

ALLEGHENY COUNTY
VETERAN OWNED SMALL BUSINESS (VOSB) PARTICIPATION STATEMENT (Waiver Request)

NAME of BIDDER or PROPOSER : _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SPEC or RFP NUMBER & TITLE: _____

IN ALL INSTANCES A GOOD FAITH EFFORT MUST BE MADE TO MEET THE 5% VETERAN OWNED SMALL BUSINESS CONTRACT GOAL AS OUTLINED IN THE SOLICITATION.

If you plan to perform the entire contract without using VOSB subcontractors and/or suppliers or have not completely met the 5% VOSB goal a detailed explanation of why you are unable to meet this goal must be accompany your bid or proposal.

NOTE: The fully completed VOSB Participation Statement must accompany this waiver request that shows your "Good Faith Effort".

Prepared by:_____ Signature:_____ Title:_____ Date:_____