

LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM

Grantee (Contractor) Information:

1. Name: OHEL CHILDREN'S HOME AND FAMILY SERVICES Address: 4510 16TH AVENUE, BROOKLYN, NY 11204 Telephone Number: 718-851-6300

Contact Person/Title: ADAM LANCER, GENERAL COUNSEL Project Number: 1G13139894 3. DUNS Number: 068274034

2. Contract Number: 1139894 4. Project/RFI Title: Drug Prevention - Trauma Services 5. Project Location (Municipality/County/Region): Kings County, New York

6. Contract Amount: \$50,000.00 7. Grantee Discretionary NPS Amount: 0 8. Contract Award Period: 10/1/13 - 6/30/14

9. Description of Goods/Services/Supplies Provided: Training and counseling services. There are no subcontractors/suppliers utilized under this contract.

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		
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	<input type="checkbox"/>
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	<input type="checkbox"/>
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: Alan Lancer 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: 10/1/13

MWBE Firms: NYS Certified Certification Pending Unknown Reviewer Comments:

OPDF Contract Manager: Diana Palumbo Review Date: 10/8/13