



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

SUBCONTRACTOR UTILIZATION FORM*

List All Businesses To Be Used As Subcontractors. Attach Additional Sheets If Necessary

BID SOLICITATION #:	21DPP00620
BID SOLICITATION TITLE:	T0136 Aluminum Sign Blanks Statewide

VENDOR'S NAME:	_____
ADDRESS:	_____ _____ _____
PHONE NUMBER:	_____
EMAIL:	_____

SUBCONTRACTOR'S NAME: _____	
ADDRESS: _____ _____	
PHONE NUMBER: _____	FEIN: _____
EMAIL: _____	
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____	
DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____ _____	
IS THE SUBCONTRACTOR IS A SMALL BUSINESS?	
☐ YES ☐ NO	
IF YES, SMALL BUSINESS CATEGORY:	
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?	
☐ YES ☐ NO	

SUBCONTRACTOR'S NAME: _____	
ADDRESS: _____ _____	
PHONE NUMBER: _____	FEIN: _____
EMAIL: _____	
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____	
DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____ _____	
IS THE SUBCONTRACTOR IS A SMALL BUSINESS?	
☐ YES ☐ NO	
IF YES, SMALL BUSINESS CATEGORY:	
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?	
☐ YES ☐ NO	

SUBCONTRACTOR'S NAME: _____	
ADDRESS: _____ _____	
PHONE NUMBER: _____	FEIN: _____
EMAIL: _____	
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____	
DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____ _____	
IS THE SUBCONTRACTOR IS A SMALL BUSINESS?	
☐ YES ☐ NO	
IF YES, SMALL BUSINESS CATEGORY:	
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?	
☐ YES ☐ NO	

* If the Bid Solicitation has subcontracting set-aside goals, and the Vendor has not achieved the goals, Vendor must attach information documenting its good faith effort to achieve the goals.