

**NJ TRANSIT Contract No. 17-044C  
JCMS Inc. Technical Services**

**Task Order Contract: Construction Management Services**

**Task Order Assignment No. 1**

**Commissioning and Closeout-Resident Engineer Meadows Maintenance Centre  
and Building Flood Control**

**Task Order Assignment Request (RFP)**

Philip D. Murphy, Governor  
Sheila Y. Oliver, Lieutenant Governor  
Diane Gutierrez-Scaccetti, Commissioner  
Kevin S. Corbett, President & CEO

**NJ TRANSIT**  
One Penn Plaza East  
Newark, NJ 07105-2246  
973-491-7000

October 7, 2019

Mr. Umesh Jois  
President  
JCMS, Inc.  
1741 Whitehorse-Mercerville Road  
Mercerville, New Jersey 08619

**Re: NJ TRANSIT Contract No. 17-044C  
Task Order Contracts Program – Construction Management Services**

**Subject: Commissioning and Closeout-Resident Engineer  
Meadows Maintenance Centre and Building Flood Control  
Directed Assignment**

Dear Mr. Jois:

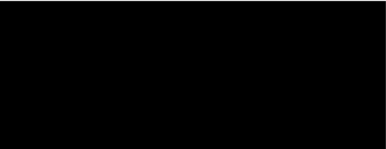
NJ TRANSIT requests that your firm respond to the attached Request for Proposal for the Commissioning and Closeout-Resident Engineer Meadows, Maintenance Centre and Building Flood Control.

Please forward one (1) original, two (2) copies and one (1) electronic copy of your Technical and Cost Proposal to my attention by **3:00 p.m. Monday October 21, 2019.**

NJ TRANSIT has set an 20% DBE goal for this five (5) year Task Order Contract. Please submit DBE Forms A, A1, A2 and B (attached) with the Cost Proposal or within five (5) calendar days of the proposal due date. If 20% DBE participation is not met on this task order assignment, please give explanation as to why and how JCMS plans to work towards meeting this goal.

Should you have any questions please do not hesitate to contact me via email at

Sincerely,

  
Senior Contract Specialist  
Contracts Unit/Division of Procurement

cc: K. Donovan  
D. Maine  
T. Murray  
R. Bakk  
T. Chapman

Attachment

**NJ TRANSIT Contract No. 17-044C**  
**Task Order Contracts Program – Construction Management**  
**Commissioning and Closeout-Resident Engineer**  
**Meadows Maintenance Centre and Building Flood Control**  
**Directed Assignment**

**ATTACHMENT A – SCOPE OF WORK**

**NEW JERSEY TRANSIT  
TASK ORDER ASSIGNMENT REQUEST  
CONSTRUCTION RESIDENT ENGINEER  
MEADOWS MAINTENANCE COMPLEX (MMC) AND RAIL OPERATIONS CENTER  
(ROC) FLOOD CONTROL**

**Task Order Project Description:**

The Resident Engineer services will be needed to manage the commissioning and close-out of a third-party contractor and NJ TRANSIT Force Account. It is expected that the services of the Resident Engineer will be approximately twelve (12) months.

**Description of Project Work**

The general construction project includes but is not limited to, the construction of permanent site flood control protection measures at the Meadows Maintenance Complex (MMC) and the Rail Operations Center (ROC) facilities, located in Kearny, NJ. The flood control protection measures include the construction of flood walls around the perimeter area and gates for egress; retractable sluice gates to protect overhead roll-up doors; sump pits and pumps; dewatering pumps; portable deployed pumps (to be deployed in the event of a storm) and also permanent utility pumps; flood stop logs and entrance doors; waterproofing material on building walls; emergency generators along with the necessary conduit and electrical cabling to feed power from the generator locations to various pumping sites throughout the buildings, and a plug in electrical panel at the generator locations for the generator to plug into to feed electric to the pumps. Other contract work shall include, but not be limited to, construction of steel elevated platforms to raise equipment above the flood level; miscellaneous site improvements, landscaping and asphalt paving.

**Resident Engineer Scope of Services**

The Resident Engineer Consultant's primary responsibilities are to provide assistance as needed to NJ TRANSIT's Construction Manager. Such assistance shall include, but shall not be limited to the following:

Provide oversight and assistance in systems testing, start-up, facility/equipment commissioning and preparation of the project's final as-built drawings and project close-out.

Close-out submittal processing with distribution to responsible NJ TRANSIT Departments.

Oversee all New Jersey Department of Community Affairs (NJDCA) requirements have been satisfied and received Certificate of Acceptance (CA) and permit close-out as required.

Assist in preparation of documents for Integrity Oversight Monitoring

## **NOTICE OF EXECUTIVE ORDER 125 REQUIREMENT FOR POSTING OF WINNING PROPOSAL AND CONTRACT DOCUMENTS**

Pursuant to Executive Order No. 125, signed by Governor Chris Christie on February 8, 2013, the New Jersey Office of the State Controller (OSC) is required to make all approved State contracts for the allocation and expenditure of federal reconstruction resources available to the public by posting such contracts on an appropriate State website. Such contracts are posted on the New Jersey Sandy Transparency website located at:

<http://nj.gov/comptroller/sandytransparency/contracts/sandy/>

The contract resulting from this Work Authorization Request is subject to the requirements of Executive Order No. 125. Accordingly, the OSC will post a copy of the contract, including the Work Authorization Request, the winning proposer's proposal and other related contract documents for the above contract on the Sandy Transparency website.

In submitting its proposal, a proposer may designate specific information as not subject to disclosure. However, such proposer must have a good faith legal and/ or factual basis to assert that such designated portions of its proposal (i) are proprietary and confidential financial or commercial information or trade secrets or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided.

The State reserves the right to make the determination as to what is proprietary or confidential and will advise the winning bidder accordingly. The State will not honor any attempt by a winning proposer to designate its entire proposal as proprietary, confidential and/or to claim copyright protection for its entire proposal. In the event of any challenge to the winning proposer's assertion of confidentiality with which the State does not concur, the proposer shall be solely responsible for defending its designation.

**NJ TRANSIT Contract No. 17-044C  
Task Order Contracts Program – Construction Management  
Commissioning and Closeout-Resident Engineer  
Meadows Maintenance Centre and Building Flood Control  
Directed Assignment**

**ATTACHMENT B – COST PROPOSAL**

**NJ TRANSIT CONTRACT NO. 17-044C**  
**TASK ORDER CONTRACT – CONSTRUCTION MANAGEMENT**

**ATTACHMENT B-1**

**COST AND FEE FIRM RECAP - TEAM SUMMARY**

FIRM	MAN HOURS	TOTAL DIRECT LABOR COST	INDIRECT LABOR COST (OVERHEAD) @ XXX.XX%	SUBTOTAL	FIXED FEE @ XX%	DIRECT EXPENSES	TOTAL COST
PRIME CONSULTANT							
SUBCONSULTANT 1							
SUBCONSULTANT 2							
SUBCONSULTANT 3							
SUBCONSULTANT 4							
SUBCONSULTANT 5							
TOTAL							

**NJ TRANSIT CONTRACT NO. 17-044C**  
**TASK ORDER CONTRACT – CONSTRUCTION MANAGEMENT**

**ATTACHMENT B-2**  
**COST AND FEE TASKS RECAP - TEAM SUMMARY**

TASK	DESCRIPTION	MAN HOURS	TOTAL DIRECT LABOR COST	INDIRECT LABOR COST (OVERHEAD) @ XXX.XX%	SUBTOTAL	FIXED FEE @ XX%	DIRECT EXPENSES	TOTAL COST
TASK 1								
TASK 2								
TASK 3								
TASK 4								
TASK 4								
TASK 5								
TASK 6								
TASK 7								
TEAM TOTALS								



**NJ TRANSIT CONTRACT NO. 17-044C**  
**TASK ORDER CONTRACT – CONSTRUCTION MANAGEMENT**

**ATTACHMENT B-3**  
**COST AND FEE TASKS RECAP BY FIRM**

**FIRM** \_\_\_\_\_

	TASK DESCRIPTION	TOTAL MAN- HOURS PER TASK	DIRECT LABOR COST	INDIRECT LABOR COST (OVERHEAD) @ XXX.XX%	SUBTOTAL	FIXED FEE @ XX%	DIRECT EXPENSES	TOTAL COST
Task 1								
Task 2								
Task 3								
Task 4								
Task 5								
Task 6								
Task 7								
<b>FIRM TOTAL</b>								

**NJ TRANSIT CONTRACT NO. 17-044C**  
**TASK ORDER CONTRACT – CONSTRUCTION MANAGEMENT**

**ATTACHMENT B-4**  
**PERSONNEL TEAM DETAIL**

**TASK:** \_\_\_\_\_

**FIRM:** \_\_\_\_\_

TECHNICAL STAFF				
STAFF PERSON/ CLASSIFICATION	PROJECT TITLE OR DISCIPLINE	ESTIMATED HOURS	HOURLY RATE	TOTAL SALARY
TOTAL ESTIMATED HOURS				

SUPPORT STAFF				
STAFF PERSON/ CLASSIFICATION	PROJECT TITLE OR DISCIPLINE	ESTIMATED HOURS	HOURLY RATE	TOTAL SALARY
TOTAL ESTIMATED HOURS				

TOTAL SALARY (BARE COST)		
OVERHEAD @ XXX.XX% OF BARE COST		
SUBTOTAL -- SALARY + OVERHEAD		
FIXED FEE @ XX % OF BARE COST + OVERHEAD		
DIRECT EXPENSES ITEMIZED		
	\$	
	\$	
	\$	
TOTAL DIRECT EXPENSES	\$	
TOTAL THIS TASK		

**ATTACHMENT B-5**  
**STAFFING SCHEDULE BY FIRM**

[illegible]

**NJ TRANSIT Contract No. 17-044C  
Task Order Contracts Program – Construction Management  
Commissioning and Closeout-Resident Engineer  
Meadows Maintenance Centre and Building Flood Control  
Directed Assignment**

**ATTACHMENT C – DBE FORMS**

## First Tier DBE UTILIZATION - FORM A

Project Name: \_\_\_\_\_

NJT Contract No: \_\_\_\_\_

Assigned DBE Goal %: \_\_\_\_\_ NJT Procurement Specialist: \_\_\_\_\_ Contract Value (\$): \_\_\_\_\_

First Tier DBE must perform at least 51% of its subcontract value if subcontracting to a Second -Tier DBE or Non-DBE. Do not count Non-DBE portion toward the goal.

Name, Address and Telephone # of DBE Subcontractor/Subconsultant	Provide <u>Detailed</u> Scope of Work to be Performed (Identify all suppliers)	Dollar Value of Subcontract/Sub-consultant Work (\$) Awarded	Percentage of Subcontract Work (%)
			%
			%
			%
			%
			%
For DBE suppliers, show original subcontract value multiplied by 60% (\$2,000*60%=\$1200). For DBE portion of work, subtract Non-DBE portion of work from original subcontract value.	<b>TOTALS</b>	\$	%

The undersigned will enter into a formal agreement with the DBE(s) listed in this schedule conditioned upon execution of a contract with NJ TRANSIT for the above referenced project. The undersigned understands that removal/replacement of the DBE(s) listed is NOT PERMISSIBLE for any reason (pre or post-award), without submitting a written request to the Office of Business Development and receiving WRITTEN APPROVAL from the Office of Business Development. Failure to obtain written approval shall result in the breach of contract and subject to corrective action to be determined by NJ TRANSIT.

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Company Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Prime Contractor's DBE Liaison Officer: \_\_\_\_\_

Company Tel #: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## BIDDER SOLICITATION &amp; CONTRACTOR INFORMATION - FORM A1

Project Title: \_\_\_\_\_

Date: \_\_\_\_\_

Prime Contractor/Consultant: \_\_\_\_\_

Telephone #: \_\_\_\_\_

*Complete the information below for Bidder/Proposer/Prime(s) working on this project. Use Page 2 for all subcontractors/subconsultants*

	Bidder/Proposer/Prime	Bidder/Proposer/Prime	Bidder/Proposer/Prime
Company's Full Name			
Address			
City			
Zip			
County			
Phone			
Fax			
E-mail			
Owner			
Date Established			
Date Certified			
Ethnicity			
Gender			
Certification Status: <b>DBE or Non-DBE</b>			
Federal Tax ID # / SSN #			
Annual Gross Receipts: A - Less than \$500K B - \$500K to \$1M C - \$1M to \$2M D - \$2M to \$5M E - \$5M and over <b>indicate the letter that applies</b>			
Primary NAICS Code:			

## BIDDER SOLICITATION &amp; CONTRACTOR INFORMATION - FORM A1

Project Title: \_\_\_\_\_

Date: \_\_\_\_\_

Prime Contractor/Consultant: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**COMPLETE THE INFORMATION BELOW FOR “ALL” FIRMS INCLUDING SUPPLIERS SOLICITED; INCLUDING THOSE THAT WILL WORK ON THIS PROJECT.**

	Subcontractor/Subconsultant	Subcontractor/Subconsultant	Subcontractor/Subconsultant
Company's Full Name			
Address			
City			
Zip			
County			
Phone			
Fax			
E-mail			
Owner			
Date Established			
Date Certified			
Ethnicity			
Gender			
Certification Status: <b>DBE or Non-DBE</b>			
Federal Tax ID # / SSN #			
Annual Gross Receipts: A – Less than \$500K B - \$500K to \$1M C - \$1M to \$2M D - \$2M to \$5M E - \$5M and over <b>indicate the letter that applies</b>			
Primary NAICS Code:			

## NON-DBE SUBCONTRACTOR UTILIZATION - FORM A2

*Directions: To be completed by any Bidder/Proposer/Prime for "all" subs including suppliers participating on this contract.*

Bidder/Proposer Prime Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date: \_\_\_\_\_

Prime Contract Value: \_\_\_\_\_

Name, Address and Telephone # of all Subcontractor/Subconsultants	FEIN #	Provide <u>Detailed</u> Scope of Work to be Performed	Dollar Amount of Subcontractor/Sub-consultant Work (\$) Awarded	Percentage of Subcontract or Work (%)
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
Must provide a detailed scope of work; one-word descriptions are not acceptable.		TOTALS	\$	%



**INTENT TO PERFORM AS A 1<sup>ST</sup> TIER DBE - FORM B**

The Bidder/Proposer/Prime is prohibited from completing any portion of this form and directing the DBE to sign a blank form.

DIRECTIONS: DBE(s) listed on the Form A must complete all information on this form.

\_\_\_\_\_  
Name of Bidder/Proposer/Prime:

\_\_\_\_\_  
Name of DBE Firm:

\_\_\_\_\_  
Project/Contract Name:

\_\_\_\_\_  
IFB/RFP Contract Number:

**Does the undersigned DBE (Answer Accordingly):**

Intend to perform subcontract work in connection with the above-mentioned project as a Joint Venture? Circle one. (Yes or No)

Intend to subcontract any portion of its scope of work to a DBE(s)?

Circle one. (Yes or No)

If yes, DBE Sub-Primes must complete and submit Form AA.

At what percent? \_\_\_\_\_%

Intend to subcontract any portion of its scope of work to a Non-DBE(s)?

Circle one. (Yes or No)

If yes, must complete and submit Form AA2.

At what percent? \_\_\_\_\_%

The undersigned will perform the following described work on the above-referenced project: *(Provide a detailed description of the type of work you will perform on your subcontract. Attach a copy of quote approved and signed by Bidder (optional)).*

\_\_\_\_\_  
Dollar Value of DBE Subcontract: \$\_\_\_\_\_

Total Quantity/Units (if applicable): \_\_\_\_\_ Per Unit Cost (if applicable): \$\_\_\_\_\_

The undersigned based the above scope of work and subcontract value on detailed project specs received from the Bidder contractor named above. Circle one. (Yes or No)

The Prime Contractor projected the following commencement and completion date for such work as follows:

DBE Contract Start Date: \_\_\_\_\_ DBE Contract Completion Date \_\_\_\_\_

**The undersigned DBE will enter into a formal agreement for the above work with the Prime Contractor conditioned upon execution of a contract with NJ TRANSIT. As a DBE subcontractor, I will cooperate with the certification, compliance and monitoring process set forth by NJ TRANSIT. I attest that I will perform at least 51% of my subcontract with my own workforce for the referenced project.**

\_\_\_\_\_  
Signature of 1<sup>st</sup> Tier DBE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone #:

Failure to adhere to these instructions or the falsification of any information on this form shall result in breach of contract and subject to the appropriate penalties to be determined by NJ TRANSIT.

**DBE GOOD FAITH EFFORT– FORM D**

IFB/RFP Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Bidder/Proposer/Prime Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**The following is a list of the types of actions that may be considered good faith efforts. It is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases, however please check all that apply in this instance. Please provide documentation for ALL instances selected.**

- ☐ Selected portions of work to be performed by DBEs and, where appropriate, broke down contracts into economically feasible units to facilitate DBE participation.
- ☐ Provided interested DBE with adequate information about plans, specifications, and requirements of the contract.
- ☐ Negotiated in good faith with interested DBE, not rejecting DBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
- ☐ Made efforts to assist interested DBE in obtaining bonding, lines of credit, or insurance required by NJ Transit or Bidder.
- ☐ Made efforts to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services.
- ☐ Advertised subcontracting opportunities in appropriate media.
- ☐ Used the services of minority organizations, minority contractors' groups, local state and federal minority business assistance offices and other organizations that provide assistance identifying subcontractors.
- ☐ Provided written notice to DBEs in sufficient time to allow the DBE to respond. (Provide copy of documentation with Page 2.)
- ☐ Followed up initial solicitation of interest by contacting DBE to determine interest. (Provide proof of follow up with Page 2.)

**Describe any other efforts not covered above that may indicate Good Faith Efforts to obtain DBE participation on this project and provide documentation.**

## DBE GOOD FAITH EFFORT- FORM D

IFB/RFP Number: \_\_\_\_\_ Project Title \_\_\_\_\_

If the dollar value of the goal for DBE participation in this project has not been met, the Bidder/Proposer/Prime is required to complete the following questions to describe efforts to obtain DBE participation. Copies of correspondence, return receipts, telephone logs, or other documentation will be required to support good faith efforts. Please provide information for each DBE.

I, \_\_\_\_\_  
Name Titleof \_\_\_\_\_  
Bidder/Proposer/Prime

Certify that on \_\_\_\_\_, I contacted the below named DBE to obtain a  
Date  
Bid/Proposal for work items to be performed on the Project named above.

DBE: \_\_\_\_\_  
Firm NameType of work requested to be performed: \_\_\_\_\_  
\_\_\_\_\_Method of Contact: ☐ Phone ☐ Fax ☐ Mail ☐ Email

Date Contacted: \_\_\_\_\_

To the best of my knowledge and belief, said DBE was unavailable for work on this project and was unable to prepare a bid for the following reason(s):

- ☐ No response
- ☐ Not interested: Indicate Reason(s) \_\_\_\_\_
- ☐ Unacceptable Sub Bid: Indicate Reason(s) \_\_\_\_\_

**Please note: Unless the price difference is excessive or unreasonable, incurring additional costs in using and finding a DBE is not a sufficient reason to reject DBE quote.**

\_\_\_\_\_  
Signature of Bidder/Proposer/Prime\_\_\_\_\_  
Date

**The above statement is a true and accurate account of why I did not submit a bid on this project.  
(Below is to be signed by DBE firm only)**

\_\_\_\_\_  
Signature of DBE Firm

Date

\_\_\_\_\_  
Name of DBE Firm\_\_\_\_\_  
Print Name\_\_\_\_\_  
Address\_\_\_\_\_  
Print Title\_\_\_\_\_  
Telephone #: (     )

## Task Assignment - Prime Contractor Monthly DBE Payment Report - FORM E

Name of Task Assignment: \_\_\_\_\_

NJT Task Assignment #: \_\_\_\_\_

Prime Original Task Value: \_\_\_\_\_

Report for the Month of: \_\_\_\_\_

Change Orders (Overall Inc. /Dec.): \_\_\_\_\_

Task Execution Date: \_\_\_\_\_

Total Contract Amount to Date: \_\_\_\_\_

NJT Project Mgr Name: \_\_\_\_\_

Total Payments Received from NJT Date: \_\_\_\_\_

Assigned DBE Goal %: \_\_\_\_\_

Name of DBE Subcontractor	Work Task Performed	Original Contract Amount \$	Change Order Amount \$ (+/-)	Amount of Invoice Received this Month (\$)	Date of Invoice Received in this Month	Payment(s) Made to DBE in this Month in \$\$ (Itemize)	Date(s) Payment Made This Month	Total DBE Payments made to Date in (\$)	% Overall Work Finished	Final Pmt (Y/N)
Total(s)→		\$	\$	\$	Total(s)	\$	Total(s)	\$		

Itemize payments/invoices and dates if paid/received more than one payment/invoice between the 1<sup>st</sup> and 31<sup>st</sup> of THIS Month.

## Prime Contractor Information:

Prime Firm Name: \_\_\_\_\_

Project Director Name: \_\_\_\_\_

Address: \_\_\_\_\_

Project Director Signature: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

Federal EIN #: \_\_\_\_\_

Prime's Past Due Invoice Information: List any invoice more than 40 days past due from the date submitted to NJT at the time you complete this form.

Invoice #	Invoice Date	Invoice Amount (\$)	Number of Days Past Due	Comments:

**TASK ASSIGNMENT - Form E - Prime Contractor's DBE Payment Certification**

1. Have **all** DBE subcontractors with executed subcontracts been paid amounts due from previous progress payments?

☐ **If yes, skip the next section and go to number 3.**

☐ **If no**, please complete fields in box below: (Use additional paper, if needed)

DBE SubContractor Name	Amount Withheld From Invoice (\$)	Total of Invoice Amount (\$)	Invoice Number	Invoice Date	Specific Reason for Withholding

2. Have you notified the DBE subcontractor(s) that you are withholding payment and the reason(s) why?

☐ **If yes**, provide a copy of written notification to the DBE subcontractor with this form, indicating the date of notification.

☐ **If no**, lack of prior written notification to the DBE(s) that you are withholding payment violates the prompt payment clause guidelines. **Please contact the DBE immediately, and provide a copy of written notification to the subcontractor with this form.**

3. By signing this form, I certify that all of the above represent true and accurate information.

**Note: CFO or equivalent Sr. Manager must complete and sign off on this form.**

\_\_\_\_\_  
PROJECT DIRECTOR NAME (PRINT)

\_\_\_\_\_  
PROJECT DIRECTOR (SIGNATURE)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

Additional Reasons/Comments for Withholding Payment:

\_\_\_\_\_

\_\_\_\_\_

THIS FORM IS DUE ON THE 7TH OF EACH MONTH Please forward to:

Office of Civil Rights and Diversity Programs

Business Development

NJ TRANSIT

One Penn Plaza East, 6<sup>th</sup> Fl

Newark, New Jersey 07105-2246

DO NOT WRITE BELOW. DEPARTMENTAL USE ONLY.

☐ Approved

☐ Denied

**TASK ASSIGNMENT - DBE SUBCONTRACTOR Monthly Payment Report - Form E2**

Name of DBE Firm: \_\_\_\_\_

Report for the Month of: \_\_\_\_\_

DBE's FEIN#: \_\_\_\_\_

Task Order Contract Number: \_\_\_\_\_

DBE Address: \_\_\_\_\_

Task Assignment Name: \_\_\_\_\_

DBE Telephone #: \_\_\_\_\_

DBE Task Start Date: \_\_\_\_\_

**Prime Contractor's Information:**

Name of Prime: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

DBE PAYMENT INFO: *Itemize payments/invoices and dates if received/submitted more than one payment/invoice between the 1<sup>st</sup> and 31<sup>st</sup> of THIS Month.*

Work Task Performed	Original Subcontract Amount \$	Change Order Amount (+/-)	Invoice #(s) Submitted in this month	Dollar Amount of Each Invoice Submitted in this Month	Date of Invoice(s) Submitted this Month	Total Payments Received by DBE In this Month * (\$)	Date Payment(s) Received in this Month	Total Payments Received by DBE To Date (\$)	Total % Work To Date	Final Payment? Y or N
<b>TOTALS →</b>	\$	\$	<b>TOTALS→</b>	\$	<b>TOTALS→</b>	\$	<b>TOTALS→</b>	\$		

Is retainage held on your subcontract? **Yes** or **No** (circle one) If yes, how much? \$\_\_\_\_\_. Did your final payment include retainage? **Yes** or **No** (circle one)**Past Due Invoice(s) Information:** List any invoice more than 40 days past due from date submitted to prime at the time you complete this form.

Invoice #	Invoice Date	Invoice Amount (\$)	Number of Days Past Due	Comments: use additional paper if necessary

*Note: CFO or equivalent Sr. Manager must complete and sign off on this form.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM IS DUE ON THE 7<sup>TH</sup> OF EACH MONTH IMMEDIATELY FOLLOWING DBE's SUBCONTRACT START DATE, EVEN IF PAYMENT NOT RECEIVED. *Please mail this form to:*  
NJ TRANSIT, Office of Business Development, One Penn Plaza East, 6<sup>th</sup> Fl, Newark, New Jersey 07105-2246

Do not alter this form in any way.

If you need assistance completing this form please call 973-491-7539, 8061 and 8068.

Rev Fed Form E2 – April 15, 2013