

**CHICAGO HOUSING AUTHORITY (CHA)**  
**Department of Procurement & Contracts Contract Compliance Division**

**WAIVER REQUEST: M/W/DBE PARTICIPATION COMMITMENTS**

IFB/RFP/CONTRACT or PURCHASE ORDER NO. TITLE: \_\_\_\_\_

BIDDER/PROPOSER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Street* *City* *State* *Zip*

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

FEIN: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

CONTRACT AMOUNT: \$ \_\_\_\_\_

Please select whether this is a Full or Partial Waiver Request:

Full M/W/DBE Waiver

Partial M/W/DBE Waiver

**PLEASE STATE REASON FOR WAIVER REQUEST:**

*(Please note: This must be a detailed account of why you are unable to meet the requirements of the contract. Any incomplete or inconclusive requests will be returned to the vendor. If more room is needed than what is provided below, please attach a clearly printed document to this waiver request.)*

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WHAT PERCENT OF SERVICES WILL BE PERFORMED BY BIDDER/PROPOSER? \_\_\_\_\_%

IF LESS THAN 100%, WHAT SERVICES WILL BE PERFORMED BY SOMEONE OTHER THAN BIDDER/PROPOSER?

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DOLLAR VALUE: \$ \_\_\_\_\_ CONTRACT TERM: \_\_\_\_\_

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I do solemnly declare and affirm under the penalty of perjury that the contents of the forgoing document are true and correct, and I am authorized on behalf of the Bidder/Proposer to make this affidavit.

Signature of Authorized Principal or Agent \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Affiant (Print or Type): \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

BEFORE ME APPEARED (NAME) \_\_\_\_\_ to me personally known who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (Name of Company) \_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

NOTARY PUBLIC \_\_\_\_\_ (SEAL)

COMMISSION EXPIRED: \_\_\_\_\_

**BELOW FOR CHICAGO HOUSING AUTHORITY USE ONLY**

REVIEW:  
\_\_\_\_\_  
Contract Compliance Specialist

DATE: \_\_\_\_\_

REVIEW:  
\_\_\_\_\_  
Compliance Manager

DATE: \_\_\_\_\_

APPROVAL:  
\_\_\_\_\_  
Chief Procurement Officer

DATE: \_\_\_\_\_