TA-W1077-9 (08/2014)

New York State Thruway Authority • New York State Canal Corporation
Office of Construction Management - Compliance Unit
P.O. Box 189
Albany, NY 12201-0189

CONTRACTOR/CONSULTANT M/WBE WAIVER REQUEST

Purpose: This form is used to request a waiver for M/WBE goals.

Section I Contract Information

Contractor/Consultant Name	Contact Name	Phone No. ( ) -
Contact E-mail Address	Project TA/D No.	Payments to Date
Contract Goals MBE_____ % WBE_____ %	Approved Goals MBE_____ % WBE_____ %	

Section II M/WBE Waiver Request(s)

MBE Waiver ☐ Partial Waiver _____% ☐ Total Waiver _____%	WBE Waiver ☐ Partial Waiver _____% ☐ Total Waiver _____%

Section III Justification

In order for the Compliance Unit to properly review and make a decision on the level of your Good Faith Efforts (GFE) to comply with the requirements of Article 15-A of NYS Law or to be entitled to a waiver, you must provide the following:

NOTE: You must consider D/M/WBEs for items of work, even when you might prefer to self-perform those items.

1. Record of all solicitation to the M/WBE subcontractors and/or suppliers and the outcome (please utilize the D/M/WBE SOLICITATION LOG [TA-W1055-9]). **If a non-M/WBE is selected over the M/WBE, you must provide the non-M/WBE and the M/WBE quotes and any efforts taken to negotiate with the M/WBE.**
2. List any special considerations and/or concerns which are preventing adequate M/WBE participation.
3. Were all resources used in identifying certified M/WBEs? Did your firm utilize the Directory of Certified Minority and Women Business Enterprises as a resource document in meeting your M/WBE participation goals? Did your firm seek additional assistance from the Compliance Unit?
4. Dated copies of all circulation of solicitations to minority and women associations, minority and women media publications, and any other business associations utilized.
5. Were any of the items of work considered for de-bundling to increase the likelihood of participation by certified businesses? If not, please explain.

Section IV Contractor/Consultant Certification

I certify that I am authorized by the contractor/consultant identified in Section I to make this declaration. The contractor/consultant has made GFE, as defined by NYS Law, to meet the approved M/WBE goals contained in NYS Law and under the applicable contract. I acknowledge that failure to submit complete and accurate information in connection with this waiver REQUEST may result in a finding of non-compliance, and may result in the estimate/invoice being held.

Name (print or type)	Title	Signature	Date