

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, 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: BRONX DISTRICT ATTORNEY'S OFFICE		Address: 198 EAST 161 STREET, BRONX , NY 10451	
Contact Person/Title: SUSAN SADD, DIRECTOR, PLANNING & ANALYSIS			Telephone Number: (718) 838-7302
2. Contract Number: AP13138012	Project Number: AP13-1002-D00		3. DUNS Number: 153993399
4. Project/RFP Title: AID TO PROSECUTION		5. Project Location (Municipality/County/Region): Bronx	
6. Contract Amount: \$ 2,026,300	7. Grantee Discretionary NPS Amount: -0-		8. Contract Award Period: 4/1/13 - 3/31/14
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
N/A						<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"/>
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						<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:					

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 Signature/Agreement:		<input type="checkbox"/> My firm proposes to use the MWBEs listed above.
Printed Name: Lisa Payne Wansley		Date: 6/17/13

FOR DCJS USE ONLY

MWBE Firms: <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown	Reviewer Comments:  
OPDF Contract Manager:	Review Date: 8/28/13