

CHICAGO HOUSING AUTHORITY
Department of Procurement & Contracts Contract Compliance Division

SCHEDULE W
WAIVER REQUEST: MBE/WBE/DBE PARTICIPATION COMMITMENTS

IFB/RFP/CONTRACT or PURCHASE ORDER NO. TITLE: _____

BIDDER/PROPOSER: _____

ADDRESS _____
Street City State Zip

CONTACT PERSON: _____ TITLE: _____

TELEPHONE #: () _____ FAX #: () _____

FEIN: _____ ETHNICITY: _____ GENDER: _____

PROPOSED BID AMOUNT: \$ _____

Please select whether this is a Full or Partial Waiver Request:

Full M/W/DBE Waiver

Partial M/W/DBE Waiver

PLEASE STATE REASON FOR WAIVER REQUEST:

(Please note: This must be a detailed account of why you are unable to meet the requirements of the contract. Any incomplete or inconclusive requests will be returned to the vendor. If more room is needed than what is provided below, please attach a clearly printed document to this waiver request.)

WHAT PERCENT OF SERVICES WILL BE PERFORMED BY BIDDER/PROPOSER? _____%

IF LESS THAN 100%, WHAT SERVICES WILL BE PERFORMED BY SOMEONE OTHER THAN BIDDER/PROPOSER?

DOLLAR VALUE: \$ _____ CONTRACT TERM: _____

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I do solemnly declare and affirm under the penalty of perjury that the contents of the forgoing document are true and correct, and I am authorized on behalf of the Bidder/Proposer to make this affidavit.

Signature of Authorized Principal or Agent _____ DATE: _____

Name of Affiant (Print or Type): _____

STATE OF _____ COUNTY OF _____

ON THIS _____ DAY OF _____ 20____

BEFORE ME APPEARED (NAME) _____ to me personally known who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (Name of Company) _____ to executive the affidavit and did so as his or her free act and deed.

NOTARY PUBLIC _____ (SEAL)

COMMISSION EXPIRED: _____

BELOW FOR CHICAGO HOUSING AUTHORITY USE ONLY

REVIEW:

Contract Compliance Specialist

DATE: _____

REVIEW:

Compliance Manager

DATE: _____

APPROVAL:

Director, Procurement & Contracts

DATE: _____

APPROVAL:

Chief Executive Officer

DATE: _____