

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 VITAL SUBMITTAL OF THIS FORM, A DCJS-5301 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: Chautauque County Sheriff's Office Address: 15 E. Chautauque St., Mayville, NY 14757-0128 Telephone Number: (716) 753-4945

Contact Person/Title: Capt. Darryl Braley Project Number: 0113-1012-500 3. DUNS Number: 074035726

2. Contract Number: C48421 4. Project/RFP Title: Operation IMPACT X 5. Project Location (Municipality/County/Region): Jamesstown/Chautauque County

6. Contract Amount: \$ 46,900.00 7. Grantee Discretionary MWS Amount: \$ 0 8. Contract Award Period: 7/1/13 - 6/30/14

9. Description of Goods/Services/Supplies Provided: Personnel/Fringe Benefits and DCJS Sponsored Events, Meetings, Trainings

16. Discretionary MWS Amount:		17. Total MWBE Goals:		18. Total MWBE Percentages:		19. MWBE Status and Certification		Verified by DCJS
OK	OK	OK	OK	OK	OK	M/E	M/E	
<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"/>
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NOTE: If MWS MWBE Certification is pending, a copy of the notice of application received issued by the NYS Empire State Development Corporation must accompany this form.

20. Contractor Certification: [Signature] 10/25/13 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.

MWBE Firms: NYS Certified Certification Pending Unknown

OFD/ Contract Manager: [Signature] Review Date: 11/13/13