

TBU/ADMINISTRATION:

**PRG REQUEST FORM**

**Submission Date:**

**Requested by:**

**Department:**

**Project Manager:**

**Procurement Officer:**

**Contract Title:**

**Contract Number:**

**Contract Type:**

**Project Budget/Engineer's Estimate: \$**

**Contract Term (years/months):**

**Type of Funding:** State ☐ Federal ☐ Other ☐

**New Contract** ☐

**Renewal Option** ☐

**Modification** ☐

Total expenditures by Prime Contractor, to date if applicable: \$

MBE/DBE contract participation goal: \$

MBE/DBE participation to date; if applicable: %

Current SBR Designation if applicable:

VSBE contract participation goal: \$

VSBE participation to date; if applicable:

**Requested Date:**

*(Check PRG Calendar for available dates.)*

List All Subcontractable Opportunities/Work Items (use second page, if necessary)		Estimated Dollar Value of Each Opportunity/Work Item	NAICS, UNSPSC, NIGP and other Product/Commodity Codes (If known)


1. Solicitation # \_\_\_\_\_ is designated for the SBR Program  
YES ☐ NO ☐ (If NO, proceed to Number 2 for determination of no SBR Program Designation)

- ☐ SBR Program Designation removed. Solicitation amended to remove the SBR designation due to insufficient competition or other determination (justify below).

**Date re-submitted to GOSBA for waiver (approval not required):** \_\_\_\_\_

Amendment justification (add lines as needed):

2. Solicitation # \_\_\_\_\_ is exempt or warrants a waiver of the SBR Program  
**Designation mandate on the following basis:**

- ☐ Preference procurement made from a preference provider
- ☐ Procurement involves federal dollars, inclusion in the SBR Program conflicts with federal law or grant provisions

- ☐ *Sole Source*
  
- ☐ *Proprietary Commodity Purchase*
  
- ☐ *Noncompetitive negotiated procurements of human, social, or educational services*
  
- ☐ *An eMMA search of small businesses registered to participate in the SBR Program as well as a search of other available small business resources and databases has yielded the identification of less than three (3) eligible **small businesses** [as defined in COMAR 21.01.02.01B(80)].*  
*Note: Use and submit the completed SBR Designation Worksheet (SBR PRG Form) below to show the product codes utilized and search results obtained for this waiver to apply.*
  
- ☐ *Other (**Waiver Request Approval Required - see #4 for additional instructions**)*  
*Waiver justification (add lines as needed):*

Product Code	Description	# SBRs in eMMA Directory or other Database/Resources

3. Upon completion of this worksheet, send all SBR Program Designation Worksheets to the following GOSBA mailbox using the subject line below: SBRWaiver.GOSBA@maryland.gov

***“Agency Name - Requisition # - SBR Program Designation Worksheet”***

4. SBR Program Designation Waiver Requests identified as “Other” require review by the Governor’s Office of Small, Minority & Women Business Affairs (GOSBA) prior to publishing the solicitation. Submit requests to the GOSBA mailbox identified above with the following subject line:

***“Agency Name - Requisition # - SBR Program Designation Waiver Request”***

GOSBA will respond to the SBR Program Designation Waiver Request within 72 hours with an approval or denial.

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**Special Notes:**

<b>Project Manager’s Name:</b>	<b>Project Manager’s Signature:</b>	<b>Date:</b>
<b>Procurement Officer’s Name:</b>	<b>Procurement Officer’s Signature:</b>	<b>Date:</b>
<b>D/MBE Liaison’s Name:</b>	<b>D/MBE Liaison’s Signature:</b>	<b>Date:</b>
<b>SBR Liaison Officer’s Name:</b>	<b>SBR Liaison Officer’s Signature:</b>	<b>Date:</b>
<b>PRG Chairperson’s Name:</b>	<b>PRG Chairperson’s Signature:</b>	<b>Date:</b>
<b>AAG’s Name:</b>	<b>AAG’s Signature:</b>	<b>Date:</b>