

New York State Division of Criminal Justice Services

**LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM**

**IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM MUST BE SUBMITTED WITH BID OR PROPOSAL. IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, A DCJS 3304 MUST BE**

**Grantee (Contractor) Information:**

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|--|--|
| <b>1. Name:</b> Onondaga County District Attorney's Off                      | <b>Address:</b> Criminal Courthouse, 4th floor, 505 S. State St., Syracuse NY 13202    |
| <b>Contact Person/Title:</b> James Quick, Criminal Justice/Grant Coordinator | <b>Telephone Number:</b> 315-435-2470  |
| <b>2. Contract Number:</b>   | <b>Project Number:</b>   |
| <b>3. DUNS Number:</b> 03-130-4194   |  |
| <b>4. Project/RFP Title:</b> Onondaga County Operation IMPACT X              | <b>5. Project Location (Municipality/County/Region):</b> Suracuse, Onondaga County, NY |
| <b>6. Contract Amount:</b> 661500  | <b>7. Grantee Discretionary NPS Amount:</b> 6500                                       |
| <b>8. Contract Award Period:</b>   |  |
| <b>9. Description of Goods/Services/Supplies Provided:</b> None              |  |

| 10. MWBE Subcontractor/Supplier Name and Address | 11. NYS ESD Vendor ID Number | 12. Description of Services & Supplies | 13. MBE Goal Amount | 14. WBE Goal Amount | 15. Date of Subcontract | 19. MWBE Status and Certification  | VERIFIED BY DCJS         |
|--|------------------------------|--|---------------------|---------------------|-------------------------|--|--------------------------|
|  |                              |  |                     |                     |                         | <input type="checkbox"/> MBE <input type="checkbox"/> WBE<br><input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
|  |                              |  |                     |                     |                         | <input type="checkbox"/> MBE <input type="checkbox"/> WBE<br><input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
|  |                              |  |                     |                     |                         | <input type="checkbox"/> MBE <input type="checkbox"/> WBE<br><input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
|  |                              |  |                     |                     |                         | <input type="checkbox"/> MBE <input type="checkbox"/> WBE<br><input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
| <b>16. Discretionary NPS Amount:</b> \$0         |                              | <b>17. Total MWBE Goals:</b> \$0       |                     |                     |                         |  |                          |
| <b>18. Total MWBE Percentages:</b>               |                              |  | 0%                  | 0%                  |                         |  |                          |

*NOTE: If NYS MWBE Certification is pending, a copy of the notice of application receipt issued by the NYS Empire State Development Corporation must accompany this form.*

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| <b>20. Contractor Certification :</b> James Quick <input type="checkbox"/> My firm proposes to use the MWBEs listed above.                           |  |
| <b>21.</b> <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the information provided herein is complete and accurate. | <b>Date:</b> 9/18/13   |
| <b>FOR DCJS USE ONLY</b>   |  |
| <b>MWBE Firms:</b><br><input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown         | <b>Reviewer Comments:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <b>OPDF Contract Manager:</b> Laura Gardinier  | <b>Review Date:</b> 11/7/13  |

**DCJS 3301 – LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM**  
**Instructions for Completion**

**IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM MUST BE SUBMITTED WITH BID OR PROPOSAL. IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT/RENEWAL PERIOD AND WITH ANY REQUESTS FOR BUDGET MODIFICATION, PROVIDING DETAILS OF NEW OR REASSESSED GOALS.**

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|---|--|
| <b>1. Name and Address</b>  | Provide the grantee (contractor) name and address, and include the name, title and telephone number of the contact person responsible for answering questions related to the MWBE information submitted on this form.  |
| <b>2. Contract and Project Number</b>   | Input the DCJS contract and project numbers of the award being supported by this RFP or funding appropriation.   |
| <b>3. DUNS Number</b>   | Provide the grantee DUNS Number (a nine digit number assigned via Dun and Bradstreet's Data Universal Numbering System).   |
| <b>4. Project/RFP Title</b>   | Provide the name of the project being supported by this RFP or contracted funding appropriation.   |
| <b>5. Project Location</b>  | Enter the name of the municipality, county, and/or region in which the majority of contractual activity will occur.  |
| <b>6. Contract Amount</b>   | Supply the total dollar amount awarded during the current contract period.   |
| <b>7. Grantee Discretionary NPS Amount</b>  | This is defined as the Non-Personal Service line in the contract budget, minus any item for which there is no opportunity to procure services/supplies with a NYS Certified MWBE (this may be due to a contractor's lack of discretion in the choice of supplier/vendor, or due to the lack of availability of NYS Certified MWBE's to provide the requisite services/supplies). If there are no identifiable NPS discretionary funds, this amount may be listed as \$0; however, the contractor must submit a Local Assistance MWBE Discretionary Budget Determination Worksheet delineating their expenditures. Upon request, a separate more detailed written justification may also be required.<br><b>Note: Appropriate MWBE suppliers/contractors may be identified by searching the MWBE directory located at: <a href="https://ny.newnycontracts.com">https://ny.newnycontracts.com</a>.</b> |
| <b>8. Contract Award Period</b>   | Enter the current contract time period of the funded award.  |
| <b>9. Description of Discretionary NPS Goods, Services, and/or Supplies to be Provided/ Purchased</b> | Provide a brief description of the product type(s) or services, which are to be purchased using NPS discretionary funds; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.   |
| <b>10. List of MWBE Subcontractors/Suppliers</b>  | List the firm name and address of the NYS Certified MWBE subcontractor/supplier funded from NPS discretionary funds to provide the contracted requisite services and/or commodities.<br><b>Note: Certified MWBE suppliers and contractors may be located by searching the MWBE directory at: <a href="https://ny.newnycontracts.com">https://ny.newnycontracts.com</a>.</b>  |
| <b>11. NYS ESD Vendor ID Number</b>   | Provide the eight digit NYS ESD Vendor ID Number. Subcontractors/suppliers can access this information via their NYS ESD MWBE account at: <a href="https://ny.newnycontracts.com">https://ny.newnycontracts.com</a> .  |
| <b>12. Description of Services/Supplies</b>   | Provide a brief description of the product type(s) or services, per subcontractor, which are to be purchased using NPS discretionary funds; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.  |
| <b>13. MBE Goal Amount</b>  | Indicate the funding amount allocated for the MBE goal associated with this subcontractor.   |
| <b>14. WBE Goal Amount</b>  | Indicate the funding amount allocated for the WBE goal associated with this subcontractor.   |
| <b>15. Date of Subcontract</b>  | Enter the date of the anticipated purchase, or date the subcontract agreement was signed. Indicate the date or time period of subcontract or suballocation for each listed firm.   |
| <b>16. Discretionary NPS Amount</b>   | This is the portion of the Grantee Discretionary NPS Amount (provided in item number 7) dedicated per subcontractor to meet MWBE goals.  |
| <b>17. Total MWBE Goals</b>   | Calculate the total MWBE goal amounts for columns 13 and 14.<br><b>Note: The MWBE Subcontractor/Supplier Table is an embedded fillable Excel worksheet. Totals will calculate automatically utilizing this feature.</b>  |
| <b>18. Total MWBE Percentages</b>   | Calculate the total MBE and WBE goal amount percentages. This is calculated by dividing the discretionary NPS amount, field 16, by the total MWBE goal amounts, field 17.<br><b>Note: The MWBE Subcontractor/Supplier Table is an embedded fillable Excel worksheet. Percentages will calculate automatically utilizing this feature.</b>  |
| <b>19. MWBE Status and Certification</b>  | Check the appropriate boxes. If a vendor is both Minority and Women owned, both MBE and WBE boxes should be checked. Check NYS Certified only if the vendor is certified by the NYS Empire State Development Corporation. Check Certification Pending if NYS certification is pending action by the NYS Empire State Development Corporation.<br><b>NOTE: If NYS MWBE Certification is pending, a copy of the notice of application receipt issued by the NYS Empire State Development Corporation must accompany this form.</b>   |
| <b>20. Contractor Certification</b>   | The grantee (contractor) must certify their intent to utilize the MWBE subcontractors specified. Certify and date this form in the designated fields.<br><b>Note: This form will not be accepted without a stated goal, certification or date.</b>   |