

**NJ TRANSIT CORPORATION  
REQUIREMENTS FOR STATE FUNDED  
SMALL BUSINESSES ENTERPRISES SET-ASIDE CONTRACTS**

**Assigned Goal: 100% SBE Goal, Category \_\_\_\_\_ and under.**

Responsible Bidder Criteria:

The apparent low bidder or highest ranked proposer must submit the following forms either with the bid or within seven (7) days after the bid/proposal opening.

- A valid SBE Certificate issued by the State New Jersey
- Form A
- Form A1
- Form A2

Post-Award Obligation:

- Form E-1 SBE Set-Aside Contractor's Monthly Payment Report

This form documents monthly payments made to the prime by NJ TRANSIT and must be submitted by the 7th of every month to NJ TRANSIT's Office of Business Diversity, Manager Contract Compliance, One Penn Plaza East 6<sup>th</sup> fl, Newark NJ 07105-2246.



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: <b>Non SBE or SBE I, SBE II, SBE III or SBE IV, SBE V (please indicate all that apply)</b>			
Federal Tax ID # / SSN #			
Primary Industry Operation Code:			

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 (%)
			\$	%
			\$	%
			\$	%
			\$	%
<b>TOTALS</b>			\$	%
<b>Must provide a detailed scope of work; one-word descriptions are not acceptable.</b>				

SBE 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.