

New York State Division of Criminal Justice Services
LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM

IMPORTANT: LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM (DCJS-3301) MUST BE SUBMITTED WITH BID OR PROPOSAL IN ADDITION TO THE BIDDING DOCUMENTS FOR THIS WORK. IT MUST BE SUBMITTED TO THE LOCAL ASSISTANCE SUBJECT CONTRACT/RENEWAL PERIOD AND WITH ANY REQUESTS FOR BUDGET MODIFICATION, PROVIDING DETAILED OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information:

1. Name: **Broome County District Attorney's Office** Address: **P.O. Box 1766, 45 Hawley St., Binghamton, NY 13902** Telephone Number: **607-778-2423**

Contact Person/Title: **Gerald F. Mollen, Broome County District Attorney**

2. Contract Number: **C484238** Project Number: **0113-1028-D00** 3. DUNS Number: **969103154**

4. Project/RFP Title: **Operation Impact X** 5. Project Location (Municipality/County/Region): **Broome County**

6. Contract Amount: **\$128,400.00** 7. Grantee Discretionary NPS Amount: **0** 8. Contract Award Period: **July 1, 2013-June 30, 2014**

9. Description of Goods/Services/Supplies Provided: **Prosecution Services**

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	
N/A						<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
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification
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 Certification: *[Signature]* 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: **September 23, 2013**

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments: *[Blank]*

OPDF Contract Manager: *[Signature]* Review Date: **10/2/13**