

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: Tompkins County District Attorney		Address: 320 N. Tioga Street, Ithaca, NY 14850	
Contact Person/Title: District Attorney Gwen Wilkinson			Telephone Number: 607 274-5461
2. Contract Number: T138064		Project Number: AP13-1054-D00	
4. Project/RFP Title: Aid to Prosecution grant		3. DUNS Number:	
		5. Project Location (Municipality/County/Region): Tompkins County	
6. Contract Amount: \$29,200.00		7. Grantee Discretionary NPS Amount: 0	
		8. Contract Award Period: 4/1/13 - 3/31/14	
9. Description of Goods/Services/Supplies Provided: Grant funds the salary for an Assistant District Attorney to prosecute serious, violent and repeat offenders.			

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
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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16. Discretionary NPS Amount:		17. Total MWBE Goals:		\$0	\$0		
			18. Total MWBE Percentages:		0%	0%	

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: N/A 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: 10/15/2013

FOR DCJS USE ONLY

MWBE Firms: <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown	Reviewer Comments: _____
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OPDF Contract Manager: Kati Nastasi Review Date: 10/16/13