

NEW JERSEY TURNPIKE AUTHORITY

SBE FORM – PROPOSED SCHEDULE OF SMALL BUSINESS ENTERPRISE PARTICIPATION

OPS No. **A/P/TXXXX**: _____

Date: _____

NAME & ADDRESS OF SBE (SUB)CONSULTANT/SUPPLIER	CLASSIFI- CATION	TYPE OF WORK TO BE PERFORMED	PROJECTED DATE OF COMMENCEMENT & COMPLETION	ESTIMATED PERCENTAGE OF (SUB)CONSULTANT WORK

(Attach additional sheet if necessary)

Prime Consultant (print name)

Prime Consultant's SBE Liaison Officer

Telephone Number

All Consultants must complete and submit this form with their EOI and may be requested to submit evidence of each SBE's certification.