

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

NOTE: THIS FORM MUST BE SUBMITTED WITH BID OR PROPOSAL IN ADDITION TO THE INITIAL SUBMITTAL OF THE CONTRACT. IT MUST BE SUBMITTED WITH THE ORIGINAL CONTRACT/RENEWAL PERIOD AND WITH ANY REQUESTS FOR BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information:

1. Name: Niagara County District Attorney's Office Address: 175 Hawley St. Lockport, NY 14094

Contact Person/Title: Dona L. Chase, Administrative Assistant Telephone Number: 716-439-7088

2. Contract Number: N/A Project Number: MV13-1016-E00 3. DUNS Number: 067523886

4. Project/RFP Title: Operation IMPACT X 5. Project Location (Municipality/County/Region): Niagara County

6. Contract Amount: \$152,016 7. Grantee Discretionary NPS Amount: 0 8. Contract Award Period: 1/1/14-12/31/14

9. Description of Goods/Services/Supplies Provided: Criminal Prosecution and Training Law Enforcement

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
						<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 Pending
						<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:		<u>14%</u>	<u>6%</u>	
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: Dona L. Chase, Administrative Assistant 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: 10/24/13

MWBE Firms: NYS Certified Certification Pending Unknown

Reviewer Comments: _____

OPDF Contract Manager: [Signature] Review Date: _____