

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 15-3301 MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT/RENEWAL PERIOD AND WITH ALL APPLICABLE BUDGET MODIFICATION REQUESTS, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Name: **EAC, Inc.** Address: **50 Clinton St., Suite 107 Hempstead, NY 11550**

Contact Person/Title: **Rebecca Bell, Chief Operating Officer** Telephone Number: **(516) 539-0150, ext. 122**

Contract Number: **CS23789** Project Number: **A13-1019-600** 3. DUNS Number: **107039323**

Project/RFP Title: **Family Court TASC** 5. Project Location (Municipality/County/Region): **Nassau and Suffolk Counties**

Contract Amount: **\$36,000** 7. Grantee Discretionary NPS Amount: **\$0.** 8. Contract Award Period: **10/1/13-9/30/14**

Description of Goods/Services/Supplies Provided: **Alternative to Incarceration Program**

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"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
16. Discretionary NPS Amount: 0			17. Total MWBE Goals: 0%		18. Total MWBE Percentages: 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.

Contractor Certification: **Rebecca Bell** My firm proposes to use the MWBEs listed above.

I certify that to the best of my knowledge, the information provided herein is complete and accurate. Date: **November 15, 2013**

FOR DCJS USE ONLY

WBE Firms: Certification Pending Unknown

Reviewer Comments:

DF Contract Manager: **CEL Keen AS STACK** Review Date: **12/9/13**