

### Internal M/WBE Waiver Request Form

Date:

Department:

Contact Name

Phone Number

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). *As the requester, your signature is required at the bottom of this page.*

Final approval of the request will be made by the City Manager's Office.

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**Note:** *As the requester, your signature is required in order to process this request.*

**\*Required\*** Requester's Signature

**SIGN HERE**

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

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)

**\*REQUIRED\*** MWBE Signature

**\*This section is for CMO OFFICE USE ONLY\***

Name:

**\*REQUIRED\*** CMO Office Signature

- ☐ The CMO Office approves the waiver request
- ☐ The CMO Office does not approve the waiver request.

Date: