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| **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: |
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| **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 OGS with certified SDVOBs whom OGS 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.
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| **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) |

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| **FOR OGS 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: |