



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 #: 20DPP00476
BID SOLICITATION TITLE: T2867 - Warehousing and Emergency Ops: Services and Logistics

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 A SMALL BUSINESS?
☐ YES ☐ NO
IF YES, SMALL BUSINESS CATEGORY:
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
IS THE SUBCONTRACTOR 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 A SMALL BUSINESS?
☐ YES ☐ NO
IF YES, SMALL BUSINESS CATEGORY:
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
IS THE SUBCONTRACTOR 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 A SMALL BUSINESS?
☐ YES ☐ NO
IF YES, SMALL BUSINESS CATEGORY:
☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
IS THE SUBCONTRACTOR 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.