

**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**

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

Contractor Name: Research Foundation for SUNY, on behalf of the Professional Development Program
Contractor Address: Professional Development Program, Rockefeller College, University at Albany
UAB 415, 1400 Washington Ave, Albany, NY
Telephone Number: (518) 956-7807 (Eugene Monaco, Executive Director)
Project Title: Public Service Workshops Program Contract #: C090002

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;
2. The dates bid solicitations for NYS certified M/WBE participation were published in any of the publications;
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;
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;
5. Copies of responses made by NYS certified M/WBE's to solicitations made by the contractor;
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;
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;
8. Any other information determined relevant by GOER or the contractor; and
9. A statement setting forth the contractor's basis for requesting a partial or total waiver.
It is requested that the MWBE goal of 20% be applied only to contract funds available for the purchase of goods and services.

FOR AGENCY USE ONLY

Partial Waiver Approved: Complete Waiver Approved:

Reviewed by: Mary L. Hines Date: 10/22/13

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

Contractor Name and Address: WorkPlace Benefits, LLC dba WorkPlace Options
3020 Highwoods Boulevard
Raleigh, NC 27604

Description of Work Required by Contract: Work-Life Consultation, Resource and Referral

Contract #: C080016

Contract Term: January 1, 2009 - December 31, 2012

Contract Award Date: February 3, 2009 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$3,746,848.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

[Waiver Request 2011](#)

[Waiver Request 2012](#)

Contractor Name and Address: WageWorks, Inc.
1100 Park Place, 4th Floor
San Mateo, CA 94403

Description of Work Required by Contract: Third Party Administration of NYS-Ride Pre-tax Transportation Program

Contract #: C110000

Contract Term: October 2, 2011 – October 1, 2016

Contract Award Date: July 7, 2011 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$2,472,308.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

[Utilization Plan](#)

Waiver Request: not applicable

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Contractor Name and Address: New York County Health Services Review Organization
One Seaport Plaza, 199 Water Street, 27th Floor
New York, New York 10038

Description of Work Required by Contract: A Study of Alternative Prescription Drug
Purchasing Options

Contract #: C100029

Contract Term: October 1, 2010 – September 30, 2011

Contract Award Date: November 5, 2010 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$115,667.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

Utilization Plan: not applicable

[Waiver Request](#)

Contractor Name and Address: The Research Foundation of SUNY, on behalf of
Professional Development Program, Rockefeller College,
University at Albany, Office of Sponsored Programs

Description of Work Required by Contract: Public Service Workshops Program

Contract #: C090002

Contract Term: September 1, 2009 – December 31, 2011

Contract Award Date: November 5, 2009 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$7,495,595.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

[Utilization Plan](#)

Waiver Request: not applicable