Small Business Programs (SBPO) Checklist for Evaluation of Waiver Request

Contract Number:							
Contract Title:							
Name of Contractor:							
Contract Amount: \$	Nonfe	ederal -funds	□ Fe	deral Funds			
Overall DBE/MBE Goal:	%	Full Waiver:	% or \$	Parti	ial Waiv	er: % or s	\$
Applicable NAICS codes:							
Percentage/Number of fi	rms contacted:						
				<u> </u>	/ES	NO	DATE
1. Did the contractor prothat included the name, contacted, as well as the 3. Did the contractor's ef community organizations minority/women busines 4. Did the contractor's ef certified but could possiblifirm were to become cer 5. Did the contractor's ef 6. Did the contractor's ef 6. Did the contractor prothe job that included plaportions of the work to b 7. Did the contractor prothe job that included plaportions of the work to b 17. Did the contractor prothavailability Certificatio unavailable DBE/MBE? If Certification Form has a regarding this refusal? 8. If the contractor deem DBE/MBE, did the Contractor deem DID Did SBPO provide w 11. Did the DBE's/MBE's meet the overall goa.	ovide detailed statem address and telephore date of contact? ffort include direct so so, contractors' groups assistance offices? ffort include identifying serve on a contractified? ffort include identifying ovide DBES/MBEs with ans, specifications, and the performed? ovide a list of unavail an Form signed by an and the DBE/MBE refuse statement from the contractor for the contractor's ritten response to contractor's ritten rit	nents of efforts the number of all dicitation, use of and assisting and assisting and satisfy DE and clear subcontact of the proper informed anticipated tinusuable DBEs/MBEs owner or office and to sign Unavactor to be a contractor been all dicitation of the all dicitation of the seffort?	DBE/MBEs minority/wind Federal firms that a BE/MBE goal ractible wor ation regard ne schedule sincluding a r of each ilability submitted rejects the nis decision?	omen ire not s if the k? ding for			
Reasons given waiver Evaluation/Comments Name: Marlo Johnson, S Signature Approval Yes Turned/Drinted	s/Disposition: BPO Manager Date	No					
Typed/Printed Name of Individual authorizing waiver:	Meshelle Howard, Signature:	SBPO Director			Date:		