



APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL

(must be submitted before requesting final payment on the Contract)

Section 1: Basic Information

Contractor's Name: Federal Identification Number: Street Address: E-Mail Address: City, State, Zip Code: Telephone: Contract Number: SDVOB CONTRACT GOALS %

Section 2: Type of SDVOB Waiver Requested

Total Partial If partial waiver, please enter the revised SDVOB percentage: %

Please explain the reason for the waiver request:

Section 3: Supporting Documentation

Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application: Attachment A, B, C, D, E

Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract.

Prepared By: (Signature) Date:

Name and Title of Preparer (Print or Type)

For NYSP Use Only

Reviewed By:

Date:

Decision:

- Full SDVOB waiver granted
- Partial SDVOB waiver granted; revised SDVOB goal: _____ %
- SDVOB waiver denied

Approved By:

Date:

Date Notice of Determination Sent:

Comments