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**OFFICE OF EQUAL OPPORTUNITY  
AND  
PUBLIC CONTRACT ASSISTANCE**

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**MUNICIPAL FINANCE  
AND  
CONSTRUCTION ELEMENT**

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**SED PARTICIPATION  
  
DURING  
  
PLANNING AND DESIGN  
  
FOR  
  
CONTRACTING AGENCIES  
(OEO-001)**

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**New Jersey Department of Environmental Protection**

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OEO-001

REPORTING REQUIREMENTS ON SOCIALLY AND ECONOMICALLY  
DISADVANTAGED (SED) BUSINESS UTILIZATION

These instructions are intended to provide guidance to Project Sponsors in filling out the planning/design SED requirements pursuant to N.J.A.C. 7:22-9.12. The reporting requirements apply to all Project Sponsors pursuing New Jersey Environmental Infrastructure Assistance through programs administered by the New Jersey Department of Environmental Protection ( pursuant to N.J.A.C. 7:22-3.1 et seq.; N.J.A.C. 7:22-4.1 et seq. N.J.A.C. 7:22-6.1 et seq.).

Each Project Sponsor is required to submit with its grant/loan application this form indicating the level of SED participation that occurred during the planning and design phase of its environmental infrastructure program. A copy of this form shall also be submitted to the Office of Equal Opportunity, Contract Assistance and Environmental Equity.

### **INSTRUCTIONS FOR FILLING OUT SED UTILIZATION REPORT**

1. Read instructions carefully before completing form, and refer to N.J.A.C. 7:22-9.1 et seq. for further guidance.
- 2a. The name and address of Project Sponsor submitting the grant/loan application.
- 2b. Name of individual who is signing and is authorized to sign the grant/loan application on behalf of the Project Sponsor.
3. Self-explanatory.
4. Include brief description of project involved.
- 5a. The county in which the Project Sponsor is located.
- 5b. The municipality in which the Project Sponsor is located.
6. Self-explanatory.
- 7a. Building cost (excludes planning and design cost).
- 7b. Indicate whether an allowance is due for the planning and/or design of the project. (An allowance is not due if a Federal Grant was received.) Circle one yes or no.
8. Indicate MBE/ WBE/ SED participation that occurred during the planning and design phase.
9. Enter the name, address and telephone number of each SED who actually participated in the planning and design phase.  
Check applicable MBE/WBE status of each listed SED.  
Explain type of service rendered and whether service was for planning and/or design.  
Each entry must be accompanied by a copy of the signed contract.
10. Authorized representative is the person who is signing the grant/loan application on behalf of the Project Sponsor.  
The person signing on behalf of the Contractor must be an authorized representative of the contractor.
11. Additional comments or explanations. Refer to the specific item number on the form if applicable.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MUNICIPAL FINANCE & CONSTRUCTION ELEMENT

**PLANNING AND DESIGN PROJECT REPORT**

SOCIALLY AND ECONOMICALLY DISADVANTAGED (SED) BUSINESS UTILIZATION

1. ***Read Instructions Before Completing Form***

2a. Project Sponsor

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

2b. Authorized Representative \_\_\_\_\_

3. Financing Program (check applicable program(s))

\_\_\_\_\_ a. Wastewater Treatment Fund      \_\_\_\_\_ b. Wastewater Treatment Trust      \_\_\_\_\_ c. Pinelands Infrastructure Trust  
\_\_\_\_\_ d. Stormwater Management      \_\_\_\_\_ e. Water Supply

4. Project Title - \_\_\_\_\_

5a. County \_\_\_\_\_ 5b. Municipality \_\_\_\_\_

6. Grant/Loan Application Date \_\_\_\_\_

7a. Building Cost \$ \_\_\_\_\_

7b. Allowance Due: Planning - \_\_\_\_\_ Yes      \_\_\_\_\_ No      Design - \_\_\_\_\_ Yes      \_\_\_\_\_ No

8. SED Participation - Project Sponsor

	<b>Planning</b>	<b>Design</b>	<b>Anticipated Construction</b>
MBE	\$ _____	\$ _____	\$ _____
WBE	\$ _____	\$ _____	\$ _____
<b>TOTAL SED</b>	\$ _____	\$ _____	\$ _____

9. A/E and Other Professional Services Rendered by SEDs During the Planning and Design Phase:

**Name, Address & Telephone No.**    **MBE/WBE**                      **Type of Service Rendered**                      **Dollar Amount**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Full-Time Employees \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Full-Time Employees \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Full-Time Employees \_\_\_\_\_

Name, Address & Telephone No.	MBE/WBE	Type of Service Rendered	Dollar Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Full-Time Employees \_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Full-Time Employees \_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Full-Time Employees \_\_\_\_\_

10. \_\_\_\_\_  
*Signature of Authorized Representative*                      *Title*                      *Date*

\_\_\_\_\_ *Signature of Consultant*                      *Title*                      *Date*

11. Space provided for Additional Comments and Explanations