



**NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY
SBE/DVOB PARTICIPATION**

PRIME NAME:

CONTRACT NO: SCHOOL NAME: PRIME FED ID NO:

CONTRACT AMT: \$ MUNICIPALITY: DATE OF AWARD:

As prime contractor on an SDA contract, you are required to make good faith efforts to award at least 25% of the contract to subcontractors registered as small business enterprises (SBEs) by the Department of the Treasury, Division of Revenue and Enterprise Services (the "Division"), pursuant to N.J.S.A. 52:32-17 et seq. (the "Set-Aside Act") as modified by Executive Order #71 (McGreevey, 2003), and regulations promulgated thereunder at N.J.A.C. 17:13-4.1 and N.J.A.C. 19:39-2.7. If the prime contractor is an SBE, the portion of the contract work that is self-performed by the SBE prime shall be credited towards satisfaction of the SBE contracting obligation. You are further required to make good faith efforts to award at least 3% of the contract to subcontractors registered with the Division as Disabled Veteran Owned Businesses (DVOBs), pursuant to N.J.S.A. 52:32-31.1 et seq. (the "New Jersey Set-Aside Act for Disabled Veterans' Businesses") and regulations promulgated thereunder at N.J.A.C. 17:14-1.1 et seq. and N.J.A.C. 19:39-2.8. If the prime contractor is a DVOB, the portion of the contract work that is self-performed by the DVOB prime shall be credited towards satisfaction of the DVOB contracting obligation. Pursuant to Executive Order # 34 (Corzine, 2006) you are also required to provide SDA with data regarding the participation of subcontractors registered as minority-owned business enterprises (MBEs) and women-owned business enterprises (WBEs) in SDA contracts for construction or goods and services.

Name of SBE/DVOB Contractor/Consultant <small>If any of the named SBE/DVOB subcontractors are also registered as an MBE or WBE, please put a check in the relevant column.</small>	SBE	DVOB	MBE	WBE	Address, Telephone Number & Contact Person	Type of Work Performed (Electrical, HVAC, Structural, etc.)	Subcontract Amount	Projected		SBE % of Total Contract	DVOB % of Total Contract
								Start Date	End Date		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TOTALS							\$ <input type="text"/>			<input type="text"/>	<input type="text"/>

A Confirmation Statement of SBE/DVOB Status Form must be submitted for each firm listed.

ACKNOWLEDGEMENT AND CONSENT

I, as Principle/Executive of the firm of located at hereby agree to award the named subcontractor(s)/subconsultants(s) a contract in the above-stipulated amount pursuant to contract terms and conditions.

Signature Telephone Number EMail Address

Comments: _____