

**Minority & Women Owned Business Enterprise (M/WBE)
Utilization Plan & Waiver Request Review** (Revised 02/2015)

FOR EFC USE ONLY

Prime Contractor/Service Provider: Morsch Pipeline				Municipality: Livingston County Water and Sewer Authority	
SRF Project No.: D0-18746	GIGP/EPG No.:	MWBE ID: 14822	Contract ID: CONTRACT 5	Registration No.:	
Total Contract Amount: \$985,113.00		EFC Goal (%)	EFC Goal Amt (\$)	Proposed UP Amt	<input type="checkbox"/> <u>Specialty Equipment Exclusion:</u> Total Exclusion Granted: \$
MWBE Eligible Contract Amount: (Goals are applied to this amount and includes all change orders, amendments & waivers)	\$985,113.00	MBE: %	\$	\$0.00	
		WBE: %	\$	\$121,259.08	
MWBE Total:		20.00%	\$197,022.60	\$121,259.08	

<input checked="" type="checkbox"/> Waiver Granted For: <input checked="" type="checkbox"/> WBE <input checked="" type="checkbox"/> MBE	
Good Faith Effort Documentation Submitted:	
<input checked="" type="checkbox"/> Documentation was provided to demonstrate why M/WBE firms were not selected	<input checked="" type="checkbox"/> Submitted Waiver Form
<input type="checkbox"/> Advertisements published in general circulation, trade & M/WBE publications	<input checked="" type="checkbox"/> Adequate documentation of solicitations to certified M/WBE firms
<input checked="" type="checkbox"/> Work was structured to allow for subcontracting opportunities	<input checked="" type="checkbox"/> Empire State Development search documentation
<input type="checkbox"/> Other: Specialty Equipment Written Justification	

<input checked="" type="checkbox"/> This Utilization Plan is Hereby Accepted	<input type="checkbox"/> This Utilization Plan is Conditionally Accepted	<input type="checkbox"/> This Utilization Plan is Deficient
EFC Representative: Natalie Topalian	Conditions of Acceptance:	Please Submit:
Brian McGuire Date: 3/24/23	Brian McGuire Date:	Brian McGuire Date:
Further Comments:		

**NYS Environmental Facilities Corporation
Minority- & Women- Owned Business Enterprise (MWBE) Utilization Plan**

Instructions for Contractors & Service Providers:

Contractors and Service Providers must complete Sections 2 and 3. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format to the Recipient's designated Minority Business Officer (MBO) no later than the date of contract execution.** Incomplete forms will be found deficient. If more than 10 subcontractors are used, additional pages for Section 3 can be found on EFC's website.

If the prime contract is being performed by the parties to a Joint Venture, Teaming Agreement, or Mentor-Protégé Agreement that includes a certified MWBE, please contact EFC for assistance.

MWBE firms must be certified by the NYS Empire State Development Corporation (ESD) in order to be counted towards satisfaction of MWBE participation goals. The utilization of certified MWBEs for non-commercially useful functions may not be counted towards utilization of certified MWBEs in the Utilization Plan. Please note whether a firm is serving as a broker or supplier on the contract. A broker is denoted by NAICS code 425120 and is designated as a broker in ESD's MWBE Directory. A supplier is denoted by a NAICS code beginning with 423 or 424, or a NIGP code that does not begin with the number 9, and is designated as a supplier in ESD's MWBE Directory. If a firm is serving as a broker, please additionally provide the percentage of the broker's commission on the contract.

See the Bid Packet at www.efc.ny.gov or consult your designated MBO for further guidance.

Instructions for Minority Business Officers (MBO):

The MBO must complete Section 1. The MBO may designate an Authorized Representative to complete and submit quarterly payment reports on its behalf, and, if so designated, the MBO's Authorized Representative must also complete Section 1. The Authorized Representative may only submit quarterly payment reports on behalf of the MBO and may not submit any other required forms or reports for the MBO. The MBO must complete Section 1 even if designating an Authorized Representative. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format via e-mail to your EFC Program Compliance Specialist.**

The subject heading of the e-mail to the EFC Program Compliance Specialist should follow the format "UP, Project Number, Contractor." EFC will review the Utilization Plan and notify the MBO via e-mail of its acceptance or denial.

**NYS Environmental Facilities Corporation
Minority- & Women- Owned Business Enterprise (MWBE) Utilization Plan**

SECTION 1: MUNICIPAL INFORMATION			
Recipient/Municipality: LCWSA		County: Livingston	
Project No.: 18746	GIGP/EPG No.:	Contract ID: 5	Registration No. (NYC only):
Minority Business Officer: Jason Molino		Email: jmolino@lcwsa.us	Phone #: 585-346-3523
Address of MBO: 1997 D'Angelo Drive P.O. Box 396 Lakeville NY 14480			
Electronic Signature of MBO: <input checked="" type="checkbox"/> I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief.			Date: 8/9/2022
<i>Complete if applicable:</i>			
Authorized Representative:		Title:	
Authorized Rep. Company:		Email:	Phone #:
Electronic Signature of Authorized Rep.: <input type="checkbox"/> I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief.			Date:

SECTION 2: PRIME CONTRACTOR / SERVICE PROVIDER INFORMATION						
Firm Name: Morsch Pipeline, Inc.			Contract Type: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Other Services			
Prime Firm is Certified as: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> N/A <input type="checkbox"/> Other: Please repeat information in the Utilization Plan below (Section 3). If dual certified, you must select either MBE or WBE.						
Address: 3929 South Avon Road Avon, NY 14414		Phone #: 585-690-5143	Fed. Employer ID #: 54-2122707			
Description of Work: Installation of water and water services						
Award Date: 7/20/2022	Start Date: 9/30/2022	Completion Date: 3/1/2023	MWBE GOAL Total			
Total Contract Amount: \$ 985,113.00 MWBE Eligible Contract Amount: \$ 985,113.00 (MWBE Goals are applied to this amount and includes all change orders, amendments, & waivers)			PROPOSED MWBE Participation			
			MBE:	20% \$ 197,022.60	MBE:	% \$
			WBE:	% \$	WBE:	% \$
			Total:	20% \$ 197,022.60	Total:	12.31% \$ 121,259.08

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SECTION 3: MWBE SUBCONTRACTOR INFORMATION				
This Submittal is:		<input checked="" type="checkbox"/> The First/Original Utilization Plan <input type="checkbox"/> Revised Utilization Plan #:		
NYS Certified M/WBE Subcontractor Info		Contract Amount:		For EFC Use:
		MBE (\$)	WBE (\$)	
Name: Country Line Electrical Supply	Fed. Employer ID#: 16-1226880		190765.14	Supplier 60% Credit = \$114,459.08
Address: 31 Church Street Silver Springs, NY 14550	Phone #: 585-493-2524			
Scope of Work: Materials	Email: Massettbill@aol.com			
Select Only One: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input checked="" type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$ 190,765.14				
Name: PDS Construction	Fed. Employer ID#: 26-2160219		6800.00	
Address: 700 Cook Road Hamlin, NY	Phone #: 585-303-2982			
Scope of Work: Trucking	Email: dsoanes@rochester.rr.com			
Select Only One: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$ 6800.00				
Name:	Fed. Employer ID#:			
Address:	Phone #:			
Scope of Work:	Email:			
Select Only One: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$				
Name:	Fed. Employer ID#:			
Address:	Phone #:			
Scope of Work:	Email:			
Select Only One: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$				

**NYS Environmental Facilities Corporation
Minority- & Women- Owned Business Enterprise (MWBE) Utilization Plan**

SECTION 3: M/WBE SUBCONTRACTOR INFORMATION continued				
Name:	Fed. Employer ID#:			
Address:	Phone #:			
Scope of Work:	Email:			
Select Only One: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$				
Name:	Fed. Employer ID#:			
Address:	Phone #:			
Scope of Work:	Email:			
Select Only One: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$				
Name:	Fed. Employer ID#:			
Address:	Phone #:			
Scope of Work:	Email:			
Select Only One: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$				
Name:	Fed. Employer ID#:			
Address:	Phone #:			
Scope of Work:	Email:			
Select Only One: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:	Start Date:			
Select Only One: <input type="checkbox"/> Broker ___% <input type="checkbox"/> Supplier <input type="checkbox"/> N/A	Completion Date:			
Full Contract Amount: \$				
SIGNATURE				
Electronic Signature of Contractor: <input checked="" type="checkbox"/> I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and that all MWBE subcontractors will perform a commercially useful function.				Date: 8/9/2022
Name (Please Type): Carolyn Morsch				

**New York State Environmental Facilities Corporation
Minority & Women Owned Business Enterprise (MWBE) Waiver Request Form**

Instructions for Contractors & Service Providers:

Contractors and Service Providers must complete Sections 2, 3, and 4. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format to the Recipient's designated Minority Business Officer (MBO).** Incomplete forms will be found deficient.

See the Bid Packet at www.efc.ny.gov or consult your designated MBO for further guidance.

Instructions for Minority Business Officers (MBO):

The MBO must complete Section 1. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format via e-mail to your EFC MWBE Representative.** The subject heading of the e-mail to the EFC MWBE Representative should follow the format "Waiver Request, Project Number, Contractor." EFC will review and notify the MBO via e-mail of its acceptance or denial.

If a partial MWBE waiver is requested, an MWBE Utilization Plan must also be submitted for the amount of proposed MWBE participation.

SECTION 1: MUNICIPAL INFORMATION			
Recipient/Municipality: LCWSA		County: Livingston	
Project No.: 18746	GIGP/EPG No.:	Contract ID: 5	Registration No. (NYC only):
Minority Business Officer (MBO): Jason Molino		Email: Jmolino@lcwsa.s	Phone #: 585-346-3523
Address of MBO: 1997 D' Angelo Drive PO Box 396 Lakeville, NY 14480			
Signature of MBO: <input checked="" type="checkbox"/> I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief.			Date: 9/27/22

SECTION 2: PRIME CONTRACTOR / SERVICE PROVIDER INFORMATION			
Firm Name: Morsch Pipeline, Inc.		Contract Type: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Other Services	
Prime Firm is Certified as: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> N/A <input type="checkbox"/> Other:			
Address: 3929 South Avon Road Avon, NY 14414		Phone #: 585-690-5143	Fed. Employer ID #: 54-2122707
Contact Information of Firm Representative Authorized to Discuss Waiver Request:			
Name: Carolyn Morsch		Title: Secretary	Phone #: 585-690-5143 E-mail: morschpipe@gmail.com
Description of Work: Installation of water and water services		EFC MWBE GOAL Total	
Award Date: 7/20/2022	Start Date: 9/30/2022	Completion Date: 3/1/2023	MBE: % \$
Total Contract Amount: \$ 985,113.00			WBE: 20% \$ 197,022.60
MWBE Eligible Contract Amount: \$ 985,113.00 (MWBE Goals are applied to this amount and includes all change orders, amendments, & waivers)			Total: % \$ 197,022.60

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Minority & Women Owned Business Enterprise (MWBE) Waiver Request Form**

SECTION 3: TYPE OF MWBE WAIVER REQUESTED

1. **Full Waiver** (No MWBE participation)
2. **Partial Waiver** (Less than the MWBE goals; indicate below the proposed MWBE participation)

PROPOSED MWBE Participation

MBE: % \$

WBE: 12.31 % \$ 121,259.08

Total: 12.31 % \$ 121,259.08

3. **Specialty Equipment/Services Waiver** (Must be of SIGNIFICANT cost - list of equipment and cost must be attached in addition to the supporting documentation outlined below)

SECTION 4: SUPPORTING DOCUMENTATION

To be considered, the Request for Waiver Form must be accompanied by the documentation requested in items 1 – 9, as listed below. If a Specialty Equipment Waiver is requested, it must be accompanied by the documentation requested in items 1 - 13. If a Specialty Services Waiver is requested, it must be accompanied by the items requested in items 1 – 9 and item 14. Copies of the following information and all relevant supporting documentation must be submitted along with the request. Please contact EFC for assistance, including sample documentation.

1. A letter of explanation setting forth your basis for requesting a partial or total waiver and detailing the good faith efforts that were made.
2. Copies of advertisements in any general circulation, trade association, and minority- and women-oriented publications in which you solicited MWBEs for the purposes of complying with your participation goals, with the dates of publication.
3. Screenshots of search results (by business description or commodity code) from Empire State Development Corporation's (ESD) MWBE Directory of all certified MWBEs that were solicited for purposes of complying with your MWBE participation goals.
4. Copies of faxes, letters, or e-mails sent to MWBE firms to solicit participation and their responses.
5. A log of solicitation results, consisting of the list of MWBE firms solicited for the contract and the outcome of the solicitations. The log should be broken out into separate areas for each task that is solicited (e.g., trucking, materials, electricians) and clearly provide a rationale for firms included on the completed Utilization Plan as well as for those not chosen. The log should show: that each MWBE firm was contacted twice by two different methods (e.g., fax and phone); who was spoken to; what was said; and the final outcome of the solicitation.
6. A description of any contract documents, plans, or specifications made available to MWBEs for purposes of soliciting their bids and the date and manner in which these documents were made available. Specifically, include information on the scope of work in the contract and a breakout of tasks or equipment, such as

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Minority & Women Owned Business Enterprise (MWBE) Waiver Request Form**

a schedule of values for a construction contract or a proposal or excerpt from a professional services agreement.

7. Documentation of any negotiations between you, the Contractor, and the MWBEs undertaken for purposes of complying with your MWBE participation goals.

8. Any other information you deem relevant which may help us in evaluating your request for a waiver. Examples may include sign-in sheets from any pre-bid meetings where MWBE firms were invited, attendance at MWBE forums, etc.

9. EFC and the MBO reserve the right to request additional information and/or documentation.

Additional Documentation for Requests for Specialty Equipment Waivers:

10. Copies of the appropriate pages of the technical specification related to the equipment showing the choices for manufacturers or other information that limits the choice of vendor.

11. Letter, e-mail or screenshot of website from the manufacturer listing their distributors in NYS and the locations.

12. Screenshots of ESD's MWBE Directory searches for the manufacturer and distributor showing that they are not found in the Directory.

13. An invoice or purchase order showing the value of the equipment.

Additional Documentation for Requests for Specialty Service Waivers:

14. A letter of explanation containing information about the scope of work and why no MWBE firms could be subcontracted to provide that service.

Note: Unless a Total Waiver has been granted, Firms will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by EFC, to determine MWBE compliance. In cases where EFC accepts a full or partial waiver of MWBE participation goals, the waiver request will be posted to EFC's website.

SIGNATURE

Electronic Signature of Contractor:

X I certify that the information submitted herein is true, accurate and complete to the best of my knowledge.

Name: (Please Type): Carolyn Morsch

Date: 9/23/2022