

**New York State (NYS) Governor's Office of Employee Relations (GOER)/  
NYS State Labor-Management Committees (LMC)  
Minority and Women Business Enterprise (M/WBE) Waiver Request Form**

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M/WBE Waiver Request Subsequent to the Award of a Contract

Contractor Name: Workplace Options (WPO)  
Contractor Address: 3020 Highwoods Blvd.  
Raleigh, NC 27604  
Telephone Number: 919-413-3363  
Project Title: Work/Life Consultation Resource and Referral Contract #: C080016

Requesting a partial waiver      OR       Requesting a total waiver

Requests for a partial or total waiver of goal requirements established for the contract referenced above should include the information cited below and be attached to this form.

1. The names of general circulation, trade association and minority and women-oriented publications in which bids were solicited for purposes of complying with Project goal requirements established for NYS certified M/WBE participation; *not applicable*
2. The dates bid solicitations for NYS certified M/WBE participation were published in any of the publications; *not applicable*
3. A list of NYS certified M/WBE's appearing in the directory which were solicited in writing to provide bids for purposes of complying with the M/WBE Project goal requirements; *not applicable*
4. Proof of dates on which such solicitations were made in writing and copies of solicitations made, or a sample copy of the solicitation if an identical solicitation was made to all NYS certified M/WBE's; *not applicable*
5. Copies of responses made by NYS certified M/WBE's to solicitations made by the contractor; *not applicable*
6. A description of any contract documents, plans or specifications made available to NYS certified M/WBE's for purposes of soliciting their bids, and the dates and manner in which these documents were made available; *not applicable*
7. Documentation of any negotiations between the contractor and/or NYS certified M/WBE's undertaken for purposes of complying with Project goal requirements established for NYS certified M/WBE participation; *not applicable*
8. Any other information determined relevant by GOER or the contractor; *Request for partial waiver is for the period 4/1/2011 – 12/31/2011.*
9. A statement setting forth the contractor's basis for requesting a partial or total waiver.  
*Due to the reduction in services, effective April 1, 2011, Workplace Options will not be printing or purchasing giveaways. These are the areas where certified MWBE's are utilized. Since there will not be new expenses in these categories for the period 4/1/2011 – 12/31/2011 we are requesting a MWBE waiver for such period.*

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FOR AGENCY USE ONLY

Partial Waiver Approved:       Complete Waiver Approved:

Reviewed by: Mary R. Hines      Date: \_\_\_\_\_