APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL (must be submitted before requesting final payment on the Contract)

Section 1: Basic Informatio	n					
Contractor's Name:		Federal Identification Number:				
Street Address:				E-Mail Address:		
City, State, Zip Code:				Telephone:		
				()	-	
Contract Number:			SDVOB CONTRACT GOALS			
			0/0			
Section 2: Type of SDVOB Wai	ver Requested					
Total	Total Partial If partial percenta			waiver, please enter the revised SDVOB %		
Please explain the reason for the waiver r	equest:					
Section 3: Supporting Docume	ntation					
Provide the following documentation as o waiver application:	evidence of your good fa	iith efforts t	o meet the SDVOB g	oals set forth in the	e contract and i	n support of your
 Attachment A. Copies of solid Attachment B. Explanation of Attachment C. Dates of any p Authority with certified SDVOB contract. 	the specific reasons each ore-bid, pre-award or othe	ch SDVOB er meeting	that responded to Bio s attended by Contract	ctor, if any, schedu	led by the Port	of Oswego
 Attachment D. Information de subcontracting with, or obtainir Attachment E. Other informat 	g supplies from, certified	d SDVOBs	•	icture the contract	scope of work	for the purpose of
Section 4: Signature and Conta	act Information					
By signing and submitting this form, t pursuant to the SDVOB requirements may result in a finding of noncompliar	set forth under the soli	citation o	r Contract. Failure to	o submit complet	te and accurate	
Prepared By: (Signature)					Date:	

For Port of Oswego Authority Use Only					
Reviewed By:	Date:				
Decision:					
Full SDVOB waiver granted Partial SDVOB waiver granted; revised SDVOB goal: % SDVOB waiver denied					
Approved By:	Date:				
Date Notice of Determination Sent:					
Comments					
Name and Title of Preparer (Print or Type)					