

-MWBE Form #2-  
**New York State Department of Health**  
**MWBE Waiver Request**

<b>Applicant/Bidder:</b> Click here to enter text.	<b>Federal Identification No.:</b> Click here to enter number.	
<b>Address:</b> Click here to enter text.	<b>Solicitation/Contract No.:</b> Click here to enter number.	
<b>City, State, Zip Code:</b> Click here to enter text.	<b>M/WBE Goals over life of Contract:</b> <b>MBE %%% WBE %%%</b> (From Lines 2&3 of Form 1)	
<p><b>Contractor is requesting the following waiver of the procurement goal: (check one)</b></p> <p> <input type="checkbox"/> <b>Total MBE Waiver</b>                      <input type="checkbox"/> <b>Partial MBE Waiver</b>                      <input type="checkbox"/> <b>Total M/WBE Waiver</b>  <input type="checkbox"/> <b>Total WBE Waiver</b>                      <input type="checkbox"/> <b>Partial WBE Waiver</b>  <input type="checkbox"/> <b>Waiver Pending ESD Certification</b> – (Subcontractor/Supplier not currently certified M/WBE &amp; application has been filed with Empire State Development to become a certified M/WBE)  <b>Date of such filing with Empire State Development:</b> Click here to enter a date.         </p> <p><u>If a total or partial waiver is requested, appropriate supporting documentation as outlined in the Detailed MWBE Form Instructions is required.</u></p>		
<p>By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract. When requesting a waiver, it should be clear that no MWBE exists or can be used to meet the established goal.</p> <p>Submission of this form constitutes the Offeror/Contractor’s acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Laws, Article 15-A and 5 NYCRR Part 143. Failure to submit complete and accurate information may result in a finding of noncompliance and/or termination of the contract.</p>		
<hr/> <b>PREPARED BY (Signature)</b> _____ <b>Date:</b> _____		
<b>Name and Title of Preparer (Printed or Typed):</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
Submit with the bid or proposal or if submitting after award submit to: <a href="mailto:mwbe@health.ny.gov">mwbe@health.ny.gov</a>		
<b>***** FOR DMWBD USE ONLY *****</b>	<b>Reviewed By:</b>	<b>Date:</b>
<b>Waiver Granted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> <b>Total MBE Waiver</b>	<input type="checkbox"/> <b>Partial MBE Waiver</b>	<input type="checkbox"/> <b>Total M/WBE Waiver</b>
<input type="checkbox"/> <b>Total WBE Waiver</b>	<input type="checkbox"/> <b>Partial WBE Waiver</b>	<input type="checkbox"/> <b>*Conditional</b>
<input type="checkbox"/> <b>Notice of Deficiency Issued</b> _____	<input type="checkbox"/> <b>ESD Certification Waiver</b>	