



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:

IS THE SUBCONTRACTOR A SMALL BUSINESS?

YES

NO

IF YES, SMALL BUSINESS CATEGORY:

I

II

III

IV

V

VI

IS THE SUBCONTRACTOR A DISABLED VETERAN-OWNED BUSINESS?

YES

NO

SUBCONTRACTOR'S NAME:

ADDRESS:

PHONE NUMBER:

FEIN:

EMAIL:

ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED:

DESCRIPTION OF WORK TO

BE SUBCONTRACTED:

IS THE SUBCONTRACTOR A SMALL BUSINESS?

YES

NO

IF YES, SMALL BUSINESS CATEGORY:

I

II

III

IV

V

VI

IS THE SUBCONTRACTOR A DISABLED VETERAN-OWNED BUSINESS?

YES

NO

SUBCONTRACTOR'S NAME:

ADDRESS:

PHONE NUMBER:

FEIN:

EMAIL:

ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED:

DESCRIPTION OF WORK TO

BE SUBCONTRACTED:

IS THE SUBCONTRACTOR A SMALL BUSINESS?

YES

NO

IF YES, SMALL BUSINESS CATEGORY:

I

II

III

IV

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VI

IS THE SUBCONTRACTOR A DISABLED VETERAN-OWNED BUSINESS?

YES

NO

\* 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.