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

BIDDER DATA SHEET

BID SOLICITATION #: 18DPP00165 **VENDOR/BIDDER:** ____________________

THIS FORM SHALL BE USED IN ASSESSING A VENDOR'S/BIDDERS'S QUALIFICATIONS AND CAPABILITY TO PERFORM THE CONTRACT SCOPE OF WORK.

PART I
CUSTOMER SERVICE CONTACT DATA

Name of Vendor's/Bidder's representative to be contacted if information, service, or problem-solving is required by the users of the contract. This service shall be available at no additional charge.

NAME OF BIDDING ENTITY:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
NAME OF CONTACT:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	

PART II
STATE OF NEW JERSEY CONTRACTS

List contracts awarded to the Vendor/Bidder by the State of New Jersey within the last five (5) years. Please provide all of the information requested. If the Vendor/Bidder did not have any State of New Jersey contracts within the last five (5) years, enter "None." Please note that the Vendor/Bidder must not list the procurement specialist as the agency contact. (Please attach additional sheets if necessary.)

CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
AGENCY NAME:	
AGENCY CONTACT NAME:	
AGENCY CONTACT PHONE NO.:	
AGENCY CONTACT EMAIL:	

CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
AGENCY NAME:	
AGENCY CONTACT NAME:	
AGENCY CONTACT PHONE NO.:	
AGENCY CONTACT EMAIL:	

CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
AGENCY NAME:	
AGENCY CONTACT NAME:	
AGENCY CONTACT PHONE NO.:	
AGENCY CONTACT EMAIL:	

Attach Additional Sheets If Necessary.

PART III

CONTRACTS OF SIMILAR SIZE AND SCOPE

List other contracts of similar size and scope performed by the Vendor/Bidder within the last five (5) years. Please provide all of the information requested. If the Vendor/Bidder has not had any contracts of a similar size and scope within the last five (5) years, enter "None." (Please attach additional sheets if necessary.)

CONTRACTING ENTITY:	
CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
CONTACT NAME:	
CONTACT PHONE No.:	
CONTACT EMAIL:	

CONTRACTING ENTITY:	
CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
CONTACT NAME:	
CONTACT PHONE No.:	
CONTACT EMAIL:	

CONTRACTING ENTITY:	
CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
CONTACT NAME:	
CONTACT PHONE No.:	
CONTACT EMAIL:	

Attach Additional Sheets If Necessary.

PART IV

CONTRACTS TERMINATED FOR CAUSE

Provide a list of all contracts terminated for cause prior to the normal contract expiration date within the last five (5) years. If no contracts were terminated for cause during the last five (5) years, enter "None."

The Vendor/Bidder should provide a summary of the negative action taken on any contracts of a similar size and scope. In the event a Vendor/Bidder neglects to include this information in its Proposal, the Vendor's/Bidder's omission of the information may be cause to reject the Proposal. (Please attach additional sheets if necessary.)

CONTRACTING ENTITY:	
CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
CONTACT NAME:	
CONTACT PHONE No.:	
CONTACT EMAIL:	

CONTRACTING ENTITY:	
CONTRACT/PROJECT NAME:	
CONTRACT NUMBER:	
CONTRACT TERM:	
CONTACT NAME:	
CONTACT PHONE No.:	
CONTACT EMAIL:	

Attach Additional Sheets If Necessary.