

**New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM**

IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO REIMBURSEMENT OF THIS GRANT. IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT RENEWAL PERIOD AND WITH ANY REQUEST FOR A BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information

1. Name:		2. Address:		
3. Contact Person / Title:		4. Telephone Number:		5. Email Address:
6. Contract Number:		7. Project Number:		8. Federal ID Number:
9. NYS SFS Number:		10. Project Title:		
11. Project Location (Municipality/County/Region):			12. Grant (Contract) Amount:	
Reason for exemption (select all that apply):		12a. Exempt Amount:		13. Grantee Discretionary NPS Amount:
Sole Source Single Source NYS OGS Contract Waiver Request				14. Contract Award Period: Through
15. Description of Goods/Services/Supplies to be Purchased:				

The left portion of this section (fields 16-21) is a fillable worksheet. Fields 22 - 24 will automatically calculate.

16. MWBE Subcontractor/Supplier Name and Address	17. NYS MWBE Certification Number	18. Description of Services or Supplies Provided	19. MBE Dollar Amount	20. WBE Dollar Amount	21. Date of Subcontract	25. MWBE Status and Certification	VERIFIED BY DHSES
						MBE WBE	
						NYS Certified Certification Pending	
						MBE WBE	
						NYS Certified Certification Pending	
						MBE WBE	
						NYS Certified Certification Pending	
						MBE WBE	
						NYS Certified Certification Pending	
22. Discretionary NPS Amount (from box 13):		23. MWBE Utilization Amounts:					
24. MWBE Utilization Percentages:			%	%			

NOTE: If a vendor's NYS MWBE Certification is pending, a copy of the notice of receipt of application issued by the NYS Empire State Development Corporation must accompany this form.

26. Grantee (Contractor) Signature/Agreement:		My agency proposes to use the MWBEs listed above.
Print Name:		Date:
FOR DHSES USE ONLY		
MWBE Firms:		Reviewer Comments:
<input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/> Unknown		
GPA Minority Business Officer:		Review Date:

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Instructions for Completion

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1 – 5: Name, Address and Contact Information	Provide the grantee name and address. Provide the name, title, telephone number and email address of the contact person who will be responsible for answering questions related to the MWBE information submitted on this form.
6 and 7: Contract and Project Number	Input the DHSES contract and project numbers of the award being supported by this grant.
8. Federal ID Number	Provide the grantee's Federal ID Number.
9. Grantee NYS SFS Number	Provide the Grantee's NYS SFS number.
10. Project Title	Provide the name of the project being supported by this award.
11. Project Location	Enter the name of the municipality, county, and/or region in which the majority of contractual activity will occur.
12. Contract Amount	Supply the total dollar amount awarded during the current contract period.
12a. Exempt Amount	Enter the total dollar amount to be exempted from the stated NYS MWBE goals. Indicate the exemption type; NYS OGS Contract, Sole Source, Single Source or Waiver Request. Provide a justification on your agency's letterhead and attach any supporting documentation. Grantees seeking a waiver must complete and submit a NYS DHSES MWBE Waiver Request Form.
13. 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 provide a written justification as to why there is no Discretionary NPS budget. Note: Appropriate MWBE suppliers/contractors may be identified by searching the MWBE directory located at: https://ny.newnycontracts.com.
14. Contract Award Period	Enter the current contract time period of the funded award.
15. Description of Goods, Services and/or Supplies to be Purchased with Discretionary NPS funds	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. Note: If you will be conducting an RFP, indicate here. RFPs will be subject to the 20% goal. If the goal is not met, a waiver will be required
16. List of MWBE Subcontractors/Suppliers	List the names and addresses of all NYS Certified MWBE subcontractors/suppliers which will be utilized to provide any services and/or commodities paid for with funds from this grant/award. Note: Certified MWBE suppliers and contractors may be located by searching the MWBE directory at: https://ny.newnycontracts.com.
17. NYS MWBE Certified Number	Provide the NYS MWBE number assigned during the NYS Empire State Development Corporation MWBE certification process. Note: The MBE/WBE vendors must provide their NYS MWBE Certification Number.
18. Description of Services/Supplies	Provide a brief description of the product type(s) or services, per subcontractor, which will be purchased using NPS discretionary funds; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.
19. MBE Goal Amount	Indicate the funding amount allocated for the MBE goal associated with this subcontractor.
20. WBE Goal Amount	Indicate the funding amount allocated for the WBE goal associated with this subcontractor.
21. 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.
22. Discretionary NPS Amount	This is the portion of the Grantee's award amount (provided in item number 13) against which MWBE utilization totals will be calculated.
23. Total MWBE Goals	Calculate the total MWBE utilization amounts for columns 19 and 20. Note: The MWBE Subcontractor/Supplier Table is an embedded fillable worksheet. Totals will calculate automatically utilizing this feature.
24. Total MWBE Percentages	Calculate the total MBE and WBE utilization amount percentages. This is calculated by dividing the discretionary NPS amount, field 22, by the total MWBE goal amounts, field 23. Note: The MWBE Subcontractor/Supplier Table is an embedded fillable worksheet. Percentages will calculate automatically utilizing this feature.
25. 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.
26. Grantee (Contractor) Agreement and Signature	The grantee (contractor) must certify that the information contained on the form is accurate and the grantee's intent, if applicable, to utilize the MWBE subcontractors listed. The grantee (contractor) must sign and date this form. Note: This form will not be accepted without a stated goal, grantee signature or date.