

## **SUPPLEMENTAL SECTION REQUIRED FORMS**

**ENCLOSED FOR COMPLETION (IF APPLICABLE):**

- **Form AA; AA1; AA2; BB; & Trucking Commitment Schedule**

**TO BE OBTAINED AND SUBMITTED (IF APPLICABLE):**

- **Copy of a valid NJUCP DBE Certificate (Provided by 2<sup>nd</sup> Tier DBEs.)**

Consult DBE Program Requirements for further guidance.

SECOND TIER DBE UTILIZATION- FORM AA

Project Name: \_\_\_\_\_ NJT Contract No: \_\_\_\_\_

DBE Sub-Prime (First Tier) Subcontractor Contract Value (\$): \_\_\_\_\_

I plan to subcontract \_\_\_\_\_% of my subcontract to Second Tier DBE subcontractor(s)/subconsultant(s) listed on the chart below to perform/supply the following:

*Second Tier DBE subs must perform 100% of their scope of work.*

Name, Address and Telephone # of Second Tier DBE Subcontractor/Subconsultant	Provide <u>Detailed</u> Scope of Work to be Performed	Dollar Value of Subcontractor/Subconsultant Work (\$) Awarded	Percentage of Subcontractor Work (%)
			%
			%
Any First-Tier DBE firm listed on the Form A must identify any DBE firm it will use to perform its scope of work.			%
<b>TOTALS</b>		\$	%

The undersigned understands its approval to perform on the above contract is based upon its identified DBE team listed above and its Non-DBE team listed on the Form AA2. The DBE Sub-Prime must receive written approval from the Office of Business Development for any changes to its DBE and/or Non-DBE subcontractors, their dollar values or scope of work identified on the Form AA and/or AA2 before making any changes. It attests that the identified firms will perform all work. Failure to adhere to, or falsification of any information contained herein shall result in breach of contract and subject to corrective action to be determined by NJ TRANSIT.

DBE Sub-Prime Firm: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Company Address: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Federal Tax ID #: \_\_\_\_\_ Sub-Prime's DBE Liaison Officer: \_\_\_\_\_

Company Tel #: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**BIDDER SOLICITATION & CONTRACTOR INFORMATION - FORM AA1**

NJT Contract No: \_\_\_\_\_ Project Title: \_\_\_\_\_  
 DBE Sub-Prime: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Complete the information below for Second Tier contractor(s) participating on the 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: <b>DBE or Non-DBE</b>			
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:			

To Add Subs Use Additional Forms

**NON-DBE SECOND TIER SUBCONTRACTOR UTILIZATION - FORM AA2**

*Directions: To be completed by any DBE Sub-Prime Contractor for "all" subs including suppliers participating on this contract.*

NJ Transit Contract No: \_\_\_\_\_ Date: \_\_\_\_\_ DBE Sub-Prime Contract Value: \$ \_\_\_\_\_

DBE Sub-Prime Contractor Name: \_\_\_\_\_ Project Title: \_\_\_\_\_

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

**INTENT TO PERFORM AS A SECOND TIER DBE - FORM BB**

The Bidder 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 AA must complete all information on this form and must complete Form AA2 for any Non-DBE subcontractor performing a portion of its subcontract.

\_\_\_\_\_  
Name of First Tier DBE/Sub-Prime:

\_\_\_\_\_  
Name of Second Tier DBE Firm:

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

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

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

Will you subcontract any portion of your scope of work to a DBE(s)? Circle one. (Yes or No)

Will you subcontract any portion of your scope of work to a Non-DBE(s)? Circle one. (Yes or No)

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 DBE Sub-Prime 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 DBE Sub-Prime conditioned upon execution of a contract with the Prime on the project. As a Second Tier DBE subcontractor, I will cooperate with the certification, compliance and monitoring process set forth by NJ TRANSIT. I attest that I will perform 100% of my subcontract with my own workforce for the referenced project.

\_\_\_\_\_  
Signature of Second 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 as determined by NJ TRANSIT.

## 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





