

**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 compliance or in calculating participation.

**NEW JERSEY TURNPIKE AUTHORITY
SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM AND
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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>Per the Authority's Standard Supplementary Specifications, Appendix X and Appendix V:</p> <p>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.</p> <p>Contract Number: _____</p> <p>_____ (Prime Contractor) is a registered SBE or DVOB per the requirements of Appendix X and Appendix V. Therefore, completing this form is not required.</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 _____