



Subcontracting Goal - Waiver Request Form

(Attach Subcontractor/Supplier Utilization Plan Form at the time of bid submission with this waiver)

SOLICITATION NAME: **DATE:**

COMPANY NAME: **CONTACT NO.:**

CONTACT PERSON: **CONTACT EMAIL:**

In the sections below, points will ONLY be awarded for fully satisfying the criteria. For more information regarding the Subcontracting Goal – Waiver Request Evaluation Criteria and to find a template to document your good faith efforts, please visit: www.sanantonio.gov/SBO/Forms.aspx. Respondents must obtain a total of 70 or more points to receive a waiver approval.

SECTION A: Sufficient Commercially Useful Work Identified to Meet Subcontracting Goal

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Please provide documentation and supporting evidence to show how the criteria was fulfilled:

- List the specific scope of work identified for each of the S/M/WBEs contacted
- Ensure the scope of work identified for S/M/WBEs is greater than or equal to the subcontracting goal(s)
- Additional comments, if any

SECTION B: Initial Communications to Potential S/M/WBE Subcontractors Using Central Vendor Registry (CVR) / Website Posting of Subcontractor Solicitations

20

Please provide documentation and supporting evidence to show how the criteria was fulfilled:

- Contact at least five (5) S/M/WBEs in the Central Vendor Registry (CVR) for each scope of work identified to be subcontracted in Section A (emails/ call logs/ faxes)
- Include current documentation of searches from the CVR (<http://sanantonio.gov/purchasing/vendorinformation/cosavendorlisting.aspx>)
- Notify S/M/WBEs at least seven (7) calendar days prior to the bid closing date
- Additional comments, if any

SECTION C: Follow-Up Communications & Bid Negotiations with Potential Subcontractors

35

Please provide documentation and supporting evidence to show how the criteria was fulfilled:

- Follow up with S/M/WBEs at least three (3) calendar days prior to the bid closing date. Note that an alternate form of communication is required from the communication methods used in Section B
- Document if a response was received from S/M/WBEs contacted. If a S/M/WBE submitted a bid, indicate negotiations and reasoning for not accepting the bid
- Additional comments, if any

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SECTION D: Attendance at Pre-Submittal Conference

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City staff maintains documentation regarding attendance at the pre-submittal conference:

- Below, list the individuals from your firm that attended the pre-submittal conference

SECTION E: Other Criteria (Bonding / Insurance /Supplier Credit Assistance)

15

Please provide documentation and supporting evidence to show how the criteria was fulfilled. To receive all 15 points, three (3) additional good faith efforts must be completed. Note the items below are recommendations of 'other criteria'.

The vendor may identify other good faith efforts in the area provided below (subject to approval):

- Participate in a mentoring program in the San Antonio Metropolitan Statistical Area (SAMSA)
- Provide easy access to plans and specifications for S/M/WBEs
- Host outreach events for S/M/WBEs in SAMSA
- Offer joint check services or bonding assistance or lines of credit to S/M/WBEs
- Advertise and utilize member listings from multiple trade organizations and Chambers of Commerce
- Other (If Other Please List Below)

Respondents must obtain a total of 70 or more points to receive a waiver approval. No partial points will be awarded to respondents in sections (A-D) for not meeting the criteria. Respondents will be considered Non-Responsive upon denial of the Subcontracting Waiver Request and Subcontractor/ Supplier Utilization Plan. For more information on the Subcontracting Waiver Criteria or for assistance on completing the Subcontracting Waiver Request Form, please contact the Small Business Office at (210) 207-3922.

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 THIS SOLICITATION, MY RESPONSE TO THIS SOLICITATION WILL BE DEEMED NON-RESPONSIVE.

SIGNATURE

PRINT NAME/ TITLE

DIRECTOR ECONOMIC DEVELOPMENT
DEPARTMENT

Approved

Denied

TOTAL SCORE: _____/100