New York State Division of Criminal Justice Services LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM

IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTO THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUEN	R/SUPPLIER UTILIZATIO	N PROPOSAL FORM (DCIS -	3301) MUST BE	SUBMITTED WI	TH BID OR PRO	POSAL IN ADDITION TO THE INITIAL SUBMIT	TAL OF	
Grantee (Contractor) Information:	TO THE TOTAL OF TH	ET EMOD AND WITH ANT K	EQUESTS FOR BE	DOET MODIFIC	LATION, PROVE	DING DETAIL OF NEW OR REASSESSED GOALS) .	
1. Name: Onieda County Sheriff	Address: 6065 Judd Ro	ad, Oriskany, NY 13424		···	٠			
Contact Person/Title: Renee Beckwith-Manley Office Manager					Telephone Number: 315-765-2312			
2. Contract Number: c484253	Project Number: OI13-1043				3. DUNS Number: 0107840900			
4. Project/RFP Title: Operation Impact X	4,-4,-	5.	Project Location	(Municipality	//County/Regi	on): Oneida County		
6. Contract Amount: 69,800	7.Grantee Discretionary NPS Amount: 0				8. Contract Award Period: 7/1/13 – 6/30/14			
9. Description of Goods/Services/Supplies Provided: N/A			****					
10. MWBE Subcontractor/Supplier Name and Address	11. NYS MWBE Certified Number	12. Description of Services & Supplies	13. MBE Goal Amount	14. WBE Goal Amount	15. Date of	10 44405 6	VERIFIED BY OCIS	
N/A						MBE WBE NYS Certified Certification Pending	<u> </u>	
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16. Discretionary NPS Amount:		17. Total MWBE Goals:	\$0	\$0	0			
	1	8. Total MWBE Percentages:	0%	0%				
NOTE: If NYS MWBE Certification is pending, a copy of the 20. Contractor Certification : Renee Beckwth-Manley		proposes to use the MV			rporation mus	t accompany this form.		
21. x I certify that to the best of my knowledge, the information provided herein is complete and accurate.						ate: 11/7/13		
		FOR DOES USE	ONLY					
MWBE Firms: NYS Certified Certification Pending Unknown	Reviewer Comments:							
DF Contract Manager: Laura Gardinier Review Date: 11/7/13								