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 (609-292-2146) 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 ☐ (response optional)

If Yes, specify Ethnicity: ______________________

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

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

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

Set-Aside Info Form (Rev 07-06-20)