

OFFICE OF RECOVERY

ATTN: Labor Standards Compliance Officer

36 West State Street - PO Box 990 Trenton, NJ 08625-0990

(609) 858-6947 phone * (609) 278-4627 fax * Lyoung@njeda.com* email

SUB-CONTRACTOR PROJECTION FORM AA 1a

Completed form must be returned with a AA Form 1 before contract execution to the above address or via email to the NJEDA's Labor Standards Compliance Officer. Ongoing amendments or corrections should be sent as necessary to the above address or email.

GENERAL CONTRACTOR INFORMATION

GC Name	
Contact Person	
Contact Phone No.	
NJEDA P#	
Federal ID #	

List the following information for each known Sub-contractor on this NJEDA Project

SBE Information Required - W/M/VBE Information is Optional

Company Name:	SBE <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	VBE <input type="checkbox"/>
Address:				
City:	State:	Zip code:	Fed ID #	
Projected Start Date:	Projected End Date:		Trade:	

Company Name:	SBE <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	VBE <input type="checkbox"/>
Address:				
City:	State:	Zip code:	Fed ID #	
Projected Start Date:	Projected End Date:		Trade:	

Company Name:	SBE <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	VBE <input type="checkbox"/>
Address:				
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Company Name:	SBE <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	VBE <input type="checkbox"/>
Address:				
City:	State:	Zip code:	Fed ID #	
Projected Start Date:	Projected End Date:		Trade:	

This form may be copied as necessary to use as additional sheets