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New York State Division of Criminal Justice Services

LOCAL ASSISTANCE MWBE REQUEST FOR WAIVER FORM

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| **IMPORTANT: Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the MWBE requirements set forth under the contract.** | | | |
| **1. Grantee (Contractor) Name:** | | **2. DUNS Number:** | |
| **Preparer Name/Title:** | | **3. Solicitation/Contract Number:** | |
| **Address:** | | **4. Approved MWBE Goals:**  **MBE**      **% Amount $**       **WBE**      **% Amount $** | |
| **City, State, Zip Code:** | | **5. Proposed MWBE Goals:**  **MBE**      **% Amount $**       **WBE**      **% Amount $** | |
| **6. Grantee (Contractor) is requesting a:**  **a.  MBE Waiver – A waiver of the MBE Goal for this procurement is requested.**  **Total**  **Partial Amended MBE Goal:**      **% Amount $**  **b.**  **WBE Waiver – A waiver of the WBE Goal for this procurement is requested.  Total  Partial Amended WBE Goal:**      **% Amount $** | | | |
| **7. PREPARED BY (Signature):** | | **Date:** | |
| **Telephone Number:** | | **Email Address:** | |
| **SUBMISSION OF THIS FORM CONSTITUTES THE GRANTEE’S (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 AND/OR TERMINATION OF THE CONTRACT.** | | | |
| **Submit with the bid or proposal, or if submitting after award, submit to:**  **NYS Division of Criminal Justice Services**  **Office of Program Development & Funding (OPDF)**  **80 South Swan Street, 10th Floor**  **Albany, New York 12210** | **FOR DCJS USE ONLY** | | |
| **REVIEWED BY:** | | **DATE:** |
| **Waiver Granted: YES:**  **MBE:  WBE:  Waiver Denied:**  **Total Waiver**  **Partial Waiver**  **Conditional (Specify conditions in Comments Section)**  **Notice of Deficiency (NOD) Issued NOD Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Reviewer Comments:** | | | |

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**D CJS 3302 – LOCAL ASSISTANCE MWBE REQUEST FOR WAIVER FORM**

**Instructions for Completion and Supplemental Documentation Requirements**

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| **IMPORTANT: Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the MWBE requirements set forth under the contract.** | |
| **1. Name and Address** | **Provide the grantee (contractor) name and address, and include the name and title of the form preparer.** |
| **2. DUNS Number** | **Provide the grantee DUNS Number (a nine digit number assigned via Dun and Bradstreet’s Data Universal Numbering System).** |
| **3. Solicitation or Contract Number** | **Input the applicable DCJS solicitation number or contract number in relation to this MWBE Request for Waiver Form.** |
| **4. Approved MWBE Goals** | **Enter the total MWBE percentage and dollar amount currently approved by the NYS Division of Criminal Justice Services.** |
| **5. Proposed MWBE Goals** | **Enter the total proposed MWBE percentage and dollar amount, if submitted during the bid or solicitation process, or the total revised MWBE percentage and dollar amount if a contract has been awarded.** |
| **6. Waiver Request** | **Specify the type of MWBE Waiver requested, indicating if the request is for a partial or total waiver. Include the individual percentage and dollar goals for MBE or WBE. Select a. if only a MBE goal revision is requested, b. if only a WBE goal revision is requested, and a. and b. if both MBE and WBE goal revisions are requested.** |
| **7. Preparer Information** | **Preparer must sign and date the MWBE Request for Waiver Form. Include the preparer’s telephone number and e-mail address.** |
| **ALL MWBE REQUESTS FOR WAIVER FORMS MUST PROVIDE THE FOLLOWING SUPPLEMENTARY DOCUMENTATION. A MWBE WAIVER WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:** | |
| 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 grantee (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 contractor’s representative authorized to discuss and negotiate this waiver request.**   Note: Unless a Total Waiver has been granted, the grantee (contractor) will be required to submit all reports and documents pursuant to the provisions set forth in the contract, as deemed appropriate by the Division of Criminal Justice Services, to determine MWBE compliance. | |