



**CONTRACTOR & WORKFORCE COMPLIANCE**

*ATTN: Risk Management and Vendor Services Division*

32 EAST FRONT STREET, P.O. BOX 991

TRENTON, NJ 08625-0991

Form AA201a

(rev.12/2013)

**SUB-CONTRACTOR PROJECTION FORM AA201a**

*Completed form must be returned with Form AA201 to the above address within seven (7) business days of Notice to Proceed. Ongoing amendments or corrections should be sent as necessary to the above address. Make a copy for your records and mail the original to SDA.*

**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**

<b>Company Name:</b>			SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Fed ID or SSN #:</b>

<b>Company Name:</b>			SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Fed ID or SSN #:</b>

<b>Company Name:</b>			SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Fed ID or SSN #:</b>

<b>Company Name:</b>			SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Fed ID or SSN #:</b>

<b>Company Name:</b>			SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Fed ID or SSN #:</b>