

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, 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: Center for Alternative Sentencing & Employment Services
 346 Broadway, 3rd Floor West, New York, NY 10013

Contact Person/Title: Rebecca Asbury, CFO
 Telephone Number: 212-553-69305

2. Contract Number: CS23738
 Project Number: A113-1020-E00
 3. DUNS Number: 071045413

4. Project/RFP Title: Youth Mental Health & Substance Abuse Services
 5. Project Location (Municipality/County/Region): New York County

6. Contract Amount: \$494,400
 7. Grantee Discretionary NPS Amount: \$8,566
 8. Contract Award Period: 10/1/13-9/30/2014

9. Description of Goods/Services/Supplies Provided: Office/Program Supplies

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
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