

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 <u>Detailed</u> Scope of Work to be Performed	Dollar Amount of Subcontractor/Sub-consultant Work (\$) Awarded	Percentage of Subcontract or Work (%)
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
Must provide a detailed scope of work; one-word descriptions are not acceptable.		<b>TOTALS</b>	\$	%

To Add Subs Use Additional Forms

NJT State FORM A2 effect 7.22.10 rev July 2010