

## Application for Waiver of SDVOB Participation Goal

<b>Section 1: Basic Information</b>			
Contractor's Name:		Federal Identification No.:	
Street Address:		E-mail address:	
City, State, Zip Code:		Telephone No.: (    )    -	
Solicitation/Contract No.:		SDVOB Contract Goals	
		6%	
<b>Section 2: Type of Waiver Requested</b>			
<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: Text field will expand as you type.			
<b>Section 3: Supporting Documentation</b>			
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:			
<input type="checkbox"/> <b>Attachment A.</b> Copies of solicitation to certified SDVOB and any responses thereto.			
<input type="checkbox"/> <b>Attachment B.</b> Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.			
<input type="checkbox"/> <b>Attachment C.</b> Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by the Department of Labor with certified SDVOBs whom the Department of Labor determined were capable of fulfilling the SDVOB goals set in the contract.			
<input type="checkbox"/> <b>Attachment D.</b> Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purposes of subcontracting with, or obtaining supplies from certified SDVOBs.			
<input type="checkbox"/> <b>Attachment E.</b> Other information deemed relevant to the request.			
<b>Section 4: Signature and Contact Information</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.			
Prepared by (signature): _____		Date: _____	
Name and title of preparer (print): _____			
<b>For Department of Labor Use Only</b>			
Solicitation/Contract No.:			

Reviewed By:	Date:
Decision:  <input type="checkbox"/> Full SDVOB waiver Granted <input type="checkbox"/> Partial SDVOB waiver Granted; revised SDVOB goal:    % <input type="checkbox"/> SDVOB waiver Denied	
Approved By:	Date:
Date Notice of Determination Sent:	
Comments:	