# REQUEST FOR WAIVER FORM

**INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.**

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| **Offeror/Contractor Name:** LogicalWave Technologies | **Federal Identification No.:** 141828872 |
| **Address:** PO Box 1056 | **Solicitation/Contract No.:** OMIG 11-01 |
| **City, State, Zip Code:** Albany NY 12210 | **M/WBE Goals: MBE** 2 % **WBE** 2 % |

**By submitting this form and the required information, the offeror/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.**

**Contractor is requesting a:**

1. ☒ **MBE Waiver – A waiver of the MBE Goal for this procurement is requested.** ☒ **Total** ☐ **Partial**

2. ☒ **WBE Waiver – A waiver of the WBE Goal for this procurement is requested.** ☒ **Total** ☐ **Partial**

3. ☐ **Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development:_____**

**PREPARED BY (Signature):** Paul W Miller

**Date:** 3/10/2011

**SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, 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.**

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| **Name and Title of Preparer (Printed or Typed):** Paul Miller, President | **Telephone Number:** (518) 238-2426 | **Email Address:** pmiller@logicalwave.com |

**Submit to the following address:**

Bureau of Budget and Fiscal Management - Contract Unit
Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

********** **FOR AUTHORIZED USER USE ONLY** **********

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|---|---|
| **REVIEWED BY:** Victoria Parry | **DATE:** 4/28/11 |

**Waiver Granted:** ☐ **YES** **MBE:** ☐ **WBE:** ☐

☐ **Total Waiver** ☐ **Partial Waiver**
☐ **ESD Certification Waiver** ☐ ***Conditional**
☐ **Notice of Deficiency Issued** _____
***Comments:**

**MWBE101 (0208)**

## REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

**When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:**

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

**Note:**
**Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the Authorized User, to determine M/WBE compliance.**