**Request for Waiver Under Executive Order No. 192**

***This Application for Waiver may only be used by State Entities that wish to award a contract to a Bidder that is on the non-responsibility list. The review of Applications for Waiver will be conducted without regard to the identity of the Bidder. State Entities should not provide any details (e.g., name or address) in this Application that identifies the Bidder.***

1. Please provide a brief description of the contract for which the Bidder is seeking award:

2. Are there any factors that require this contract to be awarded by a particular date?

3. Please describe the circumstances that led the prior State Entity to find this Bidder to be non-responsible. If a State Entity is seeking a waiver of its own non-responsibility finding, please explain.

4. Please explain why there is a compelling reason to allow this Bidder to be awarded this contract. If applicable, distinguish the work to be performed under this contract from the work under the prior contract. In addition, describe in detail (i) any proposed corrective or mitigating actions that will be taken by the State Entity or the Bidder in response to the adverse issues that have been identified, (ii) any requirements or conditions the State Entity intends to impose on the Bidder as a condition of contract award, and (iii) any monitoring or other measures the State Entity will take to ensure satisfactory contract performance.

Please attach the following supporting documents *with the name of the Bidder and other identifying details* ***redacted***:

1. Vendor Responsibility Questionnaire submitted by this Bidder.

2. Vendor Responsibility Profile prepared by this State Entity.

3. Finding of non-responsibility prepared by prior State Entity.

**Signature and State Entity contact information**

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| Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Name and Title: | Tel no.: |
| State Entity: | Email address: |

Date of Approval by Counsel to the Governor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_