FORM D2: MBE / WBE PARTICIPATION Independent WAIVER REQUEST FORM

Does the Bidder intend to subcontract any portion of the proposed work/service to a MBE/WBE? ___Yes ___No
This form is for Bidders in Category 1 and 2 only, so if you answered Yes to the above question, please review the Bidder Category Worksheet (page 3) and Form Matrix (page 1) to determine the correct forms to use.

Name of Bidder: _____

Contract Name/Number: _____ Bid Due Date: _____

Goals on this contract: _____% MBE _____% WBE

I have achieved _____% MBE _____% WBE

I am requesting a waiver of _____% MBE _____% WBE

Is the **BIDDER** certified by the State of Rhode Island Minority Business Enterprise Program ____Yes ____No
If Yes, please check the type(s) of certification and enter the Certification number immediately below:

Type of Firm: MBE ❑ WBE ❑

MBE/WBE Certification Number (MBCN#): _____ Expiration Date: _____

I acknowledge the City of Providence's goals of supporting MBE/WBE certified businesses. If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a good faith effort will be made to select MBE/WBE certified businesses as partners

_____	_____	_____
Signature of Bidder	Printed Name	Date

Submit this form to the City of Providence MBE/WBE Office for signature and approval by either the MBE/WBE Compliance Officer or the MBE/WBE Coordinator. All requests must be made at least four (4) days prior to the bid opening date.

_____	_____	_____
Signature of MBE/WBE Officer	Printed Name	Date