

**City of Fort Worth
Request for Waiver of Business Equity Goal**

DEPARTMENT/DIVISION NAME: _____

\$ _____
ESTIMATED COST

(Please select the appropriate circle)

ITB RFQ RFP Sole Source Amendment/Change Order Emergency Other: _____

NOTE: All support documentation needs to be attached to this request.

NAME OF BID/PROJECT _____

BID/PROJECT NO. _____

Veronica Garcia
SIGNATURE OF BUYER/PROJECT MANAGER

EXTENSION _____

DATE _____

NAICS CODE _____

Prior to advertisement, the contracting/managing department shall determine whether the bid/proposal is one which Business Equity requirements should not be applied. Business Equity requirements may be waived upon written approval of the **Department of Diversity and Inclusion (DVIN)** Business Equity Assistant Director. If one of the conditions listed below exists, the contracting/managing department shall notify the Assistant Director via this form, stating the specific reason(s) for requesting a waiver.

If the contracting/managing department and the Assistant Director are in conflict over the granting of a waiver, contracting/managing department or the Assistant Director may appeal to the City Manager, or designee, whose decision is final.

Please Check Applicable Reason:

___ A. **DVIN:** A waiver of the goal for Business Equity subcontracting requirements was requested, and approved by the DVIN, in accordance with the applicable Ordinance, because a public or administrative emergency exists which requires the goods or services to be provided with unusual immediacy; or

___ B. **DVIN:** A waiver of the goal for Business Equity subcontracting requirements was requested, and approved by the DVIN, in accordance with the applicable Ordinance, because the purchase of goods or services is from sources where subcontracting or supplier opportunities are negligible; or

___ C. **DVIN:** A waiver of the goal for Business Equity subcontracting requirements was requested, and approved by the DVIN, in accordance with the applicable Ordinance, because the application of the provisions of this ordinance will impose an economic risk on the City or unduly delay acquisition of the goods or services; or

___ D. **DVIN:** A waiver of the goal for Business Equity subcontracting requirements was requested, and approved by the DVIN, in accordance with the applicable Ordinance, because the waiver request is based on the **sole source** information provided.

___ E. **OTHER (Specify):** _____

Justify Commodity or Service Waiver Request:

Please use additional sheets, if needed

DVIN USE ONLY:

_____	_____	_____
Approved	Signature of DVIN Authorized Personnel	Date
_____	_____	_____
Not Approved	Signature of DVIN Authorized Personnel	Date