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

☐ Total	☐ 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:

- ❑ **Attachment A.** Copies of solicitations to SDVOBs and any responses thereto.
- ❑ **Attachment B.** Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- ❑ **Attachment C.** Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by OPWDD with certified SDVOBs whom OPWDD determined were capable of fulfilling the SDVOB goals set forth in the contract.
- ❑ **Attachment D.** 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.
- ❑ **Attachment E.** 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 solicitation or 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 OPWDD 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	