



**POST-AWARD VENDOR  
 SUBCONTRACTING WAIVER REQUEST  
 DATE: \_\_\_\_\_ FORM**

**CONTRACT & CONTACT INFORMATION**

Contract Title:			
Contract #:		Prime Contractor:	
Contact Person:			
Contact Phone #:		Contact Email:	

The purpose of this waiver is to address the good faith efforts made in meeting the required subcontracting goal(s) for this project. The Prime contractor should submit a change to the Utilization Plan (if not already submitted) with this waiver request.

**RATIONALE FOR WAIVER**

**1a.) Select the statement below that best explains why the subcontracting goal(s) applied were not met:**

<input type="checkbox"/>	The School Board issued a change order that limited subcontracting opportunities or required expedited completion of the scope of work causing the subcontracting goal(s) to not be met
<input type="checkbox"/>	The School Board issued a Change Order which required expedited completion of the scope of work and an S/M/WBE was not able to be identified through Good Faith Effort
<input type="checkbox"/>	The S/M/WBE that was to be utilized lost certification and could not be replaced with another S/M/WBE who could perform the scope of work
<input type="checkbox"/>	There were other issue(s) that resulted in the subcontracting goal(s) not being met

**1b.) In the box below, please provide further details for the statement selected above.**



**2.) List and explain all efforts aimed at communication to potential S/M/WBE subcontractors to meet the subcontracting goal(s). Please provide documentation supporting evidence of the communications (emails, call logs, faxes, etc.) and indicate if the S/M/WBEs provided a response and/or justification for not accepting the bid.**

**3a.) Select the statement below that best describes the other good faith efforts made:**

	Helped a vendor become a certified S/M/WBE so they could become a subcontractor on the project
	Offered joint check services or bonding assistance for lines of credit to S/M/WBE subcontractors
	Advertised and utilized member listings from SDOP website, multiple trade organizations and Chambers of Commerce
	Other (Specify in the box below)
	N/A – No other good faith efforts made

**3b.) In the box below, please provide additional comments (if any) for the statement selected above.**

**AFFIRMATION**

**I certify that all information contained in this for is accurate and complete, and understand that if this request for waiver is denied and I fail to meet the requirements of the contract, my firm may be assessed a penalty and/or sanction.**

**Signature**

**Name & Title (Print)**

**FOR SDOP USE ONLY**

	<b>Waiver Status:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>
<b>(Signature) Coordinator, Supplier Diversity Outreach Program</b>	<b>Date:</b>
<b>(Print Name) Coordinator, Supplier Diversity Outreach Program</b>	