|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **SUBCONTRACTOR UTILIZATION FORM** | | | | | |
| NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY | | | | | |
| 36 WEST STATE STREET, PO BOX 990 | | | | | |
| TRENTON, NEW JERSEY 08625-0990 | | | | | |
| Solicitation # and Title | | | Click or tap here to enter text. | | | | | | |
| Proposer’s/Contractor’s Name | | | Click or tap here to enter text. | | | | | | |
| **If applicable, list All Businesses to Be Used as Subcontractors. Attach Additional Sheets If Necessary.**  **If the Solicitation has set-aside subcontracting goals, and the Proposer/Contractor has not achieved the goals, Proposer/Contractor must attach information documenting its good-faith effort to achieve the goals.** | | | | | | | | | |
| Subcontractor’s Name: | | Click or tap here to enter text. | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Phone Number: | | Click or tap here to enter text. | | | Fein: | | Click or tap here to enter text. | |
| Email: | | Click or tap here to enter text. | | |
| Estimated Value of Work to be Subcontracted: | | | | | Click or tap here to enter text. | | | |
| Description of Work to be Subcontracted: | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Is the Subcontractor a Small Business? | | | | | | | | No |
|  | If Yes, Small Business Category Gross Revenues: | | | | | Category: None | | |
| Is the Subcontractor a Disabled Veteran-Owned Business? | | | | | | | | No |
|  | | | | | | | | | |
| Subcontractor’s Name: | | Click or tap here to enter text. | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Phone Number: | | Click or tap here to enter text. | | | Fein: | | Click or tap here to enter text. | |
| Email: | | Click or tap here to enter text. | | |
| Estimated Value of Work to be Subcontracted: | | | | | Click or tap here to enter text. | | | |
| Description of Work to be Subcontracted: | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Is the Subcontractor a Small Business? | | | | | | | | No |
|  | If Yes, Small Business Category Gross Revenues: | | | | | Category: None | | |
| Is the Subcontractor a Disabled Veteran-Owned Business? | | | | | | | | No |
|  | | | | | | | | | |
| Subcontractor’s Name: | | Click or tap here to enter text. | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Phone Number: | | Click or tap here to enter text. | | | Fein: | | Click or tap here to enter text. | |
| Email: | | Click or tap here to enter text. | | |
| Estimated Value of Work to be Subcontracted: | | | | | Click or tap here to enter text. | | | |
| Description of Work to be Subcontracted: | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Is the Subcontractor a Small Business? | | | | | | | | No |
|  | If Yes, Small Business Category Gross Revenues: | | | | | Category: None | | |
| Is the Subcontractor a Disabled Veteran-Owned Business? | | | | | | | | No |