

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.

Grantee (Contractor) Information:

1. Name:	DAY ONE NEW YORK, INC.	Address:	P.O. BOX 1507, CANAL ST. STATION, NEW YORK, NY 10013
Contact Person/Title:	STEPHANIE NILVA	Telephone Number:	212 566 8120
2. Contract Number:	T139786	Project Number:	LG13-1071-D00
		3. DUNS Number:	078649229
4. Project/RFP Title:	CRIMINAL JUSTICE SERVICES - DOMESTIC VIOLENCE PROGRAM	5. Project Location (Municipality/County/Region):	NEW YORK CITY
6. Contract Amount:	33,567	7. Grantee Discretionary NPS Amount:	\$0
		8. Contract Award Period:	OCTOBER 1, 2013-SEPTEMBER 30, 2014
9. Description of Goods/Services/Supplies Provided:	N/A		

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"/> 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 Certification : <input type="text" value="STEPHANIE NILVA"/>	<input type="checkbox"/> My firm proposes to use the MWBEs listed above.
21. <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the information provided herein is complete and accurate.	Date: <input type="text" value="8/12/13"/>
FOR DCJS USE ONLY	
MWBE Firms: <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown	Reviewer Comments:
OPDF Contract Manager: Colleen Farnan	Dated: August 20, 2013