

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:

1. Name: Center for Alternative Sentencing & Em Address: 346 Broadway, 3rd Floor West, New York, NY 10013 Telephone Number: (212) 553-6301

Contact Person/Title: Mr. Joel Copperman, President

2. Contract Number: C523761 Project Number: DE13-1004-D00 3. DUNS Number: 071045413

4. Project/RFP Title: ATI Bridge Funding - CASES Supported Employment Program 5. Project Location (Municipality/County/Region): New York County

6. Contract Amount: \$60,200.00 7. Grantee Discretionary NPS Amount: \$456 8. Contract Award Period: 5/1/2013 - 12/31/2013

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

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
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