

**Internal M/WBE Waiver Request Form**

Date: 10/21/2019

Department: Neighborhood Development

Contact Name & Phone: Elizabeth Danley, (336) 373-7960

Contract Name and Number (if applicable):

A waiver of the M/WBE participation requirement may be requested by the **Originating Department** at least 5 business days **prior** 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.

In August 2016, the State of North Carolina issued a Request for Applications for HIV Patient Management Model Networks of Care asking for regional HIV/AIDS services agencies to align themselves in a services network under one administrative organization for HIV/AIDS pass through funding.

Region 4 covers the counties of Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham and Stanly. Central Carolina Health Network, and partnering agencies, was the sole applicant and has been designated the regional lead agency through June 30, 2020.

It is in the City of Greensboro's interest to maintain the collaborative network model established by the State of North Carolina and utilize CCHN as a unique provider in the network administrator role for the HOPWA funds for 2019-2020.

*Elizabeth Danley*  
X 7960  
11/7/19

**\*This section is for M/WBE Office use only\***

Contact Name & Phone Number:

*Gwen Carter* *Wt. 2947* *CSO 300-20-56*

☒ The M/WBE Office supports the waiver request. Please submit any comments below.

1. 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)**

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)

*Gwen Carter*  
*11/7/19*

**\*This section is for CMO Office use only\***

Contact Name:

Kim Sowell, Assistant City Manager

Date:

*11/7/19*

☒ The CMO Office approves the waiver request

☐ The CMO Office does not approve the waiver request.