

## **SET ASIDE:**

In accordance with the requirements of N.J.A.C. 17:13 and N.J.A.C. 17:14, as amended, the Authority is required to develop a Set-aside business plan for Small Business Enterprises (SBEs). **The Authority encourages the participation of SBE firms as registered by with the New Jersey Department of Treasury, Division of Revenue and Enterprise Services - Business Services Bureau** for the services subject to this RFQ/P. Information regarding SBE registration and MBE, WBE and VOB certification may be obtained by contacting the Office of Business Services at 609-292-2146 or at their offices at 33 West State Street, PO Box 820, Trenton, NJ 08625-0820 or on-line, via the State's Business website at:

<http://njportal.com/DOR/SBERegistry/>

It is the Authority's goal to award twenty-five (25%) percent of the dollar value of its contracts to eligible small businesses whose principal place of business is New Jersey, are independently owned and operated, have no more than one hundred (100) full-time employees, and whose gross revenues do not exceed \$12 million dollars or the applicable annual revenue standards set forth in 13 CFR 121. 201, incorporated herein by reference and as may be adjusted periodically, whichever is higher, and satisfies any additional eligibility standards under this chapter.

(reference [www.sba.gov/tools/resourcelibrary/laws.and.regultaions/index.html](http://www.sba.gov/tools/resourcelibrary/laws.and.regultaions/index.html))  
(NAICS Codes can be obtained at [www.census.gov/epcd/www/naics.html](http://www.census.gov/epcd/www/naics.html))

## **FOR GOODS AND SERVICES:**

It is the Authority's goal to award:

Ten (10%) percent of its contracts to eligible small businesses whose principal place of business is New Jersey, is independently owned and operated, has no more than 100 full-time employees, and whose gross revenues do not exceed **\$500,000**;

Fifteen (15%) percent of its contracts to eligible small businesses whose principal place of business is New Jersey, is independently owned and operated has no more than 100 full-time employees, and whose gross revenues do not exceed **\$12 million dollars** or the applicable federal revenue standards established at 13 CFR 121. 201 incorporated herein by reference, whichever is higher.

The Proposer, its joint venture partners, if any, and any named subcontractors and/or subconsultant firms should **complete the attached "Set-Aside Information Form" as well as the "Set-Aside Compliance Certificate" and submit both with the proposal.**

Failure to complete and submit both the "Set-Aside Information Form" and the "Set-Aside Compliance Certificate" may result in a delay in evaluating the proposal. The Proposer's "Set Aside Compliance Certificate" will convey information in sufficient detail to permit the Authority to effectively assess the Proposer's plan for attaining the specified Set-Aside goal or documenting the Proposer's good faith effort to meet the Set-aside goal.

The successful Proposer must submit a "Monthly Status Report" with its invoice. Invoices will not be processed unless accompanied by the "Monthly Status Report'.

## **ORDER 34 (2006) and PUBLIC LAW 2011, c. 147 COMPLIANCE:**

In accordance with Executive Order 34 (2006) and Public Law 2011, c. 147, the Authority encourages the use of Minority-owned Business Enterprises (MBSs) and Woman-owned Business Enterprises (WBEs) and MBE and WBE subcontractor and/or subconsultant firms as well as Veteran-owned Business Enterprises (VOBs) and VOB subcontractor and/or subconsultant firms, respectively.



**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY  
SET ASIDE INFORMATION FORM  
GOODS AND SERVICES**

RFQ/P or RFB#: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you registered with the NJ Department of Treasury, Division of Minority and Women Business Development - Office of Business Services (Business Call Center - 866-534-7789) as a Small Business Enterprise (SBE)?

\_\_\_\_\_ Yes \_\_\_\_\_ No [If yes, attach copy of Certificate of Registration]

If Yes, Registration Number: \_\_\_\_\_

If no, have you applied with the Division to become registered? \_\_\_\_\_ Yes \_\_\_\_\_ No

Application date: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Commodity Code: \_\_\_\_\_

Is your company a corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your Company a Small Business Enterprise (SBE) [*no more than 100 full-time employees*]:

\_\_\_\_\_ Small Business with Gross Revenues that *do not* exceed \$500,000.

\_\_\_\_\_ Small Business with Gross Revenues that *do not* exceed \$12 million or the applicable Federal Revenue Standards established at 13 CFR 121.201 incorporated herein by reference, whichever is higher.

Is your company a Minority-Owned Business (MBE)? \_\_\_\_\_ Yes \_\_\_\_\_ No [optional]

If yes, please specify Ethnicity: \_\_\_\_\_ [optional]

Is your company a Woman-Owned Business (WBE)? \_\_\_\_\_ Yes \_\_\_\_\_ No [optional]

Please answer all questions, check those responses that apply, and return to:

**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY  
ATTN: Internal Process Management Department  
P.O. Box 990  
Trenton, NJ 08625-0990**



**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY  
SET-ASIDE COMPLIANCE CERTIFICATE  
GOODS AND SERVICES CONTRACTS -  
SMALL BUSINESS ENTERPRISE (SBE)**

**Name of Firm:** \_\_\_\_\_  
(“the Firm”)

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Contact Name and Title:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

I hereby certify that the Firm will comply with New Jersey laws pertaining to set-aside contracts and am aware that the Firm is subject to criminal and civil penalties, including debarment, in the event of non-compliance. I further certify that the Firm will make a good faith effort to meet the set aside goals and am aware that the Firm must document these efforts and supply such documentation to the New Jersey Economic Development Authority.

I am aware that, if awarded a contract, the Firm must submit a *Monthly Status Report (Exhibit J)* with all invoices, to the Authority and that invoices will not be processed unless accompanied by the *Monthly Status Report*. I am also aware that this “Set-Aside Compliance Certificate” is a mandatory requirement to be completed and included as part of the Firm’s proposal and that failure to submit this “Set-Aside Compliance Certificate” shall be a sufficient basis to deem the Firm’s proposal / bid non-responsive and thus subject to mandatory rejection.

The Firm lists the following pool of certified SBE subcontractor firms by attaching a copy of *Set Aside Information Form (Exhibit H)* for each subcontractor, in order to permit the Authority to effectively assess the Firm’s plan for attaining the specified set-aside goals and / or documenting the Firm’s good faith effort to meet the set-aside goals:

- Small Business with Gross Revenues that *do not* exceed \$500,000 (10%):
- Small Business with Gross Revenues that *do not* exceed \$12 Million (15%):

**Dated:** \_\_\_\_\_

**By:** \_\_\_\_\_  
*Name of Authorized Representative of Firm Noted Above*

\_\_\_\_\_  
*Print Name of Authorized Representative Signing Document*

\_\_\_\_\_  
*Title of Authorized Representative*

**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY  
MONTHLY STATUS REPORT - GOODS AND SERVICES**

<b>1. Project Name:</b>				<b>2. Original Contract Amount:</b>								
<b>Primary Professional Services Firm:</b>				<b>2a. Current Contract Amount:</b>								
<b>Invoice Date:</b>				<b>Invoice No.:</b>				<b>2b. Amount Billed to Date (including this invoice):</b>				
				<b>2c. Invoice Amount:</b>								

1 List all contracted SBE firms	2 Category [SBE < \$500,000] [SBE < \$12 million]	3 Specify Work Items to be Completed by SBE Firm	4 Dollar Amount of Executed Contract	5 Dollar Amount Paid to SBE Firm on this Invoice	6 Dollar Amount Paid to Date to SBE Firm		7 Total \$ Paid to SBE Firms to Date	8 Percentage of \$ Paid to Date (7/2a)	9 Total Percentage for Contract (4/2a)	10 Is Firm a MBE? (Yes/No) [optional]	11 Is Firm a WBE? (Yes/No) [optional]	12 Is Firm's Business Registration on file at NJEDA? (Yes/No)
						<b>SBE &lt; \$500,000</b>						
						<b>SBE &lt; \$12 million</b>						

<p>13. I CERTIFY THAT THE ABOVE FIRMS WERE AWARDED CONTRACTS, THAT THE AMOUNTS LISTED ARE ACCURATE, AND THAT PAYMENTS WERE MADE IN ACCORDANCE WITH CONTRACTUAL OBLIGATIONS. CANCELED CHECKS AND/OR SUPPORTING INFORMATION WILL BE ON FILE FOR INSPECTION OR AUDIT.</p>	<p>Any questions regarding this form should be directed to Geraldine M. Stout – Procurement Officer (609) 633-9169 or Steven Quattro – Program Manager – Compliance at (609)341-5292.</p> <p><b><u>Please return this form with your monthly invoice to:</u></b> New Jersey Economic Development Authority P.O. Box 990 Trenton, NJ 08625-0990</p> <p><b>Please forward this document with your invoice to the individual responsible for managing your contract.</b></p>					
<table style="width:100%; border: none;"> <tr> <td style="border: none;">_____ Firm's Authorized Representative's Signature</td> <td style="border: none;">_____ Authorized Representative's Title</td> <td style="border: none;">_____ Date</td> <td style="border: none;">_____ E-Mail Address</td> <td style="border: none;">_____ Telephone #</td> </tr> </table>	_____ Firm's Authorized Representative's Signature	_____ Authorized Representative's Title	_____ Date	_____ E-Mail Address	_____ Telephone #	
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