

LOCAL ASSISTANCE MWBE SUBCONTRACTORSUPPLIER 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: Monroe County (Office of Probation) Address: 33 North Fitzhugh Street, Rochester, NY 14614

Contact Person/Title: Eric Leinenbach, Fiscal Coordinator Telephone Number: (585) 753-3229

2. Contract Number: C484246 Project Number: 0113-1037-D-00 3. DUNS Number: 079678249

4. Project/RFP Title: Operation Impact X 5. Project Location (Municipality/County/Region): Monroe County

6. Contract Amount: \$ 140,500.00 7. Grantee Discretionary NPS Amount: 0.00 8. Contract Award Period: 7/1/13 - 6/30/14

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 | | VERIFIED BY DCJS |
|--|-------------------------------|--|---------------------|---------------------|-------------------------|--|--|--------------------------|
| Not Applicable | | | | | | <input type="checkbox"/> MBE | <input type="checkbox"/> WBE | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> NYS Certified | <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> MBE | <input type="checkbox"/> WBE | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> NYS Certified | <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> MBE | <input type="checkbox"/> WBE | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> NYS Certified | <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> MBE | <input type="checkbox"/> WBE | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> NYS Certified | <input type="checkbox"/> Certification Pending | <input type="checkbox"/> |
| 16. Discretionary NPS Amount: | | | | | | | | |
| 17. Total MWBE Goals: | | | \$0 | \$0 | | | | |
| 18. Total MWBE Percentages: | | | 0% | 0% | | | | |

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 : Eric Leinenbach, Fiscal Coordinator 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: October 10, 2013

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments: _____

OPDF Contract Manager: [Signature] Review Date: 10/28/13