City of Fort Worth Request for Waiver of Business Equity Goal

DEPARTMENT/DIVISION NAME:				\$ ESTIMATED COST	
	•				
(Please select the				Emergency	Other:
O ITB RF	•		nendment/Change Order	Efficigency	Other
NOTE: All suppo	rt documentatio	n needs to be attached to	this request.		
NAME OF BID/PROJECT				BID/PROJECT NO.	
SIGNATURE (OF BUYER/PR	OJECT MANAGER	EXTENSION	DATE	NAICS CODE
Business Equity Department of	requirements sho Diversity and In managing departs	ould not be applied. Busine (DVIN) Busine	rtment shall determine whet ness Equity requirements ma ss Equity Assistant Director. I sistant Director via this form	y be waived upon If one of the cond	written approval of the litions listed below exists,
waiver, contra		ng department or the	Assistant Director are in Assistant Director may a		
Please Che	ck Applical	ole 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.	E. OTHER (Specify):				
Justify Commodity or Service Waiver Request:					
Please use additional sheets, if needed					
DVIN USE ON	LY:				
Approved	-	Signature of DVIN	I Authorized Personnel		Date
Not Appre	- oved	Signature of DVIN	I Authorized Personnel		Date

Business Equity Division

Email: <u>DVIN_BEOffice@fortworthtexas.gov</u>