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-3301 MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT/RENEWAL PERIOD AND WITH ALL APPLICABLE BUDGET MODIFICATION REQUESTS, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information:

1. Name: Chautauqua County	**Address:** 110 East Fourth Street, Jamestown, NY 14701	
Contact Person/Title: Probation Director Linda L. Shields		**Telephone Number:** 716-661-8011
2. Contract Number: C484241	**Project Number:** OI13-1031-DOO	**3. DUNS Number:** 074035726
4. Project/RFP Title: OPERATION IMPACT	**5. Project Location (Municipality/County/Region):** Chautauqua County	
6. Contract Amount: $8,800	**7.Grantee Discretionary NPS Amount:** o	**8. Contract Award Period:** 7/1/13-6/30/14
9. Description of Goods/Services/Supplies Provided:		

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
16. Discretionary NPS Amount:		17. Total MWBE Goals:	$0	$0	
		18. Total MWBE Percentages:	0%	0%	

19. MWBE Status and Certification	VERIFIED BY DCJS
☐ MBE ☐ WBE ☐ NYS Certified ☐ Certification Pending	☐
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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: 10/24/13**

FOR DCJS USE ONLY

MWBE Firms: ☐ NYS Certified ☐ Certification Pending ☐ Unknown

Reviewer Comments:

OPDF Contract Manager: [signature] **Review Date:** 11/13/13