

**NORTH JERSEY DISTRICT WATER SUPPLY COMMISSION
SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM AND
DISABLED VETERAN-OWNED BUSINESS ("DVOB") SET-ASIDE PROGRAM
FORM A*
SBE/DVOB PARTICIPATION SCHEDULE**

Bid Solicitation Number: _____ Project Title: _____

SBE GOAL% _____ DVOB GOAL% _____

NAME AND ADDRESS OF SBE 1, 2, 3, 4 and/or 5, 6 or DVOB SUBCONTRACTOR	S B E 1	S B E 2	S B E 3	S B E 4	S B E 5	S B E 6	D V O B	** M B E	** W B E	TYPE OF WORK TO BE PERFORMED	DOLLAR AMOUNT OF SUBCONTRACTOR WORK***	SUB- CONTRACT %

The undersigned will enter into a formal agreement with the SBE(s)/DVOB(s) listed in this schedule conditioned upon execution of a contract with the Commission for the above referenced project.

Authorized Signature: _____ Name of Company: _____

Print Name: _____ Title _____ Prime Contractor's Liaison Officer: _____

Company Phone # _____ Company Address: _____

This form MUST be completed and submitted within seven (7) days after Notice of Award.

SBE Prime or DVOB Prime Contractors need only to complete this form for their firm.

* In the event Form A cannot be completed, or if the percentage of the goal for the contract is not met, Form D must be completed.

** The provision of this information is voluntary and will not be considered in determining the successful bid or in calculating SBE or DVOB participation.

*** Eliminate Price in Professional Service Contracts Only.