



## MSD Louisville MBE/WBE Goal Compliance Plan Cover Page

PROJECT INFORMATION		
Project Name:		
Established Participation Goals: (Check Boxes) <input type="checkbox"/> 15% MBE and <input type="checkbox"/> 6% WBE - <b>OR</b> - (Indicate other %) Other: <input type="checkbox"/> % MBE, <input type="checkbox"/> % WBE		
BIDDER INFORMATION		
Bidder Name:		
Bidder Firm is a (check) MBE:	WBE:	Joint Venture: N/A
Bidder's Contact Person:		
Contact Person Phone Number:		
Contact Person Email Address:		
Contact Person Fax Number:		
Bidder Company Address:		
City:	State:	Zip Code:
BID, MBE AND WBE PARTICIPATION		
Total Base Bid Price: \$		
MBE Participation:		
WBE Participation:		
MBE/WBE Participation is the MBE/WBE Subcontractor(s) Amounts, Scope and %		
Check One: Will Meet MBE/WBE Participation Goal      Will <b>NOT</b> Meet MBE/WBE Participation Goal		
If the MBE/WBE Subcontractor is not registered with and part of the MSD Supplier Diversity Program with an MBE/WBE national and/or federal certification as recognized by MSD, usage will not be acceptable as MBE/WBE Participation. Visit <a href="http://www.msdlouky.org/insidemsd/diverse/index.html">http://www.msdlouky.org/insidemsd/diverse/index.html</a> to view the current listing of MSD recognized MBE and WBE certified businesses.		
THIS PLAN MUST BE SIGNED AND SUBMITTED WITH YOUR BID		
I certify that the information included in this MBE/WBE Compliance Plan is true and complete to the best of my knowledge and belief. I further understand and agree that this MBE/WBE Goal Compliance Plan shall become a part of my Contract with the Louisville and Jefferson County Metropolitan Sewer District Louisville.		
<hr/>		
Print Name and Title of Authorized Representative		
<hr/>		
Signature		
<hr/>		
Date:		

### FOR MSD USE ONLY

Subcontracting Plan: ☐ Approved ☐ Not Approved

Reviewer Initials

Date

## **BID CERTIFICATE**

The undersigned, having been certified as a Minority or Woman owned Business Enterprise in accordance with **MSD Interim Supplier Diversity Policy and Guidelines (Interim Policy)** as approved and adopted by the Board of Directors of MSD, does hereby certify as follows:

That he/she is fully familiar with all of the requirements of the **Interim Policy**; and

That he/she has independently developed the bid and pricing information submitted to the Prime Contractor for use in determining its bid for MSD Project # \_\_\_\_\_; and

That he/she fully intends to perform the work set out in the subcontract submitted by the Prime Contractor for the said MSD Project with his/her own equipment, supplies and workforce as required by the Interim Policy; and

That he/she will provide all necessary supervision and direction of the workforce provided under the said subcontract to ensure compliance with all MSD Standard Specifications and Drawings as pertains to the said MSD Project; and

That he/she will submit all records, forms and information required or requested by the MSD Supplier Diversity Manager for purposes of monitoring workforce and equipment utilization and determining value of the work performed during the term of the said subcontract; and

That he/she has independently negotiated the terms and conditions of the subcontract entered into with the Prime Contractor for the said MSD Project and accepts the terms and conditions of the said subcontract without exception or reservation.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, on behalf of \_\_\_\_\_.  
(Company Name)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

# SUBCONTRACTOR UTILIZATION PLAN (STATEMENT OF INTENT TO UTILIZE FIRMS)



Louisville and Jefferson County  
Metropolitan Sewer District

Page \_\_\_\_\_ of \_\_\_\_\_

**THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED BY ALL BIDDERS  
BY 3:00PM THE NEXT BUSINESS DAY AFTER THE BID OPENING**

Project Name:	Project Description:	
Company Name:	Date Submitted:	Total Value:
Address:	Federal Tax ID#	
Contact Person:	Email:	Phone #:

The above named company will execute a formal agreement with the firms listed below. This form must be submitted by **3:00pm the next business day after the bid opening**. The bidder must list **ALL SUBCONTRACTORS**, Regardless of the amount or service. Failure to complete this form with all the pertinent-requested information [as indicated in each column], shall cause a bid to be non-responsive. This document will be included as part of the contract.

Company Name/Address/Contact Person/Phone/Email	Federal Tax ID#	Describe Exact Type of Work/*Supplier	Check if Supplier Only	Consultant/ *Subconsultant Amount		MBE	WBE	Non- M/WBE	For Office Use Only (Calculation)
				Amount	Percentage				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please Note: If the materials or supplies are obtained from an MBE/WBE manufacturer, 100% of the cost of the materials or supplies shall count toward MBE/WBE goals. If the materials or supplies are purchased from an MBE/WBE that is not a manufacturer, 60% percentage of the cost of the materials or supplies from a certified M/WBE supplier will be counted toward the MBE/WBE goals. MSD reserves the right to make announced or unannounced field site visits to M/WBE firms' business locations. I certify that the above information is true to the best of my knowledge. The company acknowledges and agrees that if awarded the contract the information provided on this Subcontractor Utilization Plan shall be incorporated into the terms and conditions of the final contract between MSD and the Company. All firms checked MBE/WBE must be registered with MSD's Supplier Diversity Office and certified with national and federal certification organizations as recognized by MSD. I acknowledge and agree that any changes to the above information must be submitted on the MSD Subcontractor Substitution Form and approved in advance by MSD.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEET**

Page: 1 of 11

<b>THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL</b> <b>(DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)</b>							
Project Name and # [if applicable]:			Project Description:				
Company Name:			Date Submitted:	Total Contract Value:			
Address:			Federal Tax ID#:				
Contact Person:		Email:	Phone #:				
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>							
Number	Bidder Action(s)			Points			
1.	<b>Identification of M/WBE Subcontracting Work:</b> Selected portions of the work to be performed by MBE/WBEs in order to increase the likelihood that the MBE/WBE goals will be achieved. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MBE/WBE participation, even when the prime contractor might otherwise prefer to perform these work items with its own forces.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">Total 15</td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total 15
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total 15					

**For each MSD Louisville registered MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/Address/Contact Person/Phone/Email	Type of Business	Type of Work/Service(s) Solicited	How Business was contacted (i.e. email, phone, letter, etc.?)	Response to Solicitation (i.e. will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected (Write Yes or No)

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEET**

Page: 2 of 11

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Project Name and # [if applicable]:			Project Description:		
Company Name:			Date Submitted:	Total Contract Value:	
Address:			Federal Tax ID#:		
Contact Person:		Email:	Phone #:		
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>					
Number	Bidder Action(s)			Points	
2.	(Optional) <b>Advertisement:</b> Evidence of advertisement campaign regarding subcontracting opportunities			Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Total	5

List all information requested below related to the above project. If additional space is required, this form may be duplicated.

Portion of Work to be Performed by MBE/WBEs:						

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEET**

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**(DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)**

<b>Project Name and # [if applicable]:</b>		<b>Project Description:</b>	
<b>Company Name:</b>		<b>Date Submitted:</b>	<b>Total Contract Value:</b>
<b>Address:</b>		<b>Federal Tax ID#:</b>	
<b>Contact Person:</b>	<b>Email:</b>	<b>Phone #:</b>	

**GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST**

Number	Bidder Action(s)	Points		
3.	<b>Solicitations, Written Notices, etc:</b> Solicited, through all reasonable and available means to including, but not limited to the following examples: attendance at pre-bid meetings, accessed <a href="http://www.msdlouky.org/insidemsd/diverse/index.html">http://www.msdlouky.org/insidemsd/diverse/index.html</a> , advertising and/or written notices the interest of all MSD Louisville MBE/WBEs who have the capability to perform the work of the contract. To be considered reasonable, the bidder should solicit this interest, <b>ten (10) days or within the MSD bid advertisement date</b> in order to allow MBE/WBEs sufficient time to respond to the solicitation. [To receive credit for this effort, the bidder must determine with certainty if the MBE/WBEs are interested by documenting and taking the appropriate steps to follow up initial solicitations.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Total</b> 15

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/ Address/Contact Person/Phone/Email	Type of Business	Type of Work/Service(s) Solicited	How Business was contacted (i.e. email, phone, letter, etc.?)	Response to Solicitation (i.e. will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected (Write Yes or No)

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEET**

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**(DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)**

<b>Project Name and # [if applicable]:</b>		<b>Project Description:</b>	
<b>Company Name:</b>		<b>Date Submitted:</b>	<b>Total Contract Value:</b>
<b>Address:</b>		<b>Federal Tax ID#:</b>	
<b>Contact Person:</b>	<b>Email:</b>	<b>Phone #:</b>	

GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST				
Number	Bidder Action(s)	Points		
4.	<b>Follow-up:</b> Follow-up to initial solicitations (written notices) to M/WBE subcontractors, suppliers and vendors.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total 15

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Description of information provided	If Agreement Reached, Yes. If No, Why Not?

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE  
M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS  
SUMMARY SHEET**

<b>THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)</b>				
Project Name and # [if applicable]:		Project Description:		
Company Name:		Date Submitted:	Total Contract Value:	
Address:		Federal Tax ID#:		
Contact Person:	Email:	Phone #:		
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>				
<b>Number</b>	<b>Bidder Action(s)</b>	<b>Points</b>		
5.	<b>Adequate Information Provided:</b> Provided interested MSD Louisville registered MBE/WBEs with adequate information about the plans, specifications, and requirements of the contract in a timely manner to assist them in responding to a solicitation for MBE/WBEs participation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total 15

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Type of Work/Service(s) Considered	If Agreement Reached, Yes. If No, Why Not?

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEET**

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<b>Project Name and # [if applicable]:</b>		<b>Project Description:</b>		
<b>Company Name:</b>		<b>Date Submitted:</b>	<b>Total Contract Value:</b>	
<b>Address:</b>		<b>Federal Tax ID#:</b>		
<b>Contact Person:</b>		<b>Email:</b>	<b>Phone #:</b>	
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>				
<b>Number</b>	<b>Bidder Action(s)</b>	<b>Points</b>		
6.	<b>Assistance: Bonding / Lines of Credit / Insurance:</b> Made efforts to assist interested MSD Louisville registered MBE/WBEs in obtaining bonding, lines of credit, or insurance as required by MSD Louisville or the contractor.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Total</b> 10

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	If Agreement Reached, Yes. If No, Why Not?

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEETS**

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**(DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)**

<b>Project Name and # [if applicable]:</b>		<b>Project Description:</b>	
<b>Company Name:</b>		<b>Date Submitted:</b>	<b>Total Contract Value:</b>
<b>Address:</b>		<b>Federal Tax ID#:</b>	
<b>Contact Person:</b>	<b>Email:</b>	<b>Phone #:</b>	

**GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST**

Number	Bidder Action(s)	Points		
7.	<b>Evidence of Justifiable for Bid Rejection:</b> If participation of specific MBE/WBEs was considered, the bidder did not reject MBE/WBEs as being unqualified without sound reasons based on a thorough investigation of their capabilities. An MBE/WBE subcontractor's standing within its industry, membership in specific groups, organizations, or associations and political or social affiliations [for example, union vs, non-union employee status] are not legitimate causes for the rejection or non-solicitation of MBE/WBE subcontractor proposals when considering the contractor's efforts to meet the project goal.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Total</b> 10

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/Address/Contact Person/Phone Number/Email	If Bid(s) Rejected? If Yes, Why? Provided detailed information.

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE  
M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS  
SUMMARY SHEETS**

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(DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)**

<b>Project Name and # [if applicable]:</b>		<b>Project Description:</b>		
<b>Company Name:</b>		<b>Date Submitted:</b>	<b>Total Contract Value:</b>	
<b>Address:</b>		<b>Federal Tax ID#:</b>		
<b>Contact Person:</b>		<b>Email:</b>	<b>Phone #:</b>	
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>				
<b>Number</b>	<b>Bidder Action(s)</b>	<b>Points</b>		
8.	<b>Ongoing Mentor Protégé Relationships:</b> The bidder is actively participating in an ongoing mentor/protégé relationship with an MSD Louisville M/WBE in the assistance of their business growth and development.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Total</b> 15

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/Address/Contact Person/Phone Number/Email	Type of Assistance	If Mentor Protégé Agreement Reached, Yes. If No, Why Not? Please provide copy.

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEETS**

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<b>Project Name and # [if applicable]:</b>		<b>Project Description:</b>	
<b>Company Name:</b>		<b>Date Submitted:</b>	<b>Total Contract Value:</b>
<b>Address:</b>		<b>Federal Tax ID#:</b>	
<b>Contact Person:</b>	<b>Email:</b>	<b>Phone #:</b>	

**GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST**

Number	Bidder Action(s)	Points		
9.	<b>Meeting Invitations:</b> Evidence M/WBE firms were invited to meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total 10

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Description of Meeting Notices for M/WBEs	Date M/WBE Attended, as applicable

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE**  
**M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS**  
**SUMMARY SHEETS**

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<b>THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL</b> <b>(DUE BY <u>3PM</u> NEXT BUSINESS DAY AFTER BID OPENING)</b>				
Project Name and # [if applicable]:		Project Description:		
Company Name:		Date Submitted:	Total Contract Value:	
Address:		Federal Tax ID#:		
Contact Person:	Email:	Phone #:		
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>				
Number	Bidder Action(s)	Points		
10.	<b>Community and Other Organizational Services Support:</b> Effectively used the services of community organizations, contractors' groups, local, state and federal business assistance offices, and other organizations as allowed on a case-by-case basis to provide assistance in the recruitment and placement of MBE/WBEs.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Total</b> 15

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/Address/Contact Person/Phone Number/Email	Type of Business

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD LOUISVILLE**  
**WAIVER REQUEST FORM AND AFFIDAVIT**

Bidders who do not meet the MSD Supplier Diversity subcontracting goals of 15% MBE and 6% WBE participation with utilization from two separate companies **must earn a minimum of ninety (90) points** in the categories outlined and described above on the "M/WBE Subcontractors Good Faith Efforts Summary Sheet(s)" and they must be completed in their entirety for MSD to determine if adequate "Good Faith Efforts" (GFE) were demonstrated towards meeting the Established MBE/WBE Participation Goals. MSD Executive Director shall approve the Waiver Request.

I, \_\_\_\_\_, having been duly authorized to complete the foregoing "M/WBE Subcontractors Good Faith Efforts Summary Sheet(s)", do hereby swear that all of the information provided in the "M/WBE Subcontractors Good Faith Efforts" was provided by me; that all of the statements contained in the M/WBE Subcontractors Good Faith Efforts and all attachments hereto are true, complete and accurate; and that I have not knowingly concealed or in any way falsified or misrepresented the summary sheets or status of:

\_\_\_\_\_

I acknowledge that the following acts may constitute fraud and that if committed by me or any employee, member or principal of my company, may permanently disqualify my company from participation in MSD procurement or contract in accordance with the MSD Procurement Regulations and MSD Interim Supplier Diversity Policy and Guidelines:

- (1) Willfully and/or knowingly making a false or misleading statement, and whether by affidavit, or by oral or written report or other representation, to an MSD representative for the purpose of influencing MSD's acceptance/rejection of this Waiver Request.
- (2) Fraudulently obtaining, attempting to obtain or aiding another person or entity in fraudulently obtaining or attempting to obtain public monies or services, or a certified MBE/WBE to include non-M/WBEs and any community/nonprofit/service organization, etc. and/or any affiliate of such agency.

**[This document shall be notarized by a Notary Public, in good standing.]**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing Waiver Request Form and Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
[Name of Affiant]  
as \_\_\_\_\_ of \_\_\_\_\_ as his/her voluntary and proper act and deed on behalf of the Company.  
[Title] [Name of Company]

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

[SEAL] State of: \_\_\_\_\_