

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: The John F. Finn Institute for Public Saf Address: 423 New Kamer Road, Suite 5, Albany, NY 12205

Contact Person/Title: Robert E. Worden / Director Telephone Number: 518-456-6323

2. Contract Number: C484273 Project Number: O113-1063-E00 3. DUNS Number: 807926246

4. Project/RFP Title: Albany Crime Analysis Center 5. Project Location (Municipality/County/Region): Albany County

6. Contract Amount: \$223,095 7. Grantee Discretionary NPS Amount: \$0 8. Contract Award Period: 7/1/2013 - 6/30/2014

9. Description of Goods/Services/Supplies Provided: crime analysis

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 Pending
						<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 Pending
16. Discretionary NPS Amount:		17. Total MWBE Goals:				
			18. Total MWBE Percentages:			

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: Robert E. Worden 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: _____

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments: _____

OPDF Contract Manager: [Signature] Review Date: 10/13/13