



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: _____     |             |
| <b>IS THE SUBCONTRACTOR A SMALL BUSINESS?</b>      |             |
| YES NO                                             |             |
| IF YES, SMALL BUSINESS CATEGORY:                   |             |
| I II III IV V VI                                   |             |

|                                                    |             |
|----------------------------------------------------|-------------|
| SUBCONTRACTOR'S NAME: _____                        |             |
| ADDRESS: _____                                     |             |
| PHONE NUMBER: _____                                | FEIN: _____ |
| EMAIL: _____                                       |             |
| ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____ |             |
| DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____     |             |
| <b>IS THE SUBCONTRACTOR A SMALL BUSINESS?</b>      |             |
| YES NO                                             |             |
| IF YES, SMALL BUSINESS CATEGORY:                   |             |
| I II III IV V VI                                   |             |

|                                                    |             |
|----------------------------------------------------|-------------|
| SUBCONTRACTOR'S NAME: _____                        |             |
| ADDRESS: _____                                     |             |
| PHONE NUMBER: _____                                | FEIN: _____ |
| EMAIL: _____                                       |             |
| ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: _____ |             |
| DESCRIPTION OF WORK TO BE SUBCONTRACTED: _____     |             |
| <b>IS THE SUBCONTRACTOR A SMALL BUSINESS?</b>      |             |
| YES NO                                             |             |
| IF YES, SMALL BUSINESS CATEGORY:                   |             |
| I II III IV V VI                                   |             |

\* 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.