**STATE OF NEW JERSEY**
**DEPARTMENT OF THE TREASURY**
**DIVISION OF PURCHASE AND PROPERTY**

**33 WEST STATE STREET, P.O. BOX 230**
**TRENTON, NEW JERSEY 08625-0230**

# BIDDER DATA SHEET

**BID SOLICITATION #:** 25DPP01082 **VENDOR/BIDDER:** _____

**THIS FORM WILL BE USED IN ASSESSING A VENDOR'S/BIDDERS'S QUALIFICATIONS AND CAPABILITY TO PERFORM THE CONTRACT SCOPE OF WORK.**

## PART I - CONTRACTS OF SIMILAR SIZE AND SCOPE

List prior contracts performed by the Vendor/Bidder. Emphasis should be placed on contracts that are similar in size and scope to the work required by this Bid Solicitation as evidence of the Vendor's/Bidder's ability to successfully complete the scope of work required by this Bid Solicitation. If the Vendor/Bidder has not had any prior contracts enter "None" below.

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| **Contracting Agency / Entity:** | | | |
| **Contract/Project Name:** | | | |
| **Contract Number:** | | | |
| **Contract Term:** | | | |
| **Summary of Contract Scope of Work:** | | | |
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| **Contact Name:** | | | |
| **Contact Phone No.:** | | **Contact Email:** | |

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| **Contracting Agency / Entity:** | | | |
| **Contract/Project Name:** | | | |
| **Contract Number:** | | | |
| **Contract Term:** | | | |
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| **Contract Number:** | | | |
| **Contract Term:** | | | |
| **Summary of Contract Scope of Work:** | | | |
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| **Contact Name:** | | | |
| **Contact Phone No.:** | | **Contact Email:** | |

***Attach additional sheets if necessary.***

## PART II - CONTRACTS TERMINATED FOR CAUSE

Provide a list of all contracts terminated for cause within the last five (5) years prior to the normal contract expiration date. The Vendor/Bidder should provide a summary of any negative action, including negative audit findings, taken on any contract of a similar size and scope. The disclosure should include, but is not limited to, receipt of letters of potential default, default, notice(s) to cure, termination of services for cause, or other similar notifications/processes. Additionally, the Vendor/Bidder should provide details, including any negative audits, reports, or findings by any governmental agency for which the Vendor/Bidder is/was the Vendor/Contractor on any Contract of similar scope. If no contracts were terminated for cause during the last five (5) years, enter "None" below.

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| **Contracting Agency / Entity:** | | | |
| **Contract/Project Name:** | | | |
| **Contract Number:** | | | |
| **Contract Term:** | | | |
| **Summary of Termination:** | | | |
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| **Contact Name:** | | | |
| **Contact Phone No.:** | | **Contact Email:** | |

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| **Contracting Agency / Entity:** | | | |
| **Contract/Project Name:** | | | |
| **Contract Number:** | | | |
| **Contract Term:** | | | |
| **Summary of Termination:** | | | |
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| **Contact Name:** | | | |
| **Contact Phone No.:** | | **Contact Email:** | |

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| **Contracting Agency / Entity:** | | | |
| **Contract/Project Name:** | | | |
| **Contract Number:** | | | |
| **Contract Term:** | | | |
| **Summary of Termination:** | | | |
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| **Contact Name:** | | | |
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| **Contracting Agency / Entity:** | | | |
| **Contract/Project Name:** | | | |
| **Contract Number:** | | | |
| **Contract Term:** | | | |
| **Summary of Termination:** | | | |
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***Attach additional sheets if necessary.***