

# REQUIRED FORMS

## ENCLOSED FOR COMPLETION (MANDATORY):

- Form A; A1; A2; B; D & Trucking Commitment Schedule

## TO BE OBTAINED AND SUBMITTED (MANDATORY):

- Copy of a valid NJUCP DBE Certificate (Provided by 1<sup>st</sup> Tier DBEs.)

Consult DBE Program Requirements for further guidance.



**BIDDER SOLICITATION & CONTRACTOR INFORMATION - FORM A1**

NJT Contract No: \_\_\_\_\_ Project Title: \_\_\_\_\_  
 Prime Contractor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Complete the information below for Bidder/Proposer/Prime(s) working on the project. Use Page 2 for all subcontractors/subconsultants participating on or solicited for this project.*

|                                      | Bidder/Proposer/Prime | Bidder/Proposer/Prime | Bidder/Proposer/Prime |
|--------------------------------------|-----------------------|-----------------------|-----------------------|
| Company's Full Name                  |                       |                       |                       |
| Address                              |                       |                       |                       |
| City                                 |                       |                       |                       |
| Zip                                  |                       |                       |                       |
| County                               |                       |                       |                       |
| Phone                                |                       |                       |                       |
| Fax                                  |                       |                       |                       |
| E-mail                               |                       |                       |                       |
| Owner                                |                       |                       |                       |
| Date Established                     |                       |                       |                       |
| Date Certified                       |                       |                       |                       |
| Ethnicity                            |                       |                       |                       |
| Gender                               |                       |                       |                       |
| Certification Status: DBE or Non-DBE |                       |                       |                       |
| Federal Tax ID # / SSN #             |                       |                       |                       |
| Annual Gross Receipts:               |                       |                       |                       |
| A - Less than \$500K                 |                       |                       |                       |
| B - \$500K to \$1M                   |                       |                       |                       |
| C - \$1M to \$2M                     |                       |                       |                       |
| D - \$2M to \$5M                     |                       |                       |                       |
| E - \$5M and over                    |                       |                       |                       |
| indicate the letter that applies     |                       |                       |                       |
| Primary NAICS Code:                  |                       |                       |                       |

**BIDDER SOLICITATION & CONTRACTOR INFORMATION - FORM A1**

NJT Contract No: \_\_\_\_\_ Project Title: \_\_\_\_\_  
 Prime Contractor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Complete the information below for "all" subcontractors/subconsultants solicited for or participating on this project.*

|  | Subcontractor/Subconsultant | Subcontractor/Subconsultant | Subcontractor/Subconsultant |
|--|-----------------------------|-----------------------------|-----------------------------|
| Company's Full Name  |                             |                             |                             |
| Address  |                             |                             |                             |
| City   |                             |                             |                             |
| Zip  |                             |                             |                             |
| County   |                             |                             |                             |
| Phone  |                             |                             |                             |
| Fax  |                             |                             |                             |
| E-mail   |                             |                             |                             |
| Owner  |                             |                             |                             |
| Date Established   |                             |                             |                             |
| Date Certified   |                             |                             |                             |
| Ethnicity  |                             |                             |                             |
| Gender   |                             |                             |                             |
| Certification Status: DBE or Non-DBE   |                             |                             |                             |
| Federal Tax ID # / SSN #   |                             |                             |                             |
| Annual Gross Receipts:<br>A -- Less than \$500K<br>B - \$500K to \$1M<br>C - \$1M to \$2M<br>D - \$2M to \$5M<br>E - \$5M and over<br>indicate the letter that applies |                             |                             |                             |
| Primary NAICS Code:  |                             |                             |                             |

**NON-DBE SUBCONTRACTOR UTILIZATION - FORM A2**

*Directions: To be completed by any Bidder/Proposer/Prime for "all" subs including suppliers participating on this contract.*

NJ Transit Contract No: \_\_\_\_\_ Date: \_\_\_\_\_ Prime Contract Value: \_\_\_\_\_  
 Bidder/Proposer Prime Name: \_\_\_\_\_ Project Title: \_\_\_\_\_

| Name, Address and Telephone # of all Subcontractor/Subconsultants                | FEIN # | Provide Detailed Scope of Work to be Performed | Dollar Amount of Subcontractor/Subconsultant Work (\$) | Percentage of Subcontract or Work (%) |
|--|--------|--|--|---------------------------------------|
|  |        |  | \$   | %                                     |
|  |        |  | \$   | %                                     |
|  |        |  | \$   | %                                     |
|  |        |  | \$   | %                                     |
|  |        |  | \$   | %                                     |
| Must provide a detailed scope of work; one-word descriptions are not acceptable. |        |  |  |                                       |
| <b>TOTALS</b>  |        |  | \$   | %                                     |

**INTENT TO PERFORM AS A 1<sup>ST</sup> TIER DBE - FORM B**

The Bidder/Proposer/Prime is prohibited from completing any portion of this form and directing the DBE to sign a blank form.

DIRECTIONS: DBE(s) listed on the Form A must complete all information on this form.

\_\_\_\_\_  
Name of Bidder/Proposer/Prime:

\_\_\_\_\_  
Name of DBE Firm:

\_\_\_\_\_  
Project/Contract Name:

\_\_\_\_\_  
IFB/RFP Contract Number:

**Does the undersigned DBE (Answer Accordingly):**

Intend to perform subcontract work in connection with the above-mentioned project as a Joint Venture? Circle one. (Yes or No)

Intend to subcontract any portion of its scope of work to a DBE(s)? Circle one. (Yes or No)  
*If yes, DBE Sub-Primes must complete and submit Form AA.* At what percent? \_\_\_\_\_ %

Intend to subcontract any portion of its scope of work to a Non-DBE(s)? Circle one. (Yes or No)  
*If yes, must complete and submit Form AA2.* At what percent? \_\_\_\_\_ %

The undersigned will perform the following described work on the above-referenced project: *(Provide a detailed description of the type of work you will perform on your subcontract. Attach a copy of quote approved and signed by Bidder (optional)).*

\_\_\_\_\_  
\_\_\_\_\_

Dollar Value of DBE Subcontract: \$ \_\_\_\_\_

Total Quantity/Units (if applicable): \_\_\_\_\_ Per Unit Cost (if applicable): \$ \_\_\_\_\_

The undersigned based the above scope of work and subcontract value on detailed project specs received from the Bidder contractor named above. Circle one. (Yes or No)

The Prime Contractor *projected* the following commencement and completion date for such work as follows:

DBE Contract Start Date: \_\_\_\_\_ DBE Contract Completion Date \_\_\_\_\_

The undersigned DBE will enter into a formal agreement for the above work with the Prime Contractor conditioned upon execution of a contract with NJ TRANSIT. As a DBE subcontractor, I will cooperate with the certification, compliance and monitoring process set forth by NJ TRANSIT. I attest that I will perform at least 51% of my subcontract with my own workforce for the referenced project.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Tier DBE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone #:

Failure to adhere to these instructions or the falsification of any information on this form shall result in breach of contract and subject to the appropriate penalties to be determined by NJ TRANSIT.

ADDENDUM

**FORM D INSTRUCTION SHEET**  
**PRE AND POST AWARD GOOD FAITH EFFORT (IF APPLICABLE)**

**Required for all DBE subcontractors who decline to provide a quote.**  
**Applies in pre and post-award.**

**Important**

Bidder/proposer/prime compliance with contract goals and good faith efforts are handled as a matter of responsibility. If the bidder/proposer/prime did not meet the goal, they must document that they made Good Faith Efforts to do so. This requirement is an important and serious one. NJ Transit's Office of Business Diversity will make a fair and reasonable judgment as to whether the bidder made adequate Good Faith Efforts.

Bidders/proposers/primes are required to read the DBE Program Requirements and the guidelines/ instructions of all forms; and required to submit all forms in the Addendum (mandatory) and Supplemental Section (if applicable) with the bid/proposal or within seven (7) days after bid/proposal submission.

**Guidelines to Bidder/Proposer/Prime:**

- FORM D outlines actions that may be considered good faith efforts though it is not a mandatory checklist, nor is it intended to be exclusive or exhaustive. Please read DBE Program Requirements for further guidance.
- Bidder/Proposer/Prime must complete FORM D if and when it fails to meet the DBE goal.
- FORM D must be completed in this instance for any DBE firms which were solicited but declined to quote for the project.
- DBE firm must sign Page 2 of FORM D. If DBE declines to do so, submit completed form with bidder/proposer/prime signature only and the Office of Business Diversity will verify information with DBE.
- If/when the contract goal is not met, the fact that there may be some additional costs involved in finding and using DBEs is not in itself sufficient reason for a bidder's failure to meet the contract DBE goal, as long as such costs are reasonable. Prime contractors are not, however, required to accept higher quotes from DBEs if the price difference is excessive or unreasonable.
  - In short, unless the price difference is excessive or unreasonable, incurring additional costs in using and finding a DBE is not sufficient reason to reject the DBE quote or not to meet the contract goal.

**Instructions:**

- On Page 1 of FORM D, indicate with a check mark the various types of detailed good faith efforts made and attach documentation of such efforts. Types of acceptable documentation are listed on Page 2.
- Document any other type of good faith efforts not listed on Page 1.
- Complete this form entirely.

Bidders/proposers/primes are to provide the required forms and instruction sheet, including the Supplemental section to their 1<sup>st</sup> Tier DBE subs. DBE sub-primes must provide required forms under Supplemental section to their 2<sup>nd</sup> Tier DBE/Non-DBE subs, if applicable. Please contact the compliance officer identified for this contract at the pre-bid/proposal conference for guidance on completing any of these forms.

**DBE GOOD FAITH EFFORT- FORM D**

IFB/RFP Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Bidder/Proposer/Prime Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Signed: \_\_\_\_\_

The following is a list of the types of actions that may be considered good faith efforts. It is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases, however please check all that apply in this instance. Please provide documentation for ALL instances selected.

- Selected portions of work to be performed by DBEs and, where appropriate, broke down contracts into economically feasible units to facilitate DBE participation.
- Provided interested DBE with adequate information about plans, specifications, and requirements of the contract.
- Negotiated in good faith with interested DBE, not rejecting DBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
- Made efforts to assist interested DBE in obtaining bonding, lines of credit, or insurance required by NJ Transit or Bidder.
- Made efforts to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services.
- Advertised subcontracting opportunities in appropriate media.
- Used the services of minority organizations, minority contractors' groups, local state and federal minority business assistance offices and other organizations that provide assistance identifying subcontractors.
- Provided written notice to DBEs in sufficient time to allow the DBE to respond. (Provide copy of documentation with Page 2.)
- Followed up initial solicitation of interest by contacting DBE to determine interest. (Provide proof of follow up with Page 2.)

Describe any other efforts not covered above that may indicate Good Faith Efforts to obtain DBE participation on this project and provide documentation.





**Form E - Prime Contractor's DBE Payment Certification**

- 1. Have **all** DBE subcontractors with executed subcontracts been paid amounts due from previous progress payments?  
 **If yes, skip the next section and go to number 3.**  
 **If no, please complete fields in box below: (Use additional paper, if needed)**

| DBE SubContractor Name | Amount Withheld From Invoice (\$) | Total of Invoice Amount (\$) | Invoice Number | Invoice Date | Specific Reason for Withholding |
|------------------------|-----------------------------------|------------------------------|----------------|--------------|---------------------------------|
|                        |                                   |                              |                |              |                                 |

- 2. Have you notified the DBE subcontractor(s) that you are withholding payment and the reason(s) why?  
 **If yes, provide a copy of written notification to the DBE subcontractor with this form, indicating the date of notification.**  
 **If no, lack of prior written notification to the DBE(s) that you are withholding payment violates the prompt payment clause guidelines. Please contact the DBE immediately, and provide a copy of written notification to the subcontractor with this form.**

3. By signing this form, I certify that all of the above represent true and accurate information.

**Note: CFO or equivalent Sr. Manager must complete and sign off on this form.**

PROJECT DIRECTOR NAME (PRINT) \_\_\_\_\_ PROJECT DIRECTOR (SIGNATURE) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE

Additional Reasons/Comments for Withholding Payment:

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DO NOT WRITE BELOW. DEPARTMENTAL USE ONLY.

- Approved
- Denied

THIS FORM IS DUE ON THE 7TH OF EACH MONTH Please forward to:  
 Office of Civil Rights and Diversity Programs  
 Business Development  
 NJ TRANSIT  
 One Penn Plaza East, 6<sup>th</sup> Fl  
 Newark, New Jersey 07105-2246

This form is not to be altered in any way.

For assistance completing this form, call 973-491-7539, 8058, 8768, 8575, 8069, 8941 Fed Form E rev Sept 2010

DBE PRIME CONTRACTOR'S MONTHLY PAYMENTS FROM NJ TRANSIT  
 INFORMATION ON CONTRACT

DATE CONTRACT EXECUTED: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_ REPORT FOR THE MONTH OF: \_\_\_\_\_ YEAR \_\_\_\_\_

ORIGINAL CONTRACT AMOUNT: \_\_\_\_\_ FED TAX ID #: \_\_\_\_\_

CHANGE ORDERS (OVERALL INC/DEC.): \_\_\_\_\_ PURCHASE ORDER #: \_\_\_\_\_

TOTAL CONTRACT AMOUNT TO DATE: \_\_\_\_\_ NAME OF PROJECT: \_\_\_\_\_

| Original Contract Value | Change Order Amount +/- | Date of Change Order | New Contract Value | Payments Received This Month | Total Payments Received to Date | % Work Completed To Date | Final Pmt Y/N |
|-------------------------|-------------------------|----------------------|--------------------|------------------------------|---------------------------------|--------------------------|---------------|
|                         |                         |                      |                    |                              |                                 |                          |               |
|                         |                         |                      |                    |                              |                                 |                          |               |
| <b>TOTALS:</b>          |                         |                      |                    |                              |                                 |                          |               |

PRIME INVOICE 30 DAYS PAST DUE FROM NJT:

NJ TRANSIT

Invoice Date \_\_\_\_\_ Reference # \_\_\_\_\_ No. Days Past Due Amount \_\_\_\_\_

Project Manager (Name): \_\_\_\_\_

Telephone #: \_\_\_\_\_

PRIME CONTRACTOR INFORMATION

Firm Name: \_\_\_\_\_

Compliance Officer (Name): \_\_\_\_\_

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

FORM IS DUE ON THE 7<sup>TH</sup> OF EACH MONTH.

PLEASE FORWARD TO:

NJ TRANSIT

Manager, Contract Compliance

Office of Business Diversity - 6<sup>TH</sup> FL

One Penn Plaza East

Newark, New Jersey 07105-2246

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

**DBE SUBCONTRACTOR Monthly Payment Report - Form E2**

Name of DBE Firm: \_\_\_\_\_ Report for the Month of: \_\_\_\_\_  
 DBE's FEIN#: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
 DBE Address: \_\_\_\_\_ Contract Name: \_\_\_\_\_  
 DBE Telephone #: \_\_\_\_\_ DBE Contract Start Date: \_\_\_\_\_

**Prime Contractor's Information:**

Name of Prime: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**DBE PAYMENT INFO: Itemize payments/invoices and dates if received/submitted more than one payment/invoice between the 1<sup>st</sup> and 31<sup>st</sup> of THIS Month.**

| Work Task Performed | Original Subcontract Amount \$ | Change Order Amount (+/-) | Invoice #(s) Submitted in this month | Dollar Amount of Each Invoice Submitted in this Month | Date of Invoice(s) Submitted this Month | Total Payments Received by DBE In this Month * (\$) | Date Payment(s) Received in this Month | Total Payments Received by DBE To Date (\$) | Total % Work To Date | Final Payment? Y or N |
|---------------------|--------------------------------|---------------------------|--------------------------------------|---|---|---|--|---|----------------------|-----------------------|
|                     |                                |                           |                                      |   |   |   |  |   |                      |                       |
|                     |                                |                           |                                      |   |   |   |  |   |                      |                       |
| TOTALS →            | \$                             | \$                        | TOTALS →                             | \$  | TOTALS →                                | \$  | TOTALS →                               | \$  |                      |                       |

Is retainage held on your subcontract? **Yes** or **No** (circle one) If yes, how much? \$ \_\_\_\_\_. Did your final payment include retainage? **Yes** or **No** (circle one)

**Past Due Invoice(s) Information: List any invoice more than 40 days past due from date submitted to prime at the time you complete this form.**

| Invoice # | Invoice Date | Invoice Amount (\$) | Number of Days Past Due | Comments: use additional paper if necessary |
|-----------|--------------|---------------------|-------------------------|---|
|           |              |                     |                         |   |
|           |              |                     |                         |   |

**Note: CFO or equivalent Sr. Manager must complete and sign off on this form.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM IS DUE ON THE 7<sup>TH</sup> OF EACH MONTH IMMEDIATELY FOLLOWING DBE'S SUBCONTRACT START DATE, EVEN IF PAYMENT NOT RECEIVED.

**Please mail this form to:**  
 NJ TRANSIT, Office of Business Development, One Penn Plaza East, 6<sup>th</sup> Fl, Newark, New Jersey 07105-2246

## DBE TRUCKING COMMITMENT

### AGREEMENT

The DBE Trucking Firm Commitment Agreement sheet attached must be signed and completed entirely. Make duplicate copies for additional subcontractors as needed. Please read DBE Requirement Language for details.

- DBEs must provide information for all DBE/Non-DBE trucking firms it will lease from or subcontract to.
  - *Subcontracting to a Non-DBE trucker means that the Non-DBE will perform a portion of the DBE firm's subcontract.*
  - *2<sup>nd</sup> Tier DBE trucking firms must perform 100% of their total subcontract value.*
- For Non-DBE leased trucks, credit will only be given for the fee/commission that is received for arranging the transportation services.
  - *All DBE-leased trucks are required to reflect the DBE firm's company name and identification number.*

Copies of the following items must be attached for ALL trucks owned by the DBE:

- Proof of ownership: title(s) or finance agreement(s) ONLY
- registration card(s)
- insurance card(s)
- hazardous waste license(s), if applicable
- apportioned cab card(s), if applicable

Copies of the following items must be attached for ALL DBE/non-DBE trucks leased by the DBE:

**MANDATORY FORM**

- lease agreement(s)
- title(s)
- registration card(s)
- insurance card(s)
- hazardous waste license(s), if applicable
- apportioned cab card(s), if applicable



