5) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and womenowned business enterprises.

NEW YORK STATE – DEPARTMENT OF STATE (DOS)
MWBE – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT - FORM A

I, _____, the (awardee/vendor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____.

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through

(d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

(Name of Designated Liaison) is designated as the Minority Business Enterprise Liaison responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program on DOS Contract No _____.

M/WBE Contract Goals

_____ percent of MWBE participation
_____ percent of MBE participation
_____ percent of WBE participation

(Authorized Representative)

Title:
Date:

EQUAL EMPLOYMENT OPPORTUNITY

STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

Solicitation No.:	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Name:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor
Offeror's Address:	Subcontractor's name _____

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled (M) (F)		Veteran (M) (F)			
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)						Native American (M) (F)	
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
Totals																	

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	EMAIL ADDRESS:	
Submit completed plan with bid or proposal EEO 100 (Rev 6-08)		

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**



Contract No.

BDC 329 (Rev07)



106 Smith Blvd.
Albany, NY 12202

CONTRACTOR'S MWBE UTILIZATION PLAN

☐ Revised Plan

Contract No.: _____

REMINDER: Utilize the New York State Contract System located at <https://ny.newnycontracts.com/Default.asp?TN=ny&XID=8353> to report MWBE payments on a monthly basis. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.

Contractor's Name, Address and Federal ID No.:	Contract Description/Location:			Date Proposal Approved:	Date Printed:	Bid Date:	MWBE GOALS	
							MBE%	WBE%
Federal ID No.:	Work/Job Order:			OGS Project Number:	Work Order Value:	Contract Amount:		
Certified MBE/WBE Name, Address and Phone No.	MBE	WBE	Tiered Sub	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR APDC USE ONLY	SEE BDC 328.1
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

Pursuant to Executive Law Article 15-A, my firm will engage in a good faith effort to achieve the MWBE goals on this contract.		Contractor's Comments:			
Contractor's Signature:					
Enter Name:					
Title:		FOR APDC USE ONLY <input type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued MBE % _____ MBE \$ _____ WBE % _____ WBE \$ _____			
E-Mail Address:	Date:	OGS Authorized Signature:		Enter Name:	Date:



106 Smith Blvd.
518-463-8763

CONTRACTOR'S MONTHLY PAYMENT REPORT (DUE ON THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE MWBE GOALS ON THE CONTRACT)

Contract No.: _____

Contractor/Vendor Name, Address and Phone No.:		Contractor/Vendor Federal ID No.:		MWBE Goals		Reporting Period					
				MBE%	WBE%	Month	Year				
Firm Name, Address and Phone Number (List All Firms)		Description of Work or Supplies Provided		Designation		Payment This Month		Contract Amount			
						<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract		<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Tiered Sub <input type="checkbox"/> Reseller <input type="checkbox"/> No Written Contract		<input type="checkbox"/> No Payment This Month	
Federal ID No.:											
Federal ID No.:											
Federal ID No.:											
Federal ID No.:											
Signature of Firm's Compliance Officer		Print Name		Date		For APDC Use Only					
Submission of this form constitutes the contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.						Reviewed By:		Date:			

OFFICE OF MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE PROGRAM OPERATIONS

REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.			
Offeror/Contractor Name:		Federal Identification No.:	
Address:		Solicitation/Contract No.:	
City, State, Zip Code:	MBE	%	WBE %
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.			
Contractor is requesting a:			
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____			
PREPARED BY (Signature): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 16-A AND 6 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.		Date: Telephone Number: Email Address:	
Submit with the bid or proposal or if submitting after award, for an OGS contract, submit to: Albany Port District Commission 106 Smith Boulevard Albany, New York 12202		***** FOR OGS USE ONLY ***** REVIEWED BY: _____ DATE: _____ Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> 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: _____	
MWBE 101 (Revised 6-08)			

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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 M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE 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 M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs 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 Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE 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 offeror/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, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by OGS, to determine M/WBE compliance.



CONTRACTOR'S SDVOB UTILIZATION PLAN

106 Smith Boulevard
Albany, NY 12202
518-463-8763

Revised Plan



Contract No.: _____

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Contractor's Name, Address and Federal ID No.:		Contract Description/Location:		Date Proposal Approved:	Date Printed:	Bid Date:	SDVOB GOAL	
		Work/Job Order:		OGS Project Number:	Work Order Value:	Contract Amount:		
Federal ID No.:								
Certified SDVOB Name, Address and Phone No.		Tiered Sub-Contractor	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR APDC USE ONLY		
Federal ID No.:		<input type="checkbox"/>						
Federal ID No.:		<input type="checkbox"/>						
Federal ID No.:		<input type="checkbox"/>						
Federal ID No.:		<input type="checkbox"/>						

Pursuant to NYS Veterans' Services Law Article 3, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature:			
Enter Name:			
Title:		FOR APDC USE ONLY	
		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued	
		SDVOB % _____ \$ _____	
E-Mail Address:	Date:	APDC Authorized Signature:	Enter Name: Date:



106 Smith Boulevard
Albany, NY 12202
518-463-8767

CONTRACTOR'S MONTHLY SDVOB PAYMENT REPORT (DUE ON THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE SDVOB GOALS ON THE CONTRACT)

Contract No.: _____

Contractor/Vendor SDVOB, Address & Phone No.:	Contractor/Vendor SDVOB Federal ID No.:		SDVOB Goal		Reporting Period	
	Description of Project:				Month	Year
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation		Payment This Month	Contract Amount	
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> SDVOB <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> SDVOB <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> SDVOB <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> SDVOB <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		

_____	_____	_____
Signature of Firm's Compliance Officer	Print Name	Date
Submission of this form constitutes the contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.		For APDC Use Only
		Reviewed By: _____ Date: _____

APPLICATION FOR WAIVER OF SDVOB 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:		SDVOB CONTRACT GOALS	
		%	
Section 2: Type of SDVOB Waiver Requested			
<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised SDVOB 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 SDVOB goals set forth in the contract and in support of your waiver application:			
<input type="checkbox"/> Attachment A. Copies of solicitations to SDVOBs and any responses thereto. <input type="checkbox"/> Attachment B. Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected. <input type="checkbox"/> Attachment C. Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs. <input type="checkbox"/> Attachment D. 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 SDVOB participation pursuant to the SDVOB 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)			

FOR APDC USE ONLY

Reviewed By:

Date:

Decision:

- ☐ Full SDVOB waiver granted
☐ Partial SDVOB waiver granted; revised SDVOB goal: _____ %
☐ SDVOB waiver denied

Approved By:

Date:

Date Notice of Determination Sent:

Comments: