



Exception to SBEDA Program Requirements Request Form

RESPONDENT NAME:

DATE:

SOLICITATION NAME:

API APPLIED:

1. Please check the box that best describes the reason you are requesting an Exception to the SBEDA Program requirements associated with this solicitation:

- The value of the contract is below the \$50,000 threshold for application of the SBEDA Program
- No commercially-useful subcontracting opportunities exist within the contract
- The type of contract is beyond the scope of the SBEDA Ordinance

2. Describe the rationale for your request for an Exception to SBEDA program requirements associated with this solicitation. Attach additional pages, if necessary.

3. Name and phone number of person appointed to coordinate this project.

Name:

Phone Number:

E-mail:

AFFIRMATION

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS ACCURATE AND COMPLETE AND I UNDERSTAND THAT IF THIS REQUEST FOR EXCEPTION IS DENIED AND I FAIL TO MEET THE REQUIREMENTS OF THIS SOLICITATION, MY RESPONSE TO THIS SOLICITATION WILL BE DEEMED **NON-RESPONSIVE**.

SIGNATURE

DATE

PRINT NAME/TITLE

FOR CITY USE ONLY - ORIGINATING DEPARTMENT

DEPARTMENT:

DATE RECEIVED:

STAFF NAME:

FOR CITY USE ONLY - SBO STAFF

DATE RECEIVED:

STAFF NAME:

RECOMMENDATION: APPROVED DENIED

EDD DIRECTOR:

DATE OF ORIGINATING DEPARTMENT/CIMS/PGS/GSC NOTIFICATION:

Justification: