



SUBCONTRACTOR UTILIZATION FORM

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

BID SOLICITATION # AND TITLE: _____

VENDOR NAME: _____

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

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?
 IF YES, SMALL BUSINESS CATEGORY: _____
 IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?

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?
 IF YES, SMALL BUSINESS CATEGORY: _____
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