

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: Address:

Contact Person/Title: Telephone Number:

2. Contract Number: Project Number: 3. DUNS Number:

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

6. Contract Amount: 7. Grantee Discretionary NPS Amount: 8. Contract Award Period:

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"/>
N/A	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification	<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	<input type="checkbox"/>
16. Discretionary NPS Amount:		\$0	17. Total MWBE Goals:		N/A	N/A	
			18. Total MWBE Percentages:		N/A	N/A	

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: My firm proposes to use the MWBEs listed above.

Printed Name: Date:

FOR DCJS USE ONLY

MWBE Firms: NYS Certified Certification Pending Unknown Reviewer Comments:

OPDF Contract Manager: Review Date: