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

**MUNICIPAL FINANCE
AND
CONSTRUCTION ELEMENT**

SED PARTICIPATION

BUILDING PHASE

QUARTERLY REPORTING FORM

FOR

CONTRACTING AGENCIES & CONTRACTORS

(OEO-002)

New Jersey Department of Environmental Protection

OEO-002

REPORTING REQUIREMENTS ON SOCIALLY AND ECONOMICALLY

DISADVANTAGED (SED) BUSINESS UTILIZATION

These instructions apply to reporting on the utilization of Socially and Economically Disadvantaged Businesses (MBEs/WBEs/SEDs) under the New Jersey Department of Environmental Protection and the New Jersey Environmental Infrastructure Financing Programs. They are intended to provide guidance to Project Sponsors and Contractors in filling out the Building Phase (SED) Utilization Form. The reporting requirements apply to all Contracting Agencies and Contractors pursuing New Jersey Financing Assistance through programs administered by the New Jersey Department of Environmental Protection and the New Jersey Environmental Infrastructure Trust pursuant to N.J.A.C. 7:22-3.; N.J.A.C. 7:22-4.; N.J.A.C. 7:22-6; N.J.A.C. 7:22A-6; N.J.A.C. 7:22-7.

Each Project Sponsor and Contractor must submit this building SED Report (Form OEO-002) quarterly on MBE/WBE utilization for each contract for which a Project Sponsor or its Contractor(s) awards a subagreement. The form must be submitted to the New Jersey Department of Environmental Protection (NJDEP), Office of Equal Opportunity, Public Contract Assistance within 15 days following the close of each fiscal year quarter (i.e., January 15, April 15, July 15, and October 15).

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 participating in the grant/loan programs for environmental infrastructure facilities.
- 2b. Name of the Project Compliance Officer responsible for submitting periodic reports.
3. Name and address of party contracting directly with the Project Sponsor.
4. Self-explanatory.
- 5a. The grant/loan project number for the agreement between the State of New Jersey and the Project Sponsor.
- 5b. The grant/loan project number for the contract between the Project Sponsor and its contractor(s).
6. Include brief description of project.
7. Self-explanatory.
- 8a. The county in which the Project Sponsor is located.
- 8b. The municipality in which the Project Sponsor is located.
9. The date of the agreement between the State of New Jersey and the Project Sponsor.
- 10a. The date of agreement between the Project Sponsor and the contractor.
- 10b. Self-explanatory.
11. Indicate MBE and WBE goals based upon project plan for SED utilization developed in consultation with the Office. These goals may vary depending upon local law. Where a Project Sponsor has a SED participation goal which exceeds ten percent, the Project Sponsor's goal shall take precedence.
12. Enter the name, address and telephone number of each SED participating in the building phase as a subcontractor under agreement with the construction management firm or the Project Sponsor. Check applicable MBE or WBE status of each listed SED. Explain type of service rendered and list the total dollar amount of the subcontract. Each entry must be accompanied by a copy of the signed subcontract.

Restricted - Bids may be solicited on a restricted basis by setting aside a contract for building, materials and equipment, or services which is designated as a contract for which bids are invited and accepted only from SEDs.
Unrestricted - Bids may be solicited on an unrestricted basis and not designated for a set-aside contract, but the contract document shall include a statement to the effect that the successful bidder must fulfill the SED utilization requirements.
13. See instructions for Item 12. This section is designated for SEDs participating in the building phase of a project as a subcontractor under agreement with building contractor(s).
14. Person signing must be the designated Project Compliance Officer of the Project Sponsor. The contractor(s) or the authorized representative of the contractor(s).
15. Additional comments or explanations. Refer to the specific item number on the form, if applicable.

CONSTRUCTION REPORT

SOCIALLY AND ECONOMICALLY DISADVANTAGED (SED) BUSINESS UTILIZATION

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

2a. Project Sponsor

Name _____

Address _____

2b. Project Compliance Officer _____

3. Contractor

Name _____

Address _____

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

____ a. Wastewater Treatment Fund ____ b. Wastewater Treatment Trust ____ c. Pinelands Infrastructure Trust

____ d. Stormwater Management ____ e. Water Supply

5a. Project Number _____ 5b. Contract Number _____

6. Project Name _____

7. Contract Amount \$ _____

8a. County _____ 8b. Municipality _____

9. Date of Grant/Loan Agreement _____

10a. Date of Contract Award _____ 10b. Duration of Contract: Mo. _____ Days _____

11. STATE GOAL OR OTHER STANDARDS (IF ANY)

Contracting Agency=s Requirement

	<u>DOLLAR AMOUNT</u>	<u>PERCENTAGE OF CONTRACT AMOUNT</u>
MBE	\$ _____	_____ %
WBE	\$ _____	_____ %
TOTAL SED	\$ _____	_____ %

12. A/E and Other Professional Service Subcontracts Awarded During the Building Phase

Name, Address and Telephone No.	MBE/ WBE	Type of Service Rendered	Dollar Amount	Subcontract Number Amount Award	Subcontract (R/U)	Date of Subcontract	Type of Award*
1. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
2. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
3. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
4. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
5. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
6. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						

* *Restricted/Unrestricted*

13. Other Subcontract Awards Made Under the Building Phase

Date of Type of

Name, Address and Telephone No.	MBE/ WBE	Type of Service Rendered	Dollar Amount	Subcontract Number Amount Award	Subcontract (R/U)	Subcontract	Award*
1. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
2. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
3. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
4. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
5. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						
6. _____ _____ _____	_____	_____	_____	_____	_____	_____	_____
Number of Full-time Employees	_____						

* *Restricted/Unrestricted*

14. _____
(Signature of Project Compliance Officer)

(Signature of Contractor)

(Title)

(Title)

(Date)

(Date)

15. Space Provided for Additional Comments or Explanations