

Post-Award Vendor Subcontracting Waiver Request Form

Contract Title:	<input type="text"/>		
Contract #:	<input type="text"/>	Contact #:	<input type="text"/>
Prime Contractor:	<input type="text"/>	Contact Email:	<input type="text"/>
Contact Person:	<input type="text"/>	Date:	<input type="text"/>

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 or has submitted a change to Utilization Plan with this waiver request.

1. Describe the rationale for your waiver request for not meeting the subcontracting goal(s) applied to this project.

Check the box(s) that best explain why the subcontracting goal(s) applied were not met.

- The city 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.
- A S/M/WBE to be utilized lost certification and could not be replaced with another S/M/WBE who could perform the scope of work.
- There were other issue(s) that resulted in the subcontracting goal(s) not being met.

Please provide further detail for the checked box(s) above.



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2. List and explain all efforts aimed at communication to potential S/M/WBEs subcontractors using the Central Vendor Registry <http://www.sanantonio.gov/purchasing/saeps> to meet the subcontracting goal(s). Please provide documentation, supporting evidence of the communication (emails, call logs, faxes) and indicate if the S/M/WBE provided a response, submitted a bid and justification for not accepting the bid.

3. List other Good Faith Efforts

Please provide documentation and supporting evidence for the efforts selected below.

- Help a vendor become a certified S/M/WBE so they can become a subcontractor on the project.
- Offer joint check services or bonding assistance for lines of credit to S/M/WBE subcontractors.
- Advertise and utilize member listings from the South Central Texas Regional Certification Agency website, multiple trade organizations and Chambers of Commerce.
- Other (please list below)

Additional comments, if any.

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AFFIRMATION

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM 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.

PRINT NAME/TITLE

SIGNATURE

 Approved **Denied**

**DIRECTOR ECONOMIC DEVELOPMENT
DEPARTMENT**