

New York State Division of Homeland Security and Emergency Services  
**DISASTER RECOVERY MWBE WAIVER REQUEST FORM**

**IMPORTANT:** Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that the grantee has made a good faith effort to promote MWBE participation pursuant to the MWBE requirements set forth in the grant contract.

1. Grantee (Contractor) Name:		2. NYS SFS Number :	
1a. Preparer Name/Title:		3. Federal Identification Number:	
1b. Street Address:		4. Contract Number:	5. Contract Amount:
1c. City, State, Zip Code:		6. Approved MWBE Goals:	
		MBE    %    Amount \$	WBE    %    Amount \$
7. Type of MWBE Waiver Requested:                      Full                      Partial			
a. MBE Waiver	If partial waiver, please enter the requested revised MBE percentage and amount		% / \$
b. WBE Waiver	If partial waiver, please enter the requested revised WBE percentage and amount		% / \$
8. Signature:			Date:
Telephone Number:		Email Address:	

By signing and submitting this form, the grantee (contractor) certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE 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.

Submit to: New York State Division of Homeland Security and /Emergency Services Disaster Recovery Finance 1220 Washington Avenue Building 7A,6 <sup>th</sup> Floor Albany, NY 12242	<b>FOR DHSES USE ONLY</b>
	REVIEWED BY:
	DATE:
	Waiver Granted: YES:___ MBE:___ WBE:___ Waiver Denied:___ ___ Total Waiver    ___ Partial Waiver ___ Conditional (Specific conditions in Comments Section) ___ Notice of Deficiency (NOD) Issued    NOD Date _____

**Reviewer Comments:**

New York State Division of Homeland Security and Emergency Services  
**LOCAL ASSISTANCE MWBE WAIVER REQUEST FORM**  
 Instructions for Completion of Form and Supporting Documentation Requirements

**IMPORTANT:** Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that a “Good Faith Effort” has occurred to promote MWBE participation pursuant to the MWBE requirements set forth in the grant contract.

1. Name and Address	Provide the grantee (contractor) name and address, and include the name and title of the form preparer.
2. NYS SFS Number	Provide the grantee NYS SFS Number (an eleven digit number assigned via the NYS Financial System).
3. Federal Identification Number	Provide your Federal Identification Number.
4. Contract Number	Input the applicable DHSES contract number in relation to this MWBE Request for Waiver Form.
5. Contract Amount	Enter the Amount of your Contract (Grant Award)
6. Approved MWBE Goals	Enter the total MWBE percentage and dollar amount currently approved by the NYS Division of Homeland Security and Emergency Services (DHSES).
7. Waiver Request	Specify the type of MWBE Waiver requested, indicating if the request is for a partial or total waiver. Include the individual percentage and dollar goals for MBE or WBE. Select a. if only a MBE goal revision is requested, b. if only a WBE goal revision is requested, and a. and b. if both MBE and WBE goal revisions are requested.
8. Preparer Information	Preparer must sign and date the MWBE Request for Waiver Form. Include the preparer’s telephone number and e-mail address.

**ALL MWBE WAIVER REQUESTS FORMS MUST INCLUDE SUPPORTING DOCUMENTATION ATTACHMENTS. MWBE WAIVER REQUESTS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:**

1. A statement setting forth your reason(s) for requesting a partial or total waiver.
2. A copy of the RFP used to solicit subcontractors
3. A list of the general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals.
4. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.
5. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE participation levels.
6. Copies of notices, dates of contact, letters, and other correspondence as proof that the solicitations were made in writing and copies of such solicitations; **could be the same as #2.**
7. Provide copies of responses made by certified MWBEs to your solicitations when possible, describe specific reasons that responding certified MWBEs were not selected.
8. Provide a description of any contract documents, plans, or specifications made available to certified MWBEs by the grantee (contractor) for purposes of soliciting their participation and steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from MWBEs.
9. Provide documentation of any negotiations between you, the grantee (contractor), and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.
10. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
11. Provide the name, title, address, telephone number, and email address of the grantee’s (contractor’s) representative authorized to discuss and negotiate this waiver request.

**Note:** Unless a Total Waiver has been granted, the grantee (contractor) will be required to submit all reports and documents pursuant to the provisions set forth in the contract, as deemed appropriate by the DHSES, to determine MWBE compliance.