



# SUBCONTRACTOR UTILIZATION FORM

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

BID SOLICITATION # AND TITLE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

List All Businesses To Be Used As Subcontractors. Attach Additional Sheets If Necessary.  
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.

SUBCONTRACTOR'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: \_\_\_\_\_  
 DESCRIPTION OF WORK TO BE SUBCONTRACTED: \_\_\_\_\_  
 IS THE SUBCONTRACTOR IS A SMALL BUSINESS?  
 IF YES, SMALL BUSINESS CATEGORY: \_\_\_\_\_  
 IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?

SUBCONTRACTOR'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: \_\_\_\_\_  
 DESCRIPTION OF WORK TO BE SUBCONTRACTED: \_\_\_\_\_  
 IS THE SUBCONTRACTOR IS A SMALL BUSINESS?  
 IF YES, SMALL BUSINESS CATEGORY: \_\_\_\_\_  
 IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?

SUBCONTRACTOR'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED: \_\_\_\_\_  
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