Rev. 4/2023

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 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. DHSES Contract Number:	7. Grant Program/Year:	8. Federal ID No.:	9. NYS SFS No.:
10. Project Location (Municipality/County/Region):		11. Contract Period:	Through
12. Description of Goods/Services/Supplies to be Purchased:			
13. Grant (Contract) Amount:	13a. Exempt Amount:	13b. Grantee Discretionary NPS Amount:	$0.00

14. Reason for Exemption (select all that apply): ☐ Personnel Costs ☐ Noncompetitive Procurement(see below) ☐ NYS OGS Contract (see below) ☐ Waiver Approved ☐ Other (Please Describe) _____

Noncompetitive Procurement- Provide name(s) of approved Vendor: _____

NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number: _____

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
						☐ MBE ☐ WBE ☐ NYS Certified	
						☐ MBE ☐ WBE ☐ NYS Certified	
						☐ MBE ☐ WBE ☐ NYS Certified	
22. Discretionary NPS Amount(Box 13b):	$0.00	23. MWBE Utilization Amounts:	$0.00	$0.00			
		24. MWBE Utilization Percentage:	0.00%	0.00%			

25. Grantee (Contractor) Signature/Agreement: ☐ My agency is utilizing the MWBEs listed above

Print Name: Date:

FOR DHSES USE ONLY

MWBE Firms: NYS Certified ☐ Reviewer Comments:

GPA Minority Business Officer: Review Date:

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

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 ANY REQUEST FOR A BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

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. Contract Number	Provide the DHSES contract number of the award being supported by this grant.
7. Grant Program/Year	Provide the name of the Grant Program and Year of Funding supported by this award
8. Federal ID Number	Provide the grantee's Federal Tax ID Number
9. NYS SFS Number	Provide the grantee's NYS SFS Number
10. Project Location	Enter the name of the municipality, county and/or region in which the majority of the contractual activity will occur
11. Contract Award Period	Enter the current contract period of the funded award
12. Description of Goods/Services to be purchased:	Provide a brief description of the project type(s) or services, which are to be purchased using NPS discretionary funds; for example, computer/office equipment, supplies, trainers, IT consulting services, vehicle maintenance, etc.
13. Grant (Contract) Amount	Enter the total dollar amount awarded for this grant(contract).
13a. Exempt Amount	Enter the total dollar amount to be exempted from the stated NYS MWBE goals. Refer to Item 14 below for additional guidance on exemptions.
13b. Grantee Discretionary NPS Amount	This is defined as the Non-Personal Service line in the contract budget, minus any item(s) for which there is no opportunity to procure services/supplies with a NYS Certified MWBE. **Note: NYS Certified MWBE suppliers/contractors can be identified by searching the MWBE directory located at https://ny.newcontracts.com.**
14. Reason for Exemption: (Check all that apply)	Personnel Costs - Monetary compensation for personal services, including fringe benefits
	Noncompetitive Procurement - Prior DHSES approval is required. Please include the name of the approved noncompetitive procurement vendor in the box below
	NYS OGS Contract - A procurement from a subcontractor/supplier that is listed on a current NYS OGS Contract. Please include the name of the vendor and NYS contract number in the box below.
	Waiver Approved - Have received an approved MWBE waiver from Empire State Development.
	Other - Items such as rent, postage or mileage where there is no opportunity to purchase from another vendor.
15. 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: http://www.esd.ny.gov/MWBE.html
16. NYS MWBE Certification 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.
17. Description of Services/Supplies	Provide a brief description of the project type or services which will be purchased using NPS discretionary funds; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.
18 - 19. MBE and WBE Dollar Amount	Indicate the funding amount allocated for the MBE or WBE goal associated with this contractor.
20. Date of Subcontract	Enter the date of the anticipated purchase, or the date the subcontract agreement was signed. Indicate the date or time period of subcontract or suballocation for each listed firm.
21. MWBE Status and Certification	Check the appropriate boxes. If a vendor is both a 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.
22. Discretionary NPS Amount	This is the amount against which MWBE Utilization totals will be calculated. **Note: Total will calculate automatically.**
23. MWBE Utilization Amounts	Calculates the total MWBE utilization dollar amounts for columns 18 and 19. **Note: Total will calculate automatically.**
24. MWBE Utilization Percentage:	The total MBE and WBE utilization percentages. **Note: Total will calculate automatically.**
25. 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 signature.