

## BEP Goal Waiver Request Form

### Section 1: General Information

#### University

Project Title: \_\_\_\_\_ Bulletin Reference Number: \_\_\_\_\_

University Name: \_\_\_\_\_ University Point of Contact (POC): \_\_\_\_\_

Univ. POC Email: \_\_\_\_\_ University POC Phone Number: \_\_\_\_\_

#### Vendor

Vendor Name: \_\_\_\_\_ Vendor Point of Contact (POC): \_\_\_\_\_

Vendor City: \_\_\_\_\_ Vendor State: \_\_\_\_\_

### Section 2: Waiver Information

- Initial Award (Complete "Initial Award" Subsection 2.1 below and then skip to Section 3)
- Renewal\* (Skip "Initial Award" Subsection 2.1 below, and proceed to "Renewal" Subsection 2.2)

\* No vendor shall be eligible for renewal of a contract when that vendor has failed to meet the goals agreed to in the vendor's utilization plan unless the public institution of higher education has determined that the vendor made good faith efforts toward meeting the contract goals and has issued a waiver or that vendor is otherwise excused from compliance by the chief procurement officer in consultation with the public institution of higher education. The form and content of the waiver shall be prescribed by each chief procurement officer who shall maintain on his or her official website a database of waivers granted under this Section with respect to contracts under his or her jurisdiction (30 ILCS 500/20-60(f)).

#### Subsection 2.1: Initial Award (complete only if "Initial Award" is selected in Section 2 above - otherwise, skip to Subsection 2.2)

Initial Term Start Date: \_\_\_\_\_ Initial Term End Date: \_\_\_\_\_

Initial Term Amount: \_\_\_\_\_ BEP Goal % on Original Solicitation: \_\_\_\_\_

BEP Goal % on Initial Award: \_\_\_\_\_ \$ Amount of BEP Goal on Initial Award: \_\_\_\_\_

Brief description of goods/services to be provided. Attach additional documentation if necessary.

Provide a justification for waiver of the BEP goal. Attach additional documentation if necessary.

Vendor requests a BEP waiver, in its entirety, to the aspirational goal identified in this solicitation, but has made a Good Faith Effort towards meeting the goal. Vendor's Utilization Plan is being included as supporting documentation.

Vendor cannot fully meet the established BEP goal for this solicitation, but has made a Good Faith Effort toward meeting the goal and requested a waiver or reduction of the goal to \_\_\_\_\_ % based on the completed Good Faith Effort. Vendor's completed Utilization Plan is being included as supporting documentation.

**Section 2.2: Renewal (Complete only if "Renewal" is selected in Section 2 above - otherwise, skip to Section 3)**

Provide the following information for the initial term for this procurement as well as the information for the renewal for which this BEP Waiver is being requested:

**Initial**

Initial Term Start Date: \_\_\_\_\_ Initial Term End Date: \_\_\_\_\_

Initial Term Amount: \_\_\_\_\_ BEP Goal % on Original Solicitation: \_\_\_\_\_

BEP Goal % on Initial Award: \_\_\_\_\_ \$ Amount of BEP Goal on Initial Award: \_\_\_\_\_

**Renewal**

Renewal # \_\_\_\_\_ of \_\_\_\_\_ Renewal Term Start Date: \_\_\_\_\_ Renewal Term End Date: \_\_\_\_\_

Prior BEP Waivers Granted for this Procurement?  Yes  No

If this waiver is granted, the revised BEP Goal will be: \_\_\_\_\_ Total Renewal Amount: \_\_\_\_\_

Provide a justification for waiver of the BEP goal. Attach additional documentation if necessary.

Provide a brief description of the goods/services to be provided. Attach additional documentation if necessary.

Vendor has not met its BEP goal commitment, in its entirety, but has made a Good Faith Effort towards meeting the goal and has requested a waiver.

Vendor has not fully met its BEP goal commitment, but has made a Good Faith Effort towards meeting the goal and has requested a waiver or reduction of the goal to \_\_\_\_\_ % based on its Good Faith Effort.

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**Section 3: Approval****University**

I attest that I have reviewed the contents of this BEP Waiver Form and know and understand its contents. I further attest that the statements contained in this Form are true and correct.

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University President or Director of Purchasing (or  
equivalent position) Signature

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University President or Director of Purchasing (or  
equivalent position) Printed Name

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Date

**Chief Procurement Officer (\*Applies ONLY when "Renewal" is selected in Section 2 above\*)**

I concur.

I do not concur.

Comments:

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Chief Procurement Officer Signature

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Chief Procurement Officer Printed Name

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Date Field