NEW YORK STATE OF OPPORTUNITY. | Empire State Development

OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

OCSD-S2

WAIVER REQUEST FORM

Waiver Applicant		
Contractor Name:	Fed ID No.:	Date
Full Address:	Contract / RFP Number:	
Project Details (Contract Name, Project Location):	Have you previously submitted a Waiver Request? (YES/NO)	

By submitting this form and the required information, the Contractor certifies that every "Good Faith Effort" has been taken to promote Service-Disabled Veteran-Owned Business (SDVOB) participation pursuant to the SDVOB requirements set forth under the contract (refer to 9 NYCRR §252.2). Failure to adequately demonstrate Good Faith Efforts will result in a denial of your Waiver Request. It is the Contractor's responsibility to ensure that adequate, clear and complete information is presented to the Office of Contractor and Supplier Diversity (OCSD).

***CURRENT CONTRACT VALUE: $**

***CURRENT SDVOB GOAL: _____%**

***CONTRACTOR IS REQUESTING:**

1. ☐ **SDVOB Waiver** – A waiver of the SDOVB Goal for this procurement is requested.
   REQUESTED SDVOB GOAL: _____%

PREPARED BY (Signature): _____ Date: _____

SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT THAT IT HAS MADE GOOD FAITH EFFORTS, PURSUANT TO **9 NYCRR §252.2**, TO INCLUDE THE PARTICIPATION OF CERTIFIED SERVICE-DISABLED VETERAN-OWNED BUSINESSES IN THE ABOVE PROJECT OR CONTRACT. CONTRACTOR HEREBY AGREES TO PROVIDE ANY AND ALL RELEVANT DOCUMENATION IN SUPPORT OF THE DEMONSTRATION OF ITS GOOD FAITH EFFORTS AND ACKNOWLEDGES THAT IT HAS PROVIDED WITH THIS WAIVER REQUEST ALL AVAILABLE DOCUMENTATION SUPPORTING ITS GOOD FAITH EFFORTS.

*Name and Title of Preparer:	*Telephone Number:	*Email:

Submit to:	***** FOR ESD USE ONLY *****	
Empire State Development **Office of Contractor and Supplier Diversity**	**REVIEWED BY:**	**DATE:**

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633 Third Avenue, 35th Floor **New York, New York 10017**	**Waiver Granted:** ☐ **YES** ☐ **Total Waiver** ☐ **Partial Waiver** ☐ ***Conditional** ☐ **Notice of Deficiency Issued** _____ * **Comments:** _____ _____ _____ _____ _____