

EXHIBIT 5

CONTRACTOR'S REQUEST FOR WAIVER

ALBANY CONVENTION CENTER AUTHORITY

384-386 Broadway
Albany, New York 12207

A. TYPE OF WAIVER REQUEST: Total Partial. If Partial, complete blanks below:
MBE Waiver (%) Requested _____
WBE Waiver (%) Requested _____

B. CONSULTANT
Firm _____
Address _____
City _____ State Zip _____
Contact Person _____ Telephone _____

C. PROJECT
Project _____ Contract Amount \$ _____
Address _____ Contract Number _____
Address _____ Project Term _____(months).
Address _____ Authority Goal: MBE _____(%)
Authority Goal: WBE _____(%)

Work Description _____

D. REQUIRED WAIVER INFORMATION DOCUMENTATION

If the form does not provide adequate space for a complete response to any item, attach additional pages as required to provide the complete information requested. If any information request item is not applicable to your Company, insert "N/A" on the first blank information request line. Whenever a request is made for a particular document in an applicable information request and the requested document is not attached, the Request For Waiver will be deemed non-responsive, incomplete and will be rejected.

1. Complete the following for certified minority- and women-owned business enterprises that were solicited in writing to provide services or bids on the Project identified above for purposes of complying with the Authority's goal requirements. Attach a copy of each solicitation for each certified firm listed. Attach a copy of each written solicitation response received from any minority-owned business, MBE, or woman-owned business, WBE.

Firm Name _____ Date _____
Address _____ Trade _____
City, State _____ Check certified firm type:
Contact _____ MBE WBE

Firm Name _____ Date _____
Address _____ Trade _____
City, State _____ Check certified firm type:
Contact _____ MBE WBE

Firm Name _____ Date _____
Address _____ Trade _____
City, State _____ Check certified firm type:
Contact _____ MBE WBE

Firm Name _____ Date _____
Address _____ Trade _____
City, State _____ Check certified firm type:
Contact _____ MBE WBE

Firm Name _____ Date _____
Address _____ Trade _____
City, State _____ Check certified firm type:
Contact _____ MBE WBE

2. Provide a description of any solicitation documents, contract documents plans, specifications and/or other documentation made available to certified minority- and women-owned businesses for the purposes of soliciting their services or bids, and the dates and manner in which these documents were made available.

3. Attach documentation of any negotiations with any minority- and women-owned business enterprises undertaken for purposes of complying with the Authority's goal requirements.

Attachment(s) provided

Not Applicable

4. Provide a statement of justification to support the request for a waiver of the goal requirements established by the Authority.

Type Name of Principal or Officer

Type Title of Principal or Officer

Signature of Principal or Officer

Date