

**NEW JERSEY TURNPIKE AUTHORITY  
 SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM  
 AND DISABLED VETERAN-OWNED BUSINESS ("DVOB") SET-ASIDE PROGRAM  
 FORM A\*  
SBE/DVOB PARTICIPATION SCHEDULE**

Contract Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

SBE GOAL% \_\_\_\_\_ DVOB GOAL% \_\_\_\_\_

NAME AND ADDRESS OF SBE 1, 2, 3, 4 and/or 5, 6 or DVOB SUBCONTRACTOR	S	S	S	S	S	S	D	**	**	TYPE OF WORK TO BE PERFORMED	DOLLAR AMOUNT OF SUBCONTRACTOR WORK***	SUB- CONTRACT %
	B	B	B	B	B	B	V	M	W			
	E	E	E	E	E	E	O	B	B			
	1	2	3	4	5	6	B	E	E			

The undersigned will enter into a formal agreement with the SBE(s)/DVOB(s) listed in this schedule conditioned upon execution of a contract with the Authority for the above referenced project.

Authorized Signature: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title \_\_\_\_\_ Prime Contractor's Liaison Officer: \_\_\_\_\_

Company Phone # \_\_\_\_\_ Company Address: \_\_\_\_\_

**This form MUST be completed and submitted within seven (7) days after Notice of Award.**

SBE Prime or DVOB Prime Contractors need only to complete this form for their firm.

\* In the event Form A cannot be completed, or if the percentage of the goal for the contract is not met, Form D must be completed.

\*\* The provision of this information is voluntary and will not be considered in determining the successful bid or in calculating SBE participation.

\*\*\* Eliminate Price in Professional Service Contracts Only.

**NEW JERSEY TURNPIKE AUTHORITY  
SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM AND  
DISABLED VETERAN-OWNED BUSINESS ("DVOB") SET-ASIDE PROGRAM  
FORM B  
INTENT TO PERFORM AS A SUBCONTRACTOR**

TO: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_  
(Name of Prime Contractor)

PROJECT TITLE: \_\_\_\_\_  
\_\_\_\_\_

The undersigned intends to perform subcontract work in connection with the above-mentioned project as (Check One):

Individual  Corporation  Partnership  Joint Venture  L.L.C.  Other

The SBE or DVOB Category status of the undersigned is confirmed on the attached Affidavit of SBE or DVOB (SBE-DVOB Form C).

The undersigned is prepared to perform the following described work in connection with the above-referenced project:

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

and at the following price: \_\_\_\_\_

**NOTE:** Eliminate Price on Professional Service Contracts Only.

The Prime Contractor has projected the following commencement date for such work, and the undersigned projects completion of such work as follows:

\_\_\_\_\_ Project Commencement Date                      \_\_\_\_\_ Projected Completion Date

With respect to the proposed subcontract described above, \_\_\_\_% of the dollar value of such subcontract will be subcontracted and/or awarded to Non-SBE Contractors and/or Non-SBE Suppliers and/or Non-DVOB Contractors and/or Non-DVOB Suppliers.

The undersigned will enter into a formal agreement for the above work with the Prime Contractor conditioned upon execution of a contract with the Authority. As a SBE or DVOB Subcontractor, I will cooperate with the certification and monitoring process set forth by the Authority for the referenced project.

\_\_\_\_\_  
Signature of SBE or DVOB                      Date                      \_\_\_\_\_  
Name of SBE or DVOB Firm

\_\_\_\_\_  
Type Name    Address

\_\_\_\_\_  
Type Title    Telephone Number

**NEW JERSEY TURNPIKE AUTHORITY  
SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM  
AND DISABLED VETERAN-OWNED ("DVOB") SET-ASIDE PROGRAM  
FORM C  
AFFIDAVIT OF SBE/DVOB**

Contract Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

I, \_\_\_\_\_ (Name) HEREBY DECLARE AND AFFIRM that I am the  
\_\_\_\_\_ (Title) and duly authorized representative of the firm of  
\_\_\_\_\_ (Firm) located in the State of \_\_\_\_\_.

Bidder acknowledges and affirms that he/she is registered and approved in good standing with the State of New Jersey, Department of the Treasury, Division of Minority & Women Business Development ("Division") as a SBE or DVOB and has been placed on the Division's small vendor list. This status must be achieved on or before the date the bids are received and opened.

**\*\*\*ATTACHED IS A COPY OF OUR SBE OR DVOB REGISTRATION CERTIFICATE.\*\*\***

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.**

Signature:

Date:

\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_  
(Name of Notary Public), the person described in the foregoing Affidavit acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In Witness whereof, I hereunto set my official seal.

\_\_\_\_\_

Notary Public

(Seal)

My Commission Expires \_\_\_\_\_

**NEW JERSEY TURNPIKE AUTHORITY  
 SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM  
 AND DISABLED VETERAN-OWNED ("DVOB") SET-ASIDE PROGRAM  
 FORM D  
SBE/DVOB UNAVAILABILITY CERTIFICATION**

Contract Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Title),  
 of \_\_\_\_\_ (Prime Contractor)  
 located in the STATE OF \_\_\_\_\_

certify that on \_\_\_\_\_ (Date), I contacted the following SBE(s) and DVOB(s) to obtain a Bid for work items to be performed on the Project named above.

To the best of knowledge and belief, each SBE or DVOB identified in this form was unavailable for work on this project, exclusive of unavailability due to lack of agreement on price, and each SBE or DVOB was unable to prepare a bid for the following reason(s) (if known):

SBE or DVOB Firm Name	SBE Category No. or Construction Code or Commodity Code	SBE or DVOB Registration No.	Type of Work
Reason Unavailable:			
Reason Unavailable:			
Reason Unavailable:			
Reason Unavailable:			
Reason Unavailable:			

(additional pages are attached as necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form MUST be completed and submitted within seven (7) days after Notice of Award.**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the person described in the foregoing Affidavit acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof, I hereunto set my official seal.

\_\_\_\_\_  
 Notary Public

(Seal)

My Commission Expires \_\_\_\_\_

**NEW JERSEY TURNPIKE AUTHORITY  
 SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM AND  
 DISABLED VETERAN-OWNED BUSINESS ("DVOB") SET-ASIDE PROGRAM  
 FORM E  
SBE/DVOB CERTIFICATE OF PARTICIPATION**

Contract Number: \_\_\_\_\_

Estimate Number \_\_\_\_\_ (Note if Final)

Period Ending \_\_\_\_\_

NAME & ADDRESS OF SBE OR DVOB SUBCONTRACTOR	PAY ITEM & DESCRIPTION OR PARTS THEREOF, OF WORK PERFORMED	DATES OF COMMENCEMENT & ESTIMATED COMPLETION	ACTUAL AMOUNT PAID THIS PERIOD	TOTAL AMOUNT PAID TO DATE	ESTIMATED AMOUNT TO BE PAID AT END OF CONTRACT	M/WBE (optional)
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

**CERTIFICATES FOR PAYMENTS SUBMITTED WITHOUT THE COMPLETED SBE-DVOB FORM E WILL NOT BE PROCESSED.**

IN WITNESS WHEREOF the undersigned has hereunto set its

Hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

WITNESS OR ATTEST:

(Form Version 3/2020)

Prime Contractor: \_\_\_\_\_

\_\_\_\_\_  
 Prime Contractor's SBE Liaison Officer

Telephone Number \_\_\_\_\_

**NEW JERSEY TURNPIKE AUTHORITY  
 SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM AND  
 DISABLED VETERAN-OWNED BUSINESS ("DVOB") SET-ASIDE PROGRAM  
 FORM F  
SBE/DVOB CERTIFICATE OF PARTICIPATION (PRIME IS SBE/DVOB)**

NAME & ADDRESS OF SBE OR DVOB SUBCONTRACTOR	PAY ITEM & DESCRIPTION OR PARTS THEREOF, OF WORK PERFORMED	DATES OF COMMENCEMENT & ESTIMATED COMPLETION	ACTUAL AMOUNT PAID THIS PERIOD	TOTAL AMOUNT PAID TO DATE	ESTIMATED AMOUNT TO BE PAID AT END OF CONTRACT	M/WBE (optional)
	<p><b>Per the Authority's Standard Supplementary Specifications, Appendix X and Appendix V:</b></p> <p><b>If the Contractor is an SBE/DVOB itself, the Prime Contractor shall enter their firm's name and Contract Number below and attach this form with every Pay Estimate.</b></p> <p><b>Contract Number: _____</b></p> <p>_____ <b>(Prime Contractor) is a registered SBE or DVOB per the requirements of Appendix X and Appendix V. Therefore, completing this form is not required.</b></p>					

**CERTIFICATES FOR PAYMENTS SUBMITTED WITHOUT THE COMPLETED SBE CERTIFICATE OF PARTICIPATION WILL NOT BE PROCESSED.**

IN WITNESS WHEREOF the undersigned has hereunto set its

Hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

WITNESS OR ATTEST:

Prime Contractor: \_\_\_\_\_

\_\_\_\_\_  
 Prime Contractor's SBE Liaison Officer

Telephone Number \_\_\_\_\_