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 #: 19DPP00389
BID SOLICITATION TITLE: T2831, Traffic Monitoring Systems Maintenance and Installation

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.