SUBMIT WITH BID

MWBE WAIVER REQUEST

| (Re-Bid) Barrett's Chapel K-8 Roof Replacement (Bidder) | | | | | | | | | | _(IFB) #10182019 | | |
|--|------------------------------------|-----------|-------------------------------------|-------------------------|------------------------------|--------------|--------------|-----------------------------|------------------------------|------------------------|----------------|--|
| I conclude that I am unable to achieve the MWBE participation goal for this project. I hereby request a waiver, in whole or in part, of the overall goal. | | | | | | | | | | | | |
| I acknowledge that by requesting a partial or total waiver of the aspirational goal, I must complete the MWBE Utilization Form for the portion of the goal if any, for which I am not seeking a waiver, in order to be considered for award. | | | | | | | | | | | | |
| I do certify the attached documentation as true and accurate representation of my good faith efforts. I acknowledge that by requesting a partial or total waiver of the aspirational goal, I must complete the MWBE GOOD FAITH DOCUMENTATION FORM. | | | | | | | | | | | | |
| I will expend a minimum of% of the total dollar amount of the contract with minority and women, business enterprises. M/WBEs will be employed as construction subcontractors, vendors, suppliers or providers of professional services. Such work will be subcontracted to the following firms listed below. | | | | | | | | | | | | |
| MWBE GOAL | | | Actual MWBE Dollar Participation | | | | | Request for Waiver | | | | |
| Percent of Total Contract | Dollar Value of Total Contract* | | Dollar Value | | Percent of Total Contract | | Dollar Value | | Percent of Total Contract | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| MWBE Name, Address, MWBE | | | | Certification SCS D | | | | scription of Dollar Percent | | | Percentage | |
| Contact Person | | Category* | | Agency & Number | <u>!!</u> | Vendor ID | | vork/ materials | | <u>ai</u> <u>IE</u> | of Utilization | |
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| | | Date | | | | | | | | | _ | |
| SEAL | Signature:My commission expires | | | | | | | | | | | |