|  |  |
| --- | --- |
|  | **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 |