|  |  |
| --- | --- |
| Solicitation number | *Insert solicitation number here.* |

JBE NAME:

CONTACT NAME:

BUSINESS ADDRESS:

BUSINESS PHONE:

BUSINESS EMAIL:

**DVBE Waiver Justification**

Reason(s) for excluding the DVBE Program Incentive for this solicitation:

The DVBE incentive for the solicitation identified above is waived.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Name Title*