# LIST OF SUBCONTRACTORS AND ITEMS TO BE SUBCONTRACTED

(If required on the checklist, failure to submit this form shall be a mandatory cause for rejection of this Bid)

Subcontractor # ___:

Company Name: _____

Company Address: _____

_____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

Tax ID Number: _____

Description of work to be performed by subcontractor:

_____

_____

| | | |
|---|---|---|
| Is the subcontractor a Veteran Owned Business (VOB) registered with the NJ Department of Treasury Selective Assistance Vendor Information database? (https://www.nj.gov/njbusiness/documents/contracting/documents/VOB%20Web%20Application.pdf) | Yes | No |

Subcontractor # ___:

Company Name: _____

Company Address: _____

_____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

Tax ID Number: _____

Description of work to be performed by subcontractor:

_____

_____

| | | |
|---|---|---|
| Is the subcontractor a Veteran Owned Business (VOB) registered with the NJ Department of Treasury Selective Assistance Vendor Information database? (https://www.nj.gov/njbusiness/documents/contracting/documents/VOB%20Web%20Application.pdf) | Yes | No |

**If no subcontractors shall be used, please check this box:** ☐

NOTE: This form may be reproduced as necessary.

**Date:** _____

_____

**Name of Company**

By: _____

**Authorized Signatory**