

# RESTROOM AND GROUNDS CLEANING MANAGEMENT SERVICES NEW YORK STATE FAIR

IFB #0160

## Addendum 1 Issued December 22, 2017 Amendment

*Page 10, Section 3.2 of the IFB shall be amended as follows:*

### 3.2 SUBMISSION METHOD

Facsimiles or e-mailed copies are not acceptable. Materials received after the due date/time shall be returned unopened to the sender. See Section 6.1, Submission Documents, for information on completing a bid response.

Mail or hand deliver a bid response in **one package containing the following ~~three (3)~~ four (4) separately labeled envelopes:**

#### **Envelope 1 - Minimum Qualifications and Forms and Assurances:**

- Mail original plus two (2) paper copies of the Minimum Qualifications in a separate envelope labeled "IFB #0160 Minimum Qualifications and Forms and Assurances - Do Not Open" and include all required documentation to demonstrate that the Proposer meets the Minimum Qualifications set forth in Section 3.3 of this IFB including:
  - Attachment 9 – Experience Form
  - Attachment 9a - References Form
- All Forms and Assurances located in the Submission Documents packet (which follows the Exhibits), original plus one (1) copy, including original signatures, where necessary.
  - Cover Sheet and Submission Documents Checklist
  - Attachment 2 - Mandatory Contract Requirements Certification Form (Original Signatures)
  - Attachment 3 - Non-Collusive Bidding Certification (Original Signatures)
  - Attachment 4 - MacBride Nondiscrimination Certification Form (Original Signatures)
  - Attachment 5 - Procurement Lobbying Law Forms (Original Signatures)
  - Attachment 6 - Vendor Responsibility (Original Signatures)
  - Attachment 7 – Vendor Assurance No Conflict of Interest (Original Signatures)
  - Attachment 8 - Substitute Form W-9, if SFS Vendor ID needed (Original Signatures)

#### **Envelope 2 – Bid Form:**

- Mail original plus two (2) paper copies of the completed Bid Form in a separate envelope labeled "IFB #0160 Bid Form - Do Not Open" and include the following outlined below:
  - Attachment 1 - Bid Form and Subcontracting Form (Original Signatures)

**Envelope 3 – MWBE/EEO Documents:**

- Mail original plus one (1) paper copy of the completed MWBE/EEO Documents in a separate envelope labeled “IFB #0160 MWBE/EEO Documents - Do Not Open” and include the following outlined below:

**-Attachment 10 – MWBE/EEO Documents (Original Signatures)**

**Envelope 4 – SDVOB Documents:**

- Mail original plus one (1) paper copy of the completed SDVOB Documents in a separate envelope labeled “IFB #0160 SDVOB Documents - Do Not Open” and include the following outlined below:

**-Attachment 11 – SDVOB Documents (Original Signatures)**

*Page 18, Section 5.4 of the IFB shall be amended as follows:*

**5.4 PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED SERVICE-DISABLED VETERAN-OWNED BUSINESSES**

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. AGM recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of AGM contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

~~For purposes of this procurement, AGM conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/Bidder/Contractor> is encouraged to contact the Office of General Services’ Division of Service Disabled Veteran’s Business Development at 518-474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss methods of maximizing participation by SDVOBs on the Contract.~~

**I. Contract Goals**

A. AGM hereby establishes an overall goal of 6% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Bidder/Contractor should reference the directory of New York State Certified SDVOBs found at: [https://ogs.ny.gov/veterans/Docs/CertifiedNYS\\_SDVOB.pdf](https://ogs.ny.gov/veterans/Docs/CertifiedNYS_SDVOB.pdf). Questions regarding compliance with SDVOB participation goals should be directed to Carrie Lindemann at [Carrie.Lindemann@agriculture.ny.gov](mailto:Carrie.Lindemann@agriculture.ny.gov). Additionally, following Contract execution, Contractor is encouraged to contact the Office of General Services’ Division of Service-Disabled Veterans’

Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss additional methods of maximizing participation by SDVOBs on the Contract.

B. Contractor must document “good faith efforts” to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of the Contract (see clause IV below).

## II. SDVOB Utilization Plan

A. In accordance with 9 NYCRR § 252.2(i), Bidders are required to submit a completed SDVOB Utilization Plan on Form SDVOB 100 with their bid.

B. The Utilization Plan shall list the SDVOBs that the Bidder intends to use to perform the Contract, a description of the work that the Bidder intends the SDVOB to perform to meet the goals on the Contract, the estimated dollar amounts to be paid to an SDVOB, or, if not known, an estimate of the percentage of Contract work the SDVOB will perform. By signing the Utilization Plan, the Bidder acknowledges that making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Any modifications or changes to the agreed participation by SDVOBs after the Contract award and during the term of the Contract must be reported on a revised SDVOB Utilization Plan and submitted to AGM.

C. AGM will review the submitted SDVOB Utilization Plan and advise the Bidder/Contractor of AGM acceptance or issue a notice of deficiency within 20 days of receipt.

D. If a notice of deficiency is issued, Bidder/Contractor agrees that it shall respond to the notice of deficiency, within seven business days of receipt, by submitting to AGM a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by AGM to be inadequate, AGM shall notify the Bidder/Contractor and direct the Bidder/Contractor to submit, within five business days of notification by AGM, a request for a partial or total waiver of SDVOB participation goals on SDVOB 200. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

E. AGM may disqualify a Bidder’s bid or proposal as being non-responsive under the following circumstances:

(a) If a Bidder fails to submit an SDVOB Utilization Plan;

(b) If a Bidder fails to submit a written remedy to a notice of deficiency;

(c) If a Bidder fails to submit a request for waiver; or

(d) If AGM determines that the Bidder has failed to document good faith efforts.

F. If awarded a Contract, Contractor certifies that it will follow the submitted SDVOB Utilization Plan for the performance of SDVOBs on the Contract pursuant to the prescribed SDVOB contract goals set forth above.

G. Contractor further agrees that a failure to use SDVOBs as agreed in the Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, AGM shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsibility.

### **III. Request for Waiver**

- A. Prior to submission of a request for a partial or total waiver, Bidder/Contractor shall contact the SDVOB liaison at Carrie.Lindemann@agriculture.ny.gov for guidance.**
- B. In accordance with 9 NYCRR § 252.2(m), a Bidder/Contractor that is able to document good faith efforts to meet the goal requirements, as set forth in clause IV below, may submit a request for a partial or total waiver on Form SDVOB 200, accompanied by supporting documentation. A Bidder may submit the request for waiver at the same time it submits its SDVOB Utilization Plan. If a request for waiver is submitted with the SDVOB Utilization Plan and is not accepted by AGM at that time, the provisions of clauses II (C), (D) & (E) will apply. If the documentation included with the Bidder's/Contractor's waiver request is complete, AGM shall evaluate the request and issue a written notice of acceptance or denial within 20 days of receipt.**
- C. Contractor shall attempt to utilize, in good faith, the SDVOBs identified within its SDVOB Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract award may be made at any time during the term of the Contract to AGM, but must be made no later than prior to the submission of a request for final payment on the Contract.**
- D. If AGM, upon review of the SDVOB Utilization Plan and Monthly SDVOB Compliance Report (SDVOB 101) determines that Contractor is failing or refusing to comply with the contract goals and no waiver has been issued in regards to such non-compliance, AGM may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven business days of receipt. Such response may include a request for partial or total waiver of SDVOB contract goals.**

Waiver requests should be sent at the time of bid submission.

### **IV. Required Good Faith Efforts**

In accordance with 9 NYCRR § 252.2(n), Contractors must document their good faith efforts toward utilizing SDVOBs on the Contract. Evidence of required good faith efforts shall include, but not be limited to, the following:

- (1) Copies of solicitations to SDVOBs and any responses thereto.
- (2) Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- (3) Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by AGM with certified SDVOBs whom AGM determined were capable of fulfilling the SDVOB goals set in the Contract.
- (4) Information describing the specific steps undertaken to reasonably structure the Contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.
- (5) Other information deemed relevant to the waiver request.

### **V. Monthly SDVOB Contractor Compliance Report**

In accordance with 9 NYCRR § 252.2(q), Contractor is required to report Monthly SDVOB Contractor Compliance to AGM during the term of the Contract for the preceding month's

activity, documenting progress made towards achieving the Contract SDVOB goals. This information must be submitted using form SDVOB 101 and should be completed by the Contractor and submitted to AGM, by the 10th day of each month during the term of the Contract, for the preceding month's activity to: Carrie Lindemann at [Carrie.Lindemann@agriculture.ny.gov](mailto:Carrie.Lindemann@agriculture.ny.gov).

#### **VI. Breach of Contract and Damages**

In accordance with 9 NYCRR § 252.2(s), any Contractor found to have willfully and intentionally failed to comply with the SDVOB participation goals set forth in the Contract, shall be found to have breached the contract and Contractor shall pay damages as set forth therein.

**ALL FORMS ARE AVAILABLE AT: <https://ogs.ny.gov/veterans/>**

*Page 21, Section 6.1 of the IFB shall be amended as follows:*

#### **6.1 SUBMISSION DOCUMENTS**

The documents listed below are included in the **Submission Documents** section, which follows. All documents requiring signature must be signed by an authorized representative of the Bidding entity. Please review the terms and conditions. Certain documents will become part of the resulting contract that will be executed between the successful bidder and the New York State Department of Agriculture and Markets. Please refer to Section 3.2, "Submission Method" for more information on how to package your proposal:

- **Bid Form and Subcontracting Form** (Signature Required - the form is included in the **Submission Documents as Attachment 1**)
- **Mandatory Requirements Certification Form** (Signature Required - the form is included in the **Submission Documents as Attachment 2**)
- **Non-Collusive Bidding Certification** (Signature Required - the form is included in the **Submission Documents as Attachment 3**)
- **MacBride Certification** (Signature Required - the form is included in the **Submission Documents as Attachment 4**)
- **Offerer Disclosure of Prior Non-Responsibility Determinations (Procurement Lobby Law Forms)** (Signature Required - the form is included in the **Submission Documents as Attachment 5**)
- **Vendor Responsibility** (Signature Required - the form is included in the **Submission Documents as Attachment 6**)
- **Vendor Assurance No Conflict of Interest** (Signature Required – the form is included in the **Submission Documents as Attachment 7**)
- **Substitute W-9 Form to obtain SFS ID** (Signature Required - Return if SFS Vendor ID is requested – the form is included in the **Submission Documents as Attachment 8**)
- **Experience Form** (the form is included in the **Submission Documents as Attachment 9**)
- **References Form** (the form is included in the **Submission Documents as Attachment 9a**)
- **MWBE/EEO Documents** (the forms are included in the **Submission Documents as Attachment 10**)
- **SDVOB Documents** (the forms are included in the **Submission Documents as Attachment 11**)

*The Submission Documents shall be amended as follows:*

1. Replace the Bidder's Checklist with the revised Checklist updated 12/22/2017 to include Attachment 11 SDVOB Documents (see attached).
2. Add Attachment 11 SDVOB Documents (see attached).
3. Add Envelope 4 Checklist SDVOB Documents (see attached)

# New York State Department of Agriculture and Markets

## **IFB#0160: RESTROOM AND GROUNDS CLEANING MANAGEMENT SERVICES FOR THE NEW YORK STATE FAIR**

### **SUBMISSION DOCUMENTS (revised 12/22/17)**

#### CONTENTS

- Checklist for Bid Response and Minimum Qualifications **and** all required supporting documentation listed in the checklist to demonstrate bidder meets the Minimum Qualifications
- Bid Form (Signature Required) and Subcontracting Form
- Mandatory Requirements Certification Form (Signature Required)
- Non-Collusive Bidding Certification Form (Signature Required)
- MacBride Nondiscrimination Certification Form (Signature Required)
- Procurement Lobbying Law Forms (Signature Required)
- Vendor Responsibility (Signature Required)
- Vendor Assurance No Conflict of Interest (Signature Required)
- Substitute W-9 Form to obtain SFS Vendor ID (Return if ID needed -Signature Required)
- Experience Form
- References Form
- MWBE Forms
- [SDVOB Forms](#)
- Envelope Submission Checklists

New York State Department of Agriculture and Markets  
**IFB#0160: RESTROOM AND GROUNDS CLEANING MANAGEMENT SERVICES FOR THE NEW  
 YORK STATE FAIR**

**SUBMISSION DOCUMENTS CHECKLIST** (revised 12/22/17)

To be completed by Bidder	BID RESPONSE ITEM	FOR AGR USE ONLY
	<b>The following forms and documentation must be submitted at the time of bid submission. The Department reserves the right to request any missing information from the items marked with an asterisk (*) below. Bidder will have three (3) business days to provide any missing information requested by the Department for those items marked with an asterisk (*).</b>	
<input type="checkbox"/>	Attachment 1 – Bid Form and Subcontracting Form	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 2 – Mandatory Requirements Certification Form	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 3 – Non-Collusive Bidding Certification	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 4 – MacBride Nondiscrimination Certification	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 5 – Procurement Lobby Law Forms	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 6 – Vendor Responsibility	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 7 – Vendor Assurance No Conflict of Interest	<input type="checkbox"/>
<input type="checkbox"/> <i>RETURN IF SFS VENDOR ID IS REQUESTED</i>	*Attachment 8 – Substitute W-9 Form to obtain SFS ID	<i>Not a requirement</i>
<input type="checkbox"/>	<p>*Attachment 9 – Experience Form</p> <p>The Proposing Company and/or the members of the proposed management team must have a minimum of five (5) consecutive years of experience in providing the following in relation to the provision of restroom and/or grounds cleaning management services:</p> <p style="margin-left: 40px;">(a) Administration, including interviewing and scheduling employees and handling radio dispatch;</p> <p style="margin-left: 40px;">(b) Managing a minimum of fifty (50) employees who are directly responsible for the planning, setting up and operation of restroom and/or grounds cleaning services.</p> <p>Please fill out the information in Attachment 9 of the Submission Documents demonstrating the requisite experience referenced above. The Proposer may also attach resumes or company bios to supplement the information provided in Attachment 9 of the Submission Documents. (IFB Section 3.3, Min. Qualification 1)</p>	<input type="checkbox"/>
<input type="checkbox"/>	<p>*Attachment 9a – References Form</p> <p>The Proposer must provide the name of at least three (3) events that the Proposer has provided restroom and/or grounds cleaning management services for within the last twenty-four (24) months preceding submission of this bid which may include but is not limited to, a festival, fair, sporting event, race, concert or other event that had, if a single day, an attendance of at least 10,000 people and, if multiple day, had attendance of at least 20,000 people. The Proposer must provide the name and location of the event, the</p>	<input type="checkbox"/>



	<p>date of the event, the number of people who attended the event, the name and phone number of the event promoter or event operator, and indicate whether it was a single day or multiple day event. Note that the Department will contact the references to verify the information provided and the Proposer is solely responsible for the availability of the submitted references. Please provide the above information using the References Form, Attachment 9a of the Submission Documents. (IFB Section 3.3, Min. Qualification 2)</p>	
<input type="checkbox"/>	*Attachment 10 – MWBE Forms	<input type="checkbox"/>
<input type="checkbox"/>	<u>*Attachment 11 – SDVOB Forms</u>	<input type="checkbox"/>
<p><b>The following forms are not required until notification of selection is made, however bidders are strongly encouraged to submit the following forms with the bid response.</b></p>		
Website:	<p><i>Sales and Compensating Use Tax Documentation ST-220 CA:</i> <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf</a> <i>ST-220 TD:</i> <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf</a></p>	
<input type="checkbox"/>	ST-220 CA, Sales and Compensating Use Tax Certification	<input type="checkbox"/>
Website:	<p><i>Worker’s Compensation Documentation</i> <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a></p>	
<input type="checkbox"/>	<b>Form C-105.2</b> – Certificate of Workers’ Compensation Insurance issued by private insurance carriers, or <b>Form U-26.3</b> issued by the State Insurance Fund; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form SI-12</b> – Certificate of Workers’ Compensation Self-Insurance; or <b>Form GSI-105.2</b> Certificate of Participation in Workers’ Compensation Group Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker’s compensation and/or Disability Benefits Insurance is not required OR	<input type="checkbox"/>
Website:	<p><i>Disability Benefits Coverage</i> <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a></p>	
<input type="checkbox"/>	<b>Form DB-120.1</b> - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form DB-155</b> - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> – Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage.	<input type="checkbox"/>

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS**  
**DIVISION OF FISCAL MANAGEMENT**  
 10B Airline Drive, Albany, New York 12235  
 (518) 457-4619 E-mail: [mwbe@agriculture.ny.gov](mailto:mwbe@agriculture.ny.gov)

**Attachment 11**

**SDVOB UTILIZATION PLAN**

Initial Plan     Revised plan    Contract/Solicitation # \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		SDVOB Goals In Contract
Bidder/Contractor Name:	NYS Vendor ID:	%
Bidder/Contractor Address (Street, City, State and Zip Code):		
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

***If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.***

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

FOR NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS (AGM) USE ONLY				
AGM Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency	
NAME (Please Print):	SDVOB %/\$ _____	Date Received:	Date Processed:	
Comments:				
<p><b>NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION:</b> The directory of New York State Certified SDVOBs can be viewed at: <a href="http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf">http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf</a></p> <p><b>Note: All listed Subcontractors/Suppliers will be contacted and verified by AGM.</b></p>				

# ADDITIONAL SHEET

<b>Bidder/Contractor Name:</b>	<b>Contract/Solicitation #</b> _____
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<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

# APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL

*(must be submitted before requesting final payment on the Contract)*

Section 1: Basic Information	
Contractor's Name:	Federal Identification Number:
Street Address:	E-Mail Address:
City, State, Zip Code:	Telephone:(       )       -
Contract Number:	SDVOB CONTRACT GOALS
	%

Section 2: Type of SDVOB Waiver Requested			
<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised SDVOB percentage:	%
Please explain the reason for the waiver request:			

Section 3: Supporting Documentation
<p>Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Attachment A.</b> Copies of solicitations to SDVOBs and any responses thereto.</li> <li><input type="checkbox"/> <b>Attachment B.</b> Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.</li> <li><input type="checkbox"/> <b>Attachment C.</b> Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by AGM with certified SDVOBs whom AGM determined were capable of fulfilling the SDVOB goals set forth in the contract.</li> <li><input type="checkbox"/> <b>Attachment D.</b> Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.</li> <li><input type="checkbox"/> <b>Attachment E.</b> Other information deemed relevant to the request.</li> </ul>

Section 4: Signature and Contact Information	
<p><b>By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.</b></p>	
Prepared By: (Signature)	Date:
Name and Title of Preparer (Print or Type)	

For AGM Use Only	
Reviewed By:	Date:
Decision: <ul style="list-style-type: none"> <li><input type="checkbox"/> Full SDVOB waiver granted</li> <li><input type="checkbox"/> Partial SDVOB waiver granted; revised SDVOB goal: _____ %</li> <li><input type="checkbox"/> SDVOB waiver denied</li> </ul>	
Approved By:	Date:
Date Notice of Determination Sent:	
Comments:	

# ENVELOPE 4 CHECKLIST SDVOB Forms

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

— Original plus one (1) paper copy of the completed SDVOB Documents should be mailed in a separate envelope labeled "IFB #0160 SDVOB Documents - Do Not Open" and must include the following outlined below:

— **Attachment 11 - SDVOB Documents (Original Signatures)**