

NEW JERSEY TRANSIT CORPORATION - FORM A-1 (State)
 SUBCONTRACTOR INFORMATION & BIDDERS SOLICITATION LOG

NJT Contract No: _____ Project Name: _____

Contractor Name: _____ Address: _____

Complete the information below for ALL CONTRACTORS WORKING ON AND SOLICITED FOR THIS PROJECT. To report additional subcontractors use additional forms.

	PRIME CONTRACTOR	SUBCONTRACTOR	SUBCONTRACTOR
Company's Full Name			
Address			
City			
Zip			
County			
Phone			
Fax			
E-mail			
Owner			
Date Established			
Date Certified			
Ethnicity			
Gender			
Certification Status: Non SBE or SBE I, SBE II, SBE III or SBE IV, SBE V (please indicate all that apply)			
Federal Tax ID # / SSN #			
Primary Industry Operation Code:			

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NON-SBE 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.				
TOTALS			\$	%

NEW JERSEY TRANSIT CORPORATION
FORM B
FOR STATE FUNDED PROJECTS
SMALL BUSINESS ENTERPRISE - SBE
INTENT TO PERFORM AS A SUBCONTRACTOR

TO: _____ IFB/RFP NUMBER: _____
Name of Prime Contractor

PROJECT NAME: _____

The undersigned intends to perform subcontract work in connection with the above-mentioned project as (Check One):

_____ An Individual _____ A Corporation

_____ A Partnership _____ A Joint Venture

The SBE status of the undersigned is confirmed on the attached Affidavit of Small Business Enterprise (NJ TRANSIT SBE Form C).

The undersigned is prepared to perform the following described work in connection with the above-referenced project:

At the following price: \$ _____

NOTE: Eliminate Price on Professional Service Contracts Only.

The Prime Contractor has projected the following commencement date for such work, and the undersigned projects completion of such work as follows:

_____ Project Commencement Date

_____ Projected Completion Date

With respect to the proposed subcontract described above, _____ % of the dollar value of such subcontract will be sublet and/or awarded to Non-SBE Contractors and/or Non-SBE Suppliers.

The undersigned 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 SBE Contractor, I will cooperate with the certification and monitoring process set forth by NJ TRANSIT for the referenced project.

Signature of SBE Date

Print Name

Title

Name of SBE Firm FEIN#

Address

Telephone #: ()

NEW JERSEY TRANSIT CORPORATION
FORM C
FOR STATE FUNDED PROJECTS
SMALL BUSINESS ENTERPRISE
AFFIDAVIT OF SMALL BUSINESS ENTERPRISE

IFB/RFP CONTRACT NUMBER: _____

Project Name: _____

I HEREBY DECLARE AND AFFIRM that I am the _____
and duly authorized representative of the firm of _____
located in the STATE OF _____ and COUNTY OF _____ .

I declare and affirm that I am a Small Business Enterprise as defined in NJ TRANSIT's SBE Requirements and that I will provide information requested by New Jersey Transit Corporation to document that fact.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

Date

Affiant

Address

STATE OF _____
COUNTY (CITY) OF _____

On this _____ day of _____, 20____, before me, _____
_____, the person described in the foregoing Affidavit acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof, I hereunto set my official seal

Notary Public (Seal)

My Commission Expires _____

MANDATORY FORM (IF APPLICABLE)

**NEW JERSEY TRANSIT CORPORATION
FORM D
FOR STATE FUNDED PROJECTS
SMALL BUSINESS ENTERPRISE
SBE UNAVAILABILITY CERTIFICATION – GOOD FAITH EFFORT**

IFB/RFP NUMBER: _____

PROJECT TITLE: _____

I, _____
Name Title

of _____
Prime Contractor

Certify that on _____, I contacted the below named SBE to obtain a
Date Bid/Proposal for work items to be performed on the Project named above.

SBE: _____
Firm Name

Type of Work Requested to be performed: _____

To the best of my knowledge and belief, said SBE was unavailable for work on this project, *exclusive of unavailability due to lack of agreement on price*, and was unable to prepare a bid for the following reason(s): _____

Signature of Prime Contractor

Date

The above statement is a true and accurate account of why I did not submit a bid on this project. (Below is to be signed by SBE firm only)

Signature of SBE Firm

Date

Name of SBE Firm

Print Name

Address

Print Title

Telephone #: ()