Palm Beach County

Office of Small Business Development

Subcontracting Goal-Waiver Request Form

PROJECT NAME: _____ DATE: _____

COMPANY NAME: _____ CONTACT NO: _____

CONTACT PERSON: _____ CONTACT EMAIL: _____

In the sections below, points will ONLY be awarded if the firm has fully satisfied the criteria. More information regarding subcontracting Goal-Waiver Request Evaluation Criteria. Contractors/Consultants must obtain a total of 80 **or more points** to receive a waiver approval. Vendor Directory is accessible through the Office of Business Development website (www.pbcgov.org/pbcvendors)

PART I: Sufficient Commercially Useful Work Identified to Meet Subcontracting Goal

Points: _____

15 points possible:

Please provide documentation and supporting evidence to show how the criteria were fulfilled.

List the specific scope of work identified for each of the SBEs contacted.
Ensure the scope of work identified for SBEs is greater than or equal to the subcontracting goal(s)

Additional comments, if any

PART II: Initial Communications to Potential SBE Subcontractors

Points: _____

40 points possible:

Using PBC Vendor Portal / Website Posting of Subcontractor Solicitations/Outreach Efforts

Please provide documentation and supporting evidence to show how the criteria were fulfilled

Contact at least three {3) SBEs in the PBC Vendor Directory for each scope of work identified to be subcontracted in Part I (emails/call logs/fax), one (1) week prior to pre-bid meeting date.

Include current documentation of searches from the PBC Vendor Directory.

Notify SBEs within at least 2 (two) weeks prior to the bid opening date, using at least three (3) digital media outlets (e.g. website, newspaper, trade association, publications, etc.)

Additional comments, if any

PART III: Follow-up Communications & Bid Negotiations with Potential Subcontractors

Points: _____

30 points possible:

Please provide documentation and supporting evidence to show how the criteria were fulfilled

Promptly follow-up with SBEs after the initial solicitation at least 2 (two) weeks prior to the bid opening date, during normal business hours by telephone, email, or fax.

Include a written statement with contact information on all subcontractors contacted to include the following:

- Name of the subcontractor/firm and the contact person(s)
- Telephone and email address.
- Scope of work the subcontractor indicated they would perform.
- Notes regarding the outcome of the contract.
- Dates of contact and Dates of negotiations
- The negotiated price
- Bids received from subcontractors that could provide a commercially useful function

Additional comments, if any

PART IV: Attendance at Pre-Bid Meeting

Points: _____

5 points possible:

County staff maintain documentation regarding attendance at the pre-bid meeting

Below list the individuals from your staff/firm that attended the pre-bid meeting

PART V: Offer Assistance in Securing Financing, insurance, Or Competitive Supplier Pricing

Points: _____

10 points possible:

Please provide documentation and supporting evidence to show how the criteria were fulfilled

Provide easy access to plans and specifications for SBEs

Provide competitive pricing

Make efforts to assist interested businesses in obtaining financing, bonds, and insurance required for the County project/bid

- Scope of work the subcontractor indicated they would perform.
- Notes regarding the outcome of the contract.
- Dates of contact and Dates of negotiations

Provide the name, contact person, contact information the competitive pricing offered by the Supplier.

Other efforts, (if any, list below)

CONTRACTORS/CONSULTANTS MUST OBTAIN **A TOTAL OF** 80 **OR MORE POINTS** TO RECEIVE A WAIVER APPROVAL. CONTRACTORS/CONSULTANTS WILL BE CONSIDERED NON-RESPONSIVE TO THE ENTIRE SOLICITATION UPON DENIAL OF THE SUBCONTRACTING WAIVER REQUEST. FOR MORE INFORMATION OF THE SUBCONTRACTING WAIVER CRITERIA OR FOR ASSISTANCE ON COMPLETING THE SUBCONTRACTING WAIVER REQUEST FORM, PLEASE CONTACT THE OFFICE OF SMALL BUSINESS DEVELOPMENT AT (561) 616 - 840.

THE UNDERSIGNED AFFIRMS/CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS FORM IS ACCURATE AND COMPLETE; I UNDERSTAND THAT IF THIS REQUEST FOR WAIVER IS DENIED AND I FAIL TO MEET THEREQUIREMENTS OF THIS SOLICITATION, MY RESPONSE TO THIS SOLICITATION WILL BE DEEMED **NON-**RESPONSIVE TO THE ENTIRE SOLICITATION.

_____ _____

Signature Print Name/Title

☐ Approved

☐ Denied

TOTAL SCORE: _____ /100

_____

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