

LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

IMPORTANT: A LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN MUST BE SUBMITTED WITH BID OR PROPOSAL. A REVISED DCJS-3300 MUST BE SUBMITTED WITH ALL APPLICABLE BUDGET MODIFICATION REQUESTS. A DCJS-3300 IS REQUIRED FOR ALL APPLICANTS AND EACH SUBCONTRACTOR IDENTIFIED IN THE CONTRACT, BID OR PROPOSAL.

1. Bidder/Applicant Name:	Westchester County District Attorneys Office	2. Solicitation/Contract Number:	C144104	3. DUNS Number:	180647513
Bidder/Applicant Address:	111 Dr Martin Luther King Jr Blvd, White Plains, NY				
4. Report Includes Contractor's/Subcontractor's:	<input checked="" type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force				

5. <input checked="" type="checkbox"/> Bidder/Applicant	<input type="checkbox"/> Subcontractor
6. Subcontractor's name:	N/A
7. EEO Goal (Applicant or Subcontractor):	MBE (Minority) <input type="checkbox"/> 41.6 % WBE (Women) <input type="checkbox"/> 47.4 %

Enter the total number of employees for each classification in each of the EEO-Job Categories identified:

EEO-Job Category	8. Total Work Force	9. Work Force by Gender		10. Work Force by Race/Ethnic Identification							11. Work Force by Disabled/Veteran Identification			
		Total Male (M)	Total Female (F)	American Indian or Alaska Native (M) (F)	Asian (M) (F)	Black or African American (M) (F)	Hispanic or Latino (M) (F)	Native Hawaiian or Other Pacific Islander (M) (F)	Two or More Races (M) (F)	White (M) (F)	Disabled (M) (F)	Veteran (M) (F)		
Craft Workers														
Laborers														
Office/Clerical		2	2									2		
Officials/Administrators														
Professionals		16	10					3		1		6	6	
Sales Workers														
Service Workers														
Technicians														
Temporary/Apprentices														
12. Subtotals:														
13. Totals:		18	12			3		1				6	9	

IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONE RACE/ETHNIC IDENTIFICATION CATEGORY.

14. CERTIFIED BY: Patricia Kaley	EMAIL ADDRESS: paka@westchester.gov.com
PHONE: 914-995-3416	

15. I certify, that to the best of my knowledge, the information provided herein is complete and accurate. **DATE:** May 29, 2014

FOR DCJS USE ONLY

MWBE EEO Staffing Plan Approved MWBE EEO Staffing Plan Denied

OPDF Contract Manager:	Review Date:
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Reviewer's Comments:	
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DCJS 3300 – LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN
Instructions for Completion

1. Bidder/Applicant Name and Address	Provide the grantee bidder/applicant name and address.
2. Solicitation/Contract Number	Input the DCJS solicitation or contract number of the award being supported by this RFP or funding appropriation.
3. DUNS Number	Provide the grantee DUNS Number (a nine digit number assigned via Dun and Bradstreet's Data Universal Numbering System).
4. Report of Contractor/Subcontractors Work Force Utilization	Indicate if the work force utilization reported on this form pertains to a contractor/subcontractor's total workforce or solely for the workforce to be utilized on this program or award.
5. Bidder/Applicant or Subcontractor	Indicate if this MWBE EEO Staffing Plan is for the bidder/applicant or a subcontractor.
6. Subcontractor's Name	Supply the name of the subcontractor reporting workforce utilization on this document.
7. EEO Goal	Report the applicant/bidder's or subcontractor's EEO MBE and EEO WBE goal percentages.
8. EEO Job Category	Enter the total work force by EEO job category.
9. Work Force by Gender	Break down the anticipated total work force by gender.
10. Work Force by Race/Ethnic Identification	Break down the anticipated total work force by race/ethnic identification. Note: Please refer to the race/ethnic identifiers detailed below, only identifying employees by one category.
11. Work Force by Disabled/Veteran Identification	Enter information for disabled individuals or veterans, included in the anticipated work force, under the appropriate headings.
12. Subtotals	Calculate the subtotals for each column. Note: The EEO Job Category Table is an embedded fillable Excel worksheet. Subtotals will calculate automatically utilizing this feature.
13. Totals	Calculate and enter the totals for 8, 9, 10, and 11. Total work force, work force by gender, and work force by race/ethnic identification totals should be equal. Note: The EEO Job Category Table is an embedded fillable Excel worksheet. Totals will calculate automatically utilizing this feature.
14. Certified By	Enter the name, title, email address, and phone number for the person completing the form. Certify and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION:

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

AMERICAN INDIAN OR ALASKA NATIVE - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

BLACK OR AFRICAN AMERICAN - A person having origins in any of the black racial groups of the original peoples of Africa.

HISPANIC OR LATINO - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

TWO OR MORE RACES (Not Hispanic or Latino) - All persons who identify with more than one of the identified races, excluding Hispanic or Latino.

WHITE (Not Hispanic or Latino) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DISABLED/VETERAN IDENTIFICATION:

DISABLED INDIVIDUAL - Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such an impairment.

VIETNAM ERA VETERAN - A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

DCJS 3301 – LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM
Instructions for Completion

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 DETAILS OF NEW OR REASSESSED GOALS.

1. Name and Address	Provide the grantee (contractor) name and address, and include the name, title and telephone number of the contact person responsible for answering questions related to the MWBE information submitted on this form.
2. Contract and Project Number	Input the DCJS contract and project numbers of the award being supported by this RFP or funding appropriation.
3. DUNS Number	Provide the grantee DUNS Number (a nine digit number assigned via Dun and Bradstreet's Data Universal Numbering System).
4. Project/RFP Title	Provide the name of the project being supported by this RFP or contracted funding appropriation.
5. Project Location	Enter the name of the municipality, county, and/or region in which the majority of contractual activity will occur.
6. Contract Amount	Supply the total dollar amount awarded during the current contract period.
7. Grantee Discretionary NPS Amount	This is defined as the Non-Personal Service line in the contract budget, minus any item for which there is no opportunity to procure services/supplies with a NYS Certified MWBE (this may be due to a contractor's lack of discretion in the choice of supplier/vendor, or due to the lack of availability of NYS Certified MWBE's to provide the requisite services/supplies). If there are no identifiable NPS discretionary funds, this amount may be listed as \$0; however, the contractor must submit a Local Assistance MWBE Discretionary Budget Determination Worksheet delineating their expenditures. Upon request, a separate more detailed written justification may also be required. Note: Appropriate MWBE suppliers/contractors may be identified by searching the MWBE directory located at: https://ny.newmycontracts.com.
8. Contract Award Period	Enter the current contract time period of the funded award.
9. Description of Discretionary NPS Goods, Services, and/or Supplies to be Provided/ Purchased	Provide a brief description of the product type(s) or services, which are to be purchased using NPS discretionary funds; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.
10. List of MWBE Subcontractors/Suppliers	List the firm name and address of the NYS Certified MWBE subcontractor/supplier funded from NPS discretionary funds to provide the contracted requisite services and/or commodities. Note: Certified MWBE suppliers and contractors may be located by searching the MWBE directory at: https://ny.newmycontracts.com.
11. NYS ESD Vendor ID Number	Provide the eight digit NYS ESD Vendor ID Number. Subcontractors/suppliers can access this information via their NYS ESD MWBE account at: https://ny.newmycontracts.com .
12. Description of Services/Supplies	Provide a brief description of the product type(s) or services, per subcontractor, which are to be purchased using NPS discretionary funds; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.
13. MBE Goal Amount	Indicate the funding amount allocated for the MBE goal associated with this subcontractor.
14. WBE Goal Amount	Indicate the funding amount allocated for the WBE goal associated with this subcontractor.
15. Date of Subcontract	Enter the date of the anticipated purchase, or date the subcontract agreement was signed. Indicate the date or time period of subcontract or suballocation for each listed firm.
16. Discretionary NPS Amount	This is the portion of the Grantee Discretionary NPS Amount (provided in item number 7) dedicated per subcontractor to meet MWBE goals.
17. Total MWBE Goals	Calculate the total MWBE goal amounts for columns 13 and 14. Note: The MWBE Subcontractor/Supplier Table is an embedded fillable Excel worksheet. Totals will calculate automatically utilizing this feature.
18. Total MWBE Percentages	Calculate the total MBE and WBE goal amount percentages. This is calculated by dividing the discretionary NPS amount, field 16, by the total MWBE goal amounts, field 17. Note: The MWBE Subcontractor/Supplier Table is an embedded fillable Excel worksheet. Percentages will calculate automatically utilizing this feature.
19. MWBE Status and Certification	Check the appropriate boxes. If a vendor is both Minority and Women owned, both MBE and WBE boxes should be checked. Check NYS Certified only if the vendor is certified by the NYS Empire State Development Corporation. Check Certification Pending if NYS certification is pending action by the NYS Empire State Development Corporation. 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	The grantee (contractor) must certify their intent to utilize the MWBE subcontractors specified. Certify and date this form in the designated fields. Note: This form will not be accepted without a stated goal, certification or date.

New York State Division of Criminal Justice Services
Local Assistance MWBE NPS Discretionary Budget Determination Worksheet

IMPORTANT: BUDGET ITEMS IDENTIFIED AND APPROVED AS EXCLUSIONS ARE EXCLUDED FOR THIS SOLICITATION OR CONTRACT ONLY. CONTRACTUAL OBLIGATIONS WITH SUBCONTRACTORS/SUPPLIERS MUST BE REINGOTTATED AFTER AGREEMENT EXPIRATION TO EXPLORE FUTURE MWBE GRANT PARTICIPATION OPPORTUNITIES.						
A. Bidder/Applicant Name	Westchester County District Attorney's Office		C. Project ID No.		AP14-1057-D00	
B. Solicitation/Contract No.	C144104		D. Contract Amount		\$666,900	
Budget Summarization						
E. Budget Category	F. Grant Funds	G. Exempt Amount	H. Excluded Amount	I. Discretionary Budget*	J. Exemption/ Exclusion Category	K. Additional Comments/Justification
Personnel (Exempt):						
1. Cumulative Personnel	\$666,900	\$666,900			Personnel	
Fringe (Exempt):						
1. Cumulative Fringe Benefits		\$0			Fringe Benefits	
Consultants:						
1.						\$0
2.						\$0
3.						\$0
Equipment:						
1.						\$0
2.						\$0
3.						\$0
4.						\$0
5.						\$0
Supplies:						
1.						\$0
2.						\$0
3.						\$0
4.						\$0
5.						\$0
Travel & Subsistence:						
1.						\$0
2.						\$0
3.						\$0
Rental of Facilities:						
1.						\$0
2.						\$0
Alterations:						
1.						\$0
2.						\$0
All Other Expenses:						
1.						\$0
2.						\$0
3.						\$0
4.						\$0
5.						\$0
Totals:	\$666,900	\$666,900	\$0	\$0		\$666,900
Certification						
L. Certified By	Patricia A. Kaley	I certify that to the best of my knowledge, the information provided herein is complete and accurate.				<input checked="" type="checkbox"/>
M. Date	May 29, 2014	N. Phone No.	914-995-3416	O. E-mail Address	pakala@westchester.gov.com	
FOR DCJS USE ONLY						
OPDF Contract Manager:		Reviewer Comments:		Review Date:		
Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Additional Information Requested <input type="checkbox"/>						
*NOTE: THE TOTAL OF COLUMN I SHOULD BE TRANSFERRED TO FIELDS 7 AND 16 ON THE DCJS-3301 LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM.						