CONTRACTOR & WORKFORCE COMPLIANCE
ATTN: EEO, Affirmative Action and Contracting Accountability
SDAVendorCompliance@njsda.gov

32 EAST FRONT STREET, P.O. BOX 991
TRENTON, NJ 08625-0991

Form AA201a
Rev. August 2025

SUB-CONTRACTOR PROJECTION FORM AA201a

Completed form must be returned with Form AA201 to the above email address within seven (7) business days of Notice to Proceed. Ongoing amendments or corrections should be sent as necessary to the above email address. Be sure to make a copy for your records.

PRIME CONTRACTOR INFORMATION

Company Name	
Contact Person	
Contact Phone No.	
Contract Number	

LIST THE FOLLOWING INFORMATION FOR EACH KNOWN SUB-CONTRACTOR ON THIS CONTRACT

SBE INFORMATION REQUIRED
MBE/WBE/ INFORMATION OPTIONAL

Company Name:		☐ SBE ☐ MBE ☐ WBE					
Address:							
City:		**State:**		**Zip Code:**		**Tax ID #:**	

Company Name:		☐ SBE ☐ MBE ☐ WBE					
Address:							
City:		**State:**		**Zip Code:**		**Tax ID#:**	

Company Name:		☐ SBE ☐ MBE ☐ WBE					
Address:							
City:		**State:**		**Zip Code:**		**Tax ID#:**	

Company Name:		☐ SBE ☐ MBE ☐ WBE					
Address:							
City:		**State:**		**Zip Code:**		**Tax ID#:**	

Company Name:		☐ SBE ☐ MBE ☐ WBE					
Address:							
City:		**State:**		**Zip Code:**		**Tax ID#:**	

THIS FORM MAY BE COPIED AS NECESSARY TO USE AS ADDITIONAL SHEETS