

**NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY
SBE FORM B - SCHEDULE OF SBE PARTICIPATION FOR GOODS & SERVICES PROVIDERS**

CONTRACT NO: _____ SERVICES: _____ PRIME FED ID NO: _____
 CONTRACT AMT: \$ _____ STATEWIDE PROCUREMENT: _____ DATE OF AWARD: _____

Name of SBE Sub-consultant/vendor	Category (see below)	** MBE	** WBE	Address, Telephone Number & Contact Person	Type of Goods or Services Provided	Subconsultant Amount	Projected		% of Total Contract
							Start Date	End Date	
TOTALS									

CONSULTANT (Print Name)

PREPARED BY: (Print Name)

VENDOR'S SBE LIAISON (Print Name)

CONSULTANT ADDRESS

SIGNATURE & TITLE

TELEPHONE (Include Area Code)

EMAIL ADDRESS

NOTE: As the Prime Goods and Services Provider/Consultant of this contract you have a responsibility to meet a SBE goal of 25% allocated as follows:

- NJ STATE GOALS:**
- 10% SBE's with gross revenue not exceeding \$500,000
 - 15% SBE's with gross revenues exceeding \$500,000, but not greater than \$12,000,000

Pursuant to Executive Order #34, NJSDA is currently monitoring minority/woman-owned participation on all construction and goods and services contracts.

Please note, if any of the named subcontractors are a minority or woman owned firm, as well as an SBE, indicate this where appropriate.

** MBE/WBE B: Black H: Hispanic A: Asian N: Native American W: Woman ***Identity of race and gender is voluntary and not required