Internal M/WBE Waiver Request Form

Date: Department:

Contact Name & Phone:

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.

Contact Name & Phone Number:

☐ 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)

This section is for CMO Office use only

Contact Name:

☐ The CMO Office approves the waiver request

☐ The CMO Office does not approve the waiver request.