

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: City of Syracuse Police Department		Address: 511 South State Street	
Contact Person/Title: Sgt. Phelps		Telephone Number: 315-442-5320	
2. Contract Number: 1464217	Project Number: MV13-103-E00	3. DUNS Number: 1730919350000	
4. Project/RFP Title: MUTIPP		5. Project Location (Municipality/County/Region): Syracuse, NY	
6. Contract Amount: 26,000	7. Grantee Discretionary NPS Amount: 0	8. Contract Award Period: 1/1/14 - 12/31/14	
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
N/A	N/A	N/A	N/A	N/A	N/A	<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: N/A		17. Total MWBE Goals: N/A		18. Total MWBE Percentages: 14% 6%		

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: N/A	<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: 1/23/14
MWBE Firms: <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown	Reviewer Comments:
OPDF Contract Manager: <i>Michelle Gamm</i>	Review Date: 1/28/14