

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: Rockland County

1. Name: Rockland County Probation Dept. Address: 11 New Hempstead Road, New City, NY 10956

Contact Person/Title: Kathleen Tower-Bernstein/Director Telephone Number: 845-638-5544

2. Contract Number: C484269 Project Number: OI13-1052-D00 3. DUNS Number: 075437848

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

6. Contract Amount: \$10,500 7. Grantee Discretionary NPS Amount: 0 8. Contract Award Period: 7/1/13-6/30/14

9. Description of Goods/Services/Supplies Provided: Overtime

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
						<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:		\$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 : Rockland County My firm proposes to use the MWBEs listed above.

21. x I certify that to the best of my knowledge, the information provided herein is complete and accurate. Date: September 27, 2013

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments: _____

OPDF Contract Manager: *Michelle G...* Review Date: 10/11/13