

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 (DCJS -3301) 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 DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information:

1. Name: Cattaraugus County Address: 303 Court St. Little Valley, NY 14755

Contact Person/Title: Lon P. Eteman, DA Telephone Number: (716) 938-2220

2. Contract Number: AP13138014 Project Number: AP13-1204-D28 3. DUNS Number: N/A

4. Project/RFP Title: Personnel 5. Project Location (Municipality/County/Region): Cattaraugus County, NY

6. Contract Amount: 29,200 7. Grantee Discretionary NPS Amount: 0 8. Contract Award Period: 4/1/13 - 3/31/14

9. Description of Goods/Services/Supplies Provided: Salary

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 Subcontract	19. MWBE Status and Certification	VERIFIED BY DCJS
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
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						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
16. Discretionary NPS Amount:			17. Total MWBE Goals:				
			\$0		\$0		
18. Total MWBE Percentages:			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.

20. Contractor Certification: [Signature] My firm proposes to use the MWBEs listed above.

21. I certify that to the best of my knowledge, the information provided herein is complete and accurate. Date: 10/11/13

FOR DCJS USE ONLY

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments: _____

OPDF Contract Manager: [Signature] Review Date: 10/11