

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: Cheektowaga Town Police Department		Address: 3223 Union Rd, Cheektowaga, NY	
Contact Person/Title: Captain Michael Isbrandt		Telephone Number: 716-686-3545	
2. Contract Number: T464219	Project Number: MV13-1020-E00		3. DUNS Number: 08-033-4121
4. Project/RFP Title: Motor Vehicle Theft and Insurance Fraud Prevention Program		5. Project Location (Municipality/County/Region): Cheektowaga	
6. Contract Amount: \$48,000	7. Grantee Discretionary NPS Amount:	8. Contract Award Period: 01/01/14-12/31/14	
9. Description of Goods/Services/Supplies Provided: Personnel costs for investigating motor vehicle theft and insurance fraud			

16. Discretionary NPS Amount:		17. Total MWBE Goals:	\$0	\$0
18. Total MWBE Percentages:		14%	6%	

19. MWBE Status and Certification		VERIFIED BY DCJS
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	

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: Michael Isbrandt		<input type="checkbox"/> My firm proposes to use the MWBEs listed above.
21. <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the information provided herein is complete and accurate.		Date: 1/23/2014
FOR DCJS USE ONLY		
MWBE Firms: <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown	Reviewer Comments:	
OPDF Contract Representative: Paul Chesley	Review Date: 2/27/14	