

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

FOR EFC USE ONLY					
<b>Prime Contractor/Service Provider:</b> Livingston County WSA					<b>Municipality:</b> Livingston County Water and Sewer Authority
<b>SRF Project No.:</b> 6449-06-00	<b>GIGP/EPG No.:</b>	<b>MWBE ID:</b> 17733	<b>Contract ID:</b> GENERATORS, TRANSFER SWITCHES		<b>Registration No.:</b>
<b>Total Contract Amount:</b> \$395,998.38		<b>EFC Goal (%)</b>	<b>EFC Goal Amt (\$)</b>	<b>Proposed UP Amt</b>	<input checked="" type="checkbox"/> <u>Specialty Equipment Exclusion:</u> Generators and Transfer Switches  <b>Total Exclusion Granted: \$395,998.38</b>
<b>MWBE Eligible Contract Amount:</b> (Goals are applied to this amount and includes all change orders, amendments & waivers)	<b>\$395,998.38</b>	<b>MBE:</b> %	\$	\$0.00	
		<b>WBE:</b> %	\$	\$0.00	
<b>MWBE Total:</b>		20.00%	\$79,199.68	\$0.00	

<input checked="" type="checkbox"/> <b>Waiver Granted For:</b> <input checked="" type="checkbox"/> WBE <input checked="" type="checkbox"/> MBE	
<b>Good Faith Effort Documentation Submitted:</b>	
<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 type="checkbox"/> Adequate documentation of solicitations to certified M/WBE firms
<input type="checkbox"/> Work was structured to allow for subcontracting opportunities	<input checked="" type="checkbox"/> Empire State Development search documentation
<input checked="" type="checkbox"/> Other: Specialty Equipment Written Justification	

<input checked="" type="checkbox"/> <b>This Utilization Plan is Hereby Accepted</b>	<input type="checkbox"/> <b>This Utilization Plan is Conditionally Accepted</b>	<input type="checkbox"/> <b>This Utilization Plan is Deficient</b>
EFC Representative: Natalie Topalian	Conditions of Acceptance:	Please Submit:
Brian McGuire Date: 4.4.25	Brian McGuire Date:	Brian McGuire Date:
Further Comments: Need T&C		



# Environmental Facilities Corporation

## 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 to the Recipient's Minority Business Officer (MBO).** Incomplete forms will be found deficient.

See the EFC [Mandatory Terms and Conditions](#) or consult the MBO for further guidance.

### Instructions for MBO:

The MBO must complete Section 1. **Email the completed, signed (electronic signature box checked and dated) form to your EFC Program Compliance Specialist.** The subject heading of the email to the EFC Program Compliance Specialist should follow the format "Waiver Request, Project Number, Contractor." EFC will review and email an acceptance or denial to the MBO.

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.: C8-6449-06-00	GIGP No.:	Contract ID:	Registration No. (NYC only):	
Minority Business Officer (MBO): Jason Molino		Email: jmolino@lcwsa.us	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: 3/4/2025

  

SECTION 2: PRIME CONTRACTOR / SERVICE PROVIDER INFORMATION				
Firm Name: Kinsley Power Systems, Inc.		Contract Type: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Other Services		
Prime Firm is Certified as: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:				
Address: 6200 E Molloy Road, East Syracuse, NY 13057		Phone #: 585-260-3641	Fed. Employer ID #: 04-2430816	
Contact Information of Firm Representative Authorized to Discuss Waiver Request:				
Name: Joe Murray		Title: Sales Engineer	Phone #: 585-260-3641	Email: jmurray@kinsleypower.com
Description of Work: Generator & Transfer Switch supplier			EFC MWBE GOAL Total	
Award Date: TBD	Start Date:	Completion Date:	Total: 30% \$ 127,702.85	
Total Contract Amount: \$ 395,998.38				
MWBE Eligible Contract Amount: \$ 395,998.38 (MWBE Goals are applied to this amount and includes all change orders, amendments, & waivers)				

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**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**

**Total:** 0%    \$ 0.00

3. ☐ **Specialty Equipment/Services Exclusion** (Must be of SIGNIFICANT cost – attach list of cost and type of equipment and supporting documentation outlined below)

**SECTION 4: SUPPORTING DOCUMENTATION**

Provide the following documentation as evidence of good faith efforts to meet the MWBE goals set forth and in support of the waiver application. Specialty Equipment Exclusion requests must be accompanied by the documentation requested in items 8 – 12, as listed below. Specialty Services Exclusion requests must be accompanied by the documentation requested in item 13, as listed below.

1. A brief letter of explanation setting forth your basis for requesting a partial or total waiver and detailing the good faith efforts that were made.
2. A scope of work that shows what subcontracting opportunities are in the contract. This could be an engineering proposal, schedule of values, or other similar documents.
3. Screenshots of search results for each task (using commodity codes) from Empire State Development Corporation's (ESD) [MWBE Directory](#) of all certified MWBEs that were solicited for this contract. Each search should be saved as an individual file.
4. A [log of solicitation results in Excel format](#), 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), including date, persons communicated with and outcome. The log should show that each MWBE firm was contacted twice by two different methods if first contact was unsuccessful (e.g., email and phone), and the final outcome of the solicitation.
5. List of the general circulation, trade association, and MWBE oriented publications and dates of publication soliciting for certified MWBE participation as a subcontractor/supplier and copies of such solicitations.
6. Description of the negotiations between the contractor and certified MWBEs for the purposes of complying with the MWBE goals of this contract.
7. Any other information deemed relevant to the request.

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

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**Documentation for Requests for Specialty Equipment Exclusions:**

8. A letter of explanation containing information about the equipment, why the equipment is specialty and why no MWBE firms could be utilized to provide the equipment.
9. 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.
10. Letter, email, or screenshot of website from the manufacturer listing their distributors in NYS and the locations.
11. Screenshots of ESD's MWBE Directory searches for the manufacturer and distributor showing that they are not found in the Directory.
12. An invoice or executed purchase order showing the value of the equipment.

**Documentation for Requests for Specialty Service Exclusions:**

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

**SIGNATURE**

**Electronic Signature of Contractor:**

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

**Name:** (Please Type): Joe Murray

**Date:** 3/21/2025