

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

Bid Solicitation Number: _____ Estimate Number _____ (Note if Final) Period Ending _____

NAME & ADDRESS OF SBE OR DVOB SUBCONTRACTOR	PAY ITEM & DESCRIPTION OR PARTS THEREOF, OF WORK PERFORMED	DATES OF COMMENCEMENT & ESTIMATED COMPLETION	ACTUAL AMOUNT PAID THIS PERIOD	TOTAL AMOUNT PAID TO DATE	ESTIMATED AMOUNT TO BE PAID AT END OF CONTRACT	M/WBE (optional)
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

CERTIFICATES FOR PAYMENTS SUBMITTED WITHOUT THE COMPLETED SBE-DVOB FORM E WILL NOT BE PROCESSED.

IN WITNESS WHEREOF the undersigned has hereunto set its

Hand and seal this _____ day of _____, 20

By: _____

WITNESS OR ATTEST:

Prime Contractor:

Prime Contractor's SBE/DVOB Liaison Officer

Telephone Number/Email _____