

The Governor's Office of Employee Relations
Minority and Women-Owned Enterprises (M/WBE) PROGRAM
WAIVER REQUEST FORM

Contractor Name: New York County Health Services Review Organization
Name of Firm: New York County Health Services Review Organization
Address: 199 Water Street, 27th Floor, New York, New York 10038
Telephone Number: (212)897-6075 Contract Number: C100029
Project Title: A Study of Alternative Prescription Drug Purchasing Options

Requesting a partial waiver Requesting a total waiver

When applying for a waiver of the contract goal requirements, please complete all that apply below:

1. Write a brief statement below setting forth your basis for requesting a partial or total waiver.

The contract is based on the use of a limited number of personnel, each highly specialized in their own fields. Subcontracting and additional expenditures are not anticipated.

2. Attach copies of any responses you received from certified M/WBEs in your search to comply with the required goals.
3. Provide documentation of any negotiations between the contractor and certified Minority-Owned Business Enterprises undertaken for the purposes of complying with goal requirements.
4. Provide any other relevant information that will assist in the review of this waiver request.

FOR AGENCY USE ONLY

Partial Waiver Approved:

Complete Waiver Approved:

Reviewed by: Mary L. Hines

Date: 9/15/10