

NEW JERSEY TURNPIKE AUTHORITY
 SUBCONSULTING PROGRAM
 SBE / DVOB FORM
 PROPOSED SCHEDULE
 SMALL BUSINESS ENTERPRISE PARTICIPATION
 DISABLED VETERAN OWNED BUSINESS PARTICIPATION

OPS No. **A/P/TXXXX**: _____

Date: _____

SBE Proposed % _____

DVOB Proposed % _____

NAME & ADDRESS OF SBE (SUB)CONSULTANT/SUPPLIER	SBE/DVOB	TYPE OF WORK TO BE PERFORMED	ESTIMATED PERCENTAGE OF (SUB)CONSULTANT WORK

(Attach additional sheet if necessary)

 Prime Consultant (print name)

 Prime Consultant's SBE/DVOB Liaison Officer

 Telephone Number

All Consultants must complete and submit this form with their EOI and may be requested to submit evidence of each SBE and/or DVOB's certification.