

**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, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT/RENEWAL PERIOD AND WITH ANY REQUESTS FOR BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.**

**Grantee (Contractor) Information:**

1. Name: BRONX DISTRICT ATTORNEY'S OFFICE Address: 198 EAST 161 STREET, BRONX, NY 10451

Contact Person/Title: SUSAN SADD, DIRECTOR, PLANNING & ANALYSIS Telephone Number: (718) 838-7302

2. Contract Number: C444003 Project Number: SA13-1004-D00 3. DUNS Number: 153993399

4. Project/RFP Title: Offender Notification Forums Program 5. Project Location (Municipality/County/Region): Bronx

6. Contract Amount: \$ 89,240 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
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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						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
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 Signature/Agreement: *Lisa Payne Wansley*  My firm proposes to use the MWBEs listed above.  
 Printed Name: Lisa Payne Wansley Date:

**FOR DCJS USE ONLY**

MWBE Firms:  NYS Certified  Certification Pending  Unknown Reviewer Comments:

OPDF Contract Manager: *Muel Sun* Review Date: 8/7/13