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|  | **CONTRACTOR INFORMATION**  **SET-ASIDE/DEMOGRAPHIC FORM** |
| NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY |
| 36 WEST STATE STREET, PO BOX 990 |
| TRENTON, NEW JERSEY 08625-0990 |
| *In accordance with New Jersey Administrative Code, Title 17, the Authority encourages use of certified Small Business Enterprises and Disabled Veteran-Owned businesses. The Authority participates in goal-based Small Business contracting and use of Women-owned, Minority-owned, Veteran-owned, and LGBTQ+-Owned Business Enterprises.*  **TO BE COUNTED TOWARD THE ABOVE GOALS, CONTRACTORS SHOULD COMPLETE AND RETURN THIS FORM.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Solicitation # and Title | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Proposer’s/Contractor’s Name | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Entity’s Name: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Address: (City/State/Zip) | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Contact Name and Title: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Phone Number: | | | | Click or tap here to enter text. | | | | | Email: | | Click or tap here to enter text. | | | | | | | Is the company registered with the State of New Jersey, Division of Revenue and Enterprise Services (Tel. No. 609-292-2146) as a Small Business? | | | | | | | | | | | | | Choose an item. | | | | |  | | If Yes, indicate Certificate Number and attach Certificate. | | | | | | | | | | Click or tap here to enter text. | | | | | |  | | If No, has the company submitted a registration application to the Division? | | | | | | | | | | | Choose an item. | | | | | Application Date: | | | | | Click or tap to enter a date. | | NIGP Commodity Code: | | | | | Click or tap here to enter text. | | | | | | Business Type: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Is the company a corporation? | | | | | | | | | | Choose an item. | | | |  | | | | Is the company a Small Business Enterprise (SBE)  (Having no more than 100 full-time employees) | | | | | | | | | | Choose an item. | | | |  | | | |  | | For Goods & Services Contracts: | | | | | | | | | | | |  | | | |  | | SBE, Gross Revenues < $500,000 | | | | | | | |  | | | |  | | | |  | | SBE, Gross Revenues $500,000 - $5,000,000 | | | | | | | |  | | | |  | | | |  | | SBE, Gross Revenues do not exceed $12,000,000 or the applicable Federal Revenue Std established at 13 CFR 121.201, incorporated herein and whichever is higher | | | | | | | |  | | | |  | | | |  | | For Construction Contracts: | | | | | | | | | | | | |  | | SBE, Gross Revenues < $3,000,000 | | | | | | | |  | | | | |  | | SBE, Gross Revenues <50% of Annual Federal Revenue Std | | | | | | | |  | | | | |  | | SBE, Gross Revenues <Annual Federal Revenue Std | | | | | | | |  | | | | | ***Select all that apply below:*** | | | | | | | | | | | | | | | | Is the company a Minority-Owned Business (MBE) *Optional* | | | | | | | | | | Choose an item. | | | | |  | If yes, specify Minority *Optional* | | | | | | | | | Click or tap here to enter text. | | | | | | | Is the company a Women-Owned Business (WBE) *Optional* | | | | | | | | | | Choose an item. | | | | | Is the company a Veteran-Owned Business (VOB) *Optional* | | | | | | | | | | Choose an item. | | | | | Is the company a Disabled-Veteran-Owned Business (DVOB) *Optional* | | | | | | | | | | Choose an item. | | | | | Is the company a LGBTQ+-Owned Business (LGBTQ+) *Optional* | | | | | | | | | | Choose an item. | | | | | | |