

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 (DCJS-3301) 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.

1. Name: Chautauqua County

Address: 3 North Erie Street, Mayville, NY 14757

Contact Person/Title: District Attorney David W. Foley

Telephone Number: 716-753-4241

2. Contract Number: C484241

Project Number: 0113-1031-000

3. DUNS Number: 074035726

4. Project/RFP Title: OPERATION IMPACT

Mayville, Chautauqua County

6. Contract Amount: \$88,000

7. Grantee Discretionary NPS Amount: 0

8. Contract Award Period: 7/1/13-6/30/14

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

[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:

8/30/13

FOR DCJS USE ONLY

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments:

OPDE Contract Manager:

[Signature]

Review Date:

11/13/13