

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: Wyoming County District Attorney's Of Address: 147 N Main St., Warsaw, NY

Contact Person/Title: Hon. Donald O'Geen Telephone Number: 585-786-8822

2. Contract Number: T144105 Project Number: AP14-1058-D00 3. DUNS Number: 08-568-3423

4. Project/RFP Title: Aid to Prosecution 5. Project Location (Municipality/County/Region): Wyoming County

6. Contract Amount: \$29,200 7. Grantee Discretionary NPS Amount: \$ 0.00 8. Contract Award Period: 04/01/14-03/31/15

9. Description of Goods/Services/Supplies Provided:

10. MWBE Subcontractor/Supplier Name and Address	11. NYS ESD Vendor ID 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
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
16. Discretionary NPS Amount:			17. Total MWBE Goals:	18. Total MWBE Percentages:			
			\$0	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 :   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: 6-6-14

MWBE Firms:  NYS Certified  Certification Pending  Unknown Reviewer Comments: FOR DCJS USE ONLY

OPDF Contract Representative: Review Date:

**LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN**

**IMPORTANT: A LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN MUST BE SUBMITTED WITH BID OR PROPOSAL. A REVISED DCJS-3300 MUST BE SUBMITTED WITH ALL APPLICABLE BUDGET MODIFICATION REQUESTS. A DCJS-3300 IS REQUIRED FOR ALL APPLICANTS AND EACH SUBCONTRACTOR IDENTIFIED IN THE CONTRACT, BID OR PROPOSAL.**

1. Bidder/Applicant Name: Wyoming County District Attorney's Office

Bidder/Applicant Address: 147 North Main St, Warsaw, NY

5.  Bidder/Applicant  Subcontractor

7. EEO Goal (Applicant or Subcontractor): MBE (Minority) 2.2 % WBE (Women) 46.4 %

Enter the total number of employees for each classification in each of the EEO-Job Categories identified:

EEO-Job Category	8. Total Work Force	9. Work Force by Gender		10. Work Force by Race/Ethnic Identification							11. Work Force by Disabled/Veteran Identification						
		Total Male (M)	Total Female (F)	American Indian or Alaska Native (M) (F)	Asian (M) (F)	Black or African American (M) (F)	Hispanic or Latino (M) (F)	Native Hawaiian or Other Pacific Islander (M) (F)	Two or More Races (M) (F)	White (M) (F)	Disabled (M) (F)	Veteran (M) (F)					
Craft Workers																	
Laborers																	
Office/Clerical																	
Officials/Administrators																	
Professionals	4	2	2											2	2		
Sales Workers																	
Service Workers																	
Technicians																	
Temporary/Apprentices																	
12. Subtotals:	4	2	2											2	2		
13. Totals:	4		4											4			

IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONE RACE/ETHNIC IDENTIFICATION CATEGORY.

14. CERTIFIED BY: *[Signature]* EMAIL ADDRESS: *doegen@wyomingco.net* PHONE: (585) 786-8822

15.  I certify, that to the best of my knowledge, the information provided herein is complete and accurate. DATE: 6-6-14

FOR DCJS USE ONLY  
 MWBE EEO Staffing Plan Approved  MWBE EEO Staffing Plan Denied

OPDF Contract Manager:  Review Date:

Reviewer's Comments:

New York State Division of Criminal Justice Services  
Local Assistance MWBE NPS Discretionary Budget Determination Worksheet

**IMPORTANT: BUDGET ITEMS IDENTIFIED AND APPROVED AS EXCLUSIONS ARE EXCLUDED FOR THIS SOLICITATION OR CONTRACT ONLY. CONTRACTUAL OBLIGATIONS WITH SUBCONTRACTORS/SUPPLIERS MUST BE RENEGOTIATED AFTER AGREEMENT EXPIRATION TO EXPLORE FUTURE MWBE GRANT PARTICIPATION OPPORTUNITIES.**

A. Bidder/Applicant Name: Wyoming County District Attorney's Office  
 B. Solicitation/Contract No.: T144105  
 C. Project ID No.: AP14-1058-D00  
 D. Contract Amount: \$29,200

Budget Summarization

E. Budget Category	F. Grant Funds	G. Exempt Amount	H. Excluded Amount	I. Discretionary Budget*	J. Exemption/Exclusion Category	K. Additional Comments/Justification
Personnel (Exempt):						
1. Cumulative Personnel	\$22,850	\$22,850		\$0	Personnel	
Fringe (Exempt):						
1. Cumulative Fringe Benefits	\$6,350	\$6,350		\$0	Fringe Benefits	
Consultants:						
1.				\$0		
2.				\$0		
3.				\$0		
4.				\$0		
5.				\$0		
Supplies:						
1.				\$0		
2.				\$0		
3.				\$0		
4.				\$0		
5.				\$0		
Travel & Subsistence:						
1.				\$0		
2.				\$0		
3.				\$0		
Rental of Facilities:						
1.				\$0		
2.				\$0		
Alterations:						
1.				\$0		
2.				\$0		
All Other Expenses:						
1.				\$0		
2.				\$0		
3.				\$0		
4.				\$0		
5.				\$0		
Totals:	\$29,200	\$29,200	\$0	\$0		\$29,200

L. Certified By: *[Signature]* I certify that to the best of my knowledge, the information provided herein is complete and accurate.

M. Date: 6-6-14 N. Phone No.: (855) 786-8822 O. E-mail Address: dgreen@wyomingco.net

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OPDF Contract Manager: Reviewer Comments: Approved  Denied  Additional Information Requested

NOTE: THE TOTAL OF COLUMN I SHOULD BE TRANSFERRED TO FIELD 7 AND IS ON THE DCJS-9309 LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM.