

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 Yonkers Police Department Address: 104 South Broadway, Yonkers, NY 10701

Contact Person/Title: P.O. Roberta West Telephone Number: 914-377-7352

2. Contract Number: C484256 Project Number: OI13484256 3. DUNS Number: 072722903

4. Project/RFP Title: Operation IMPACT 5. Project Location (Municipality/County/Region): Yonkers/Westchester County

6. Contract Amount: 410,000.00 7. Grantee Discretionary NPS Amount: none 8. Contract Award Period: 07/01/2013-06/30/2014

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
						<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: P.O. Roberta West 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:

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments:

OPDF Contract Manager: *Maria Gamm* Review Date: 10/24/13