



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY

33 WEST STATE STREET, P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

SUBCONTRACTOR UTILIZATION FORM*

List All Businesses To Be Used As Subcontractors. Attach Additional Sheets If Necessary

BID SOLICITATION #: _____
BID SOLICITATION TITLE: _____

VENDOR'S NAME: _____
ADDRESS: _____

PHONE NUMBER: _____
EMAIL: _____

SUBCONTRACTOR'S NAME: _____
ADDRESS: _____

PHONE NUMBER: _____ **FEIN:** _____
EMAIL: _____
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____
DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____

IS THE SUBCONTRACTOR IS A SMALL BUSINESS?
YES NO
IF YES, SMALL BUSINESS CATEGORY:
I II III IV V VI
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?
YES NO

SUBCONTRACTOR'S NAME: _____
ADDRESS: _____

PHONE NUMBER: _____ **FEIN:** _____
EMAIL: _____
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____
DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____

IS THE SUBCONTRACTOR IS A SMALL BUSINESS?
YES NO
IF YES, SMALL BUSINESS CATEGORY:
I II III IV V VI
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?
YES NO

SUBCONTRACTOR'S NAME: _____
ADDRESS: _____

PHONE NUMBER: _____ **FEIN:** _____
EMAIL: _____
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____
DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____

IS THE SUBCONTRACTOR IS A SMALL BUSINESS?
YES NO
IF YES, SMALL BUSINESS CATEGORY:
I II III IV V VI
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?
YES NO

* If the Bid Solicitation has subcontracting set-aside goals, and the Vendor has not achieved the goals, Vendor must attach information documenting its good faith effort to achieve the goals.