



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

In accordance with Executive Order 34 (2006) and Public Law 2011 c. 147, the New Jersey Economic Development Authority encourages use of Small Business Enterprises in all contracts. The Authority also encourages use of Woman-owned, Minority-owned and Veteran-owned Business Enterprises.

RFQ/P or RFB #: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NAME & TITLE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

Is your company registered with the State of New Jersey, Division of Revenue and Enterprise Services as a Small Business Enterprise (SBE)? YES NO

If Yes, indicate Certificate Number: _____
(attach a copy of your Certificate)

If No, have you submitted a registration application to the Division? YES NO

Application Date: _____ NIGP Commodity Code(s): _____

Business Type: _____

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 from \$500,000 to \$5 million
- 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

If Yes, specify Ethnicity (*optional*): _____

Is your company a Woman-owned Business (WBE)? YES NO

Is your company a Veteran-owned Business (VOB)? YES NO

Return Completed Form To:
NJ Economic Development Authority | Attn: Internal Process Management | 36 West State Street, PO Box 990 | Trenton, NJ 08625-0990



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

RFQ/P or RFB #: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NAME & TITLE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

I hereby certify that the Company will comply with all New Jersey laws pertaining to Set-Aside contracts and am aware that the Company is subject to criminal and civil penalties, including debarment, in the event of non-compliance. I further certify that the Company will make a good faith effort to meet the Set-Aside goals and am aware that documentation of these efforts must be supplied to the New Jersey Economic Development Authority.

I am aware that, if awarded a contract, the Company must submit a Monthly Status Report (MSR) to the New Jersey Economic Development Authority with all invoices and that invoices will not be processed unless accompanied by a Monthly Status Report (MSR). I am also aware that this Set-Aside Compliance Certificate is a mandatory requirement that must be completed and submitted with the Company's proposal/bid. Failure to submit this Set-Aside Compliance Certificate will render the Company's proposal/bid non-responsive and subject to mandatory rejection.

The Company shall document its' pool of Certified Small Business Enterprise (SBE) Sub-contractor firms by submitting a Set-Aside Information Form for each sub-contractor. This will enable the Authority to assess the Company's plan to attain the Set-Aside goals and/or document the Company's good faith effort to meet the Set-Aside goals detailed below.

- Small Business with gross revenues that do not exceed \$500,000 - 10%
- 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 - 15%

Authorized Company Representative Name

Title

Authorized Company Representative Signature

Date

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

1. Project Name: _____

Primary Professional Services Firm: _____

Invoice Date: _____ **Invoice No.:** _____

2. Original Contract Amount: _____

2a. Current Contract Amount: _____

2b. Amount Billed to Date (including this invoice): _____

2c. Invoice Amount: _____

1 List all contracted SBE firms (Attach Certification or Registration form)	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) (If no, attach)
						SBE < \$500,000					
						SBE < \$12 million					

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. I FURTHER CERTIFY THAT ALL CERTIFICATION &/OR REGISTRATION FORMS ARE VALID.

Any questions regarding this form should be directed to Cathleen Schweppenheiser at (609) 858-6690

Please return this form with your monthly invoice to:
 New Jersey Economic Development Authority
 Real Estate Development Division
 P O Box 990
 Trenton, NJ 08625-0990

COMPANY OFFICIAL'S SIGNATURE _____ DATE _____ TELEPHONE # _____

PRINT NAME: _____ EDA Project Officer Approval: _____