

**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, 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:

Legal Name: Legal Aid Bureau of Buffalo, Inc. Address: 227 E. Commercial St., Buffalo, NY 14202

Contact Person/Title: Margaret M. Flinn/ Local Administrator Telephone Number: (716) 854-8505, ext. 501

Contract Number: C138106 Project Name: AD13-1006-D00 3. DUNS Number: 088420476

4. Project/RFP Title: Anti-Terrorism 5. Project Location (Municipality/County/Region):

6. Contract Amount: \$73,700 7. Grantee Discretionary NPS Amount: 0 8. Contract Award Period: 4/1/13-3/31/14

9. Description of Goods/Services/Supplies Provided:

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
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification
16. Discretionary NPS Amount:		17. Total MWBE Goals:				
		18. Total MWBE Percentages:				

NOTE: If NYS MWBE Certification is being used, copy of the award of work and the copy of issued certificate to NYS must be submitted with this form.

Contractor Signature/Agreement: Margaret M. Flinn My firm promises to use the MWBEs listed above.

Printed Name: Margaret M. Flinn Date: 9/30/2013

FOR DCJS USE ONLY

MWBE Firms: NYS Certified Certification Pending Unknown Reviewer Comments:

OPDF Contract Manager: Donna Palombo Review Date: 9/30/13