



DATE:

May 26, 2017

TO:

Barbara Harris, Assistant City Manager

FROM:

Tiffany Jones, M/WBE Specialist

DEPARTMENT: Office of the City Manager

SUBJECT:

Housing Opportunities for Persons with AIDS (HOPWA) Program

Attached is a waiver request for your approval. As required by the M/WBE Program Plan, the M/WBE Office searched the database and internet to determine if there were certified M/WBE firms or minority/women owned businesses in the MSA that could provide the service and was unable to locate any. The M/WBE Office supports the waiver of the Plan on this contract. The nature of this contract makes it impractical to apply the terms of the M/WBE Program Plan. Section VII (h)(i) of the M/WBE Program Plan allows for such a waiver under these circumstances.

If approved, please send signed copy to the M/WBE Office. Please give me a call at 373-7698 if you have any questions.

TJ Attachment

cc: Gwen Carter, M/WBE Coordinator

Internal M/WBE Waiver Request Form

Date: 5/22/2017	Department:	Neighborhood Development	
Contact Name & Phone: Michael Rupp - (336) 373-2993			
Contract Name and Number (if applicable):			
A waiver of the M/WBE participation requirement may be requested by the <u>Originating Department</u> at least 5 business days <u>prior</u> to advertisement or solicitation. In detail below, please explain your reason for requesting a waiver (attach RFP & supporting documentation as necessary). Final approval of the request will be made by the City Manager's Office.			
asking for regional HIV/AIDS service HIV/AIDS pass through funding. Regard Stanly. Central Carolina Health lead agency through June 30, 2018 It is in the City of Greensboro's interested.	es agencies to a egion 4 covers th Network, and p erest to maintain	a Request for Applications for HIV Patient Management Model Networks of Care lign themselves in a services network under one administrative organization for ne counties of Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham partnering agencies, was the sole applicant and has been designated the regional in the collaborative network model established by the State of North Carolina and dministrator role for the HOPWA funds for 2017-2018.	

This section is for M/WBE Office use only

Contact Name & Phone Number: THAMY JONES			
The M/WBE Office supports the waiver request. Please submit any comments below.			
 The extraordinary and necessary requirements of the contract render application of the Program Elements infeasible or impractical. Please explain in detail. (Attach supporting documentation as necessary) 			
Proces see memo			
2. The nature of the goods or services being procured are excluded from the scope of this Program Plan.			
Please check one of the exclusions below: (Attach supporting documentation as necessary)			
Contracts that are subject to the U.S. Department of Transportation Disadvantaged Business Enterprise Program;			
Sole Source: the required supplies or services are available from one responsible source			
Contracts for electricity or water and sewage services from a municipal utility district or governmental agency;			
Emergency contracts for goods or supplies;			
Contracts for the City's lease or purchase of real property where City is lessee or purchaser; and			
3. Sufficient qualified M/WBEs providing the goods or services required by the contract are unavailable in the Relevant Market area of the project despite every reasonable attempt to locate them. Please explain in detail the reason for the request: (Attach RFP & supporting documentation as necessary)			
The M/WBE Office does not support the waiver request. Please explain in detail the reason for not supporting the request: (Attach supporting documentation as necessary)			
Juffent 2/26/1-			
This section is for CMO Office use only			
Contact Name: Jarbeur Jarris			
The CMO Office approves the waiver request			
The CMO Office does not approve the waiver request.			