**Design Consultant Letterhead**

**or**

**NJDOT Memo format**

**To: Procurement – Construction Services**

**(**[**Mario.Serenelli@dot.nj.gov**](mailto:Mario.Serenelli@dot.nj.gov) **&** [**CSPD@dot.nj.gov**](mailto:CSPD@dot.nj.gov) **&** [**Gary.Vetro@dot.nj.gov**](mailto:Gary.Vetro@dot.nj.gov)**)**

**From**: Click or tap here to enter text. (Designer’s Name, Title, Unit or Consultant Firm)

**Email:** Click or tap here to enter text. **Phone**: Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Subject: Request for SBE Goals (Wholly State Funded Project)**

Attached is the Final Design Engineer’s Estimate. The Estimate should be considered confidential and should only be made available to Department personnel on a need to know basis.

Project Name: Click or tap here to enter text. (Description from the Key Sheet)

Municipality/County: Click or tap here to enter text. (List County of where project is located)

NJDOT Job Number:Click or tap here to enter text.(From NJDOT Project Manager)

Classification Type: (Insert type listed from Classification Codes Worksheet)

Engineer’s Estimate: **$**Click or tap here to enter text. (Final Design Engineer’s Estimate in CES)

**Note**: Each addressee will complete form and forward within 5 calendar days after date received.

Please indicate potential subcontracting opportunities for the items in this project directly on the Engineer’s Estimate that is attached hereto and forward the marked-up Estimate to the Division of Civil Rights who will determine the SBE Goal.

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Mario Serenelli, Manager, Procurement - Construction Services Date

**To**: **Division of Civil Rights & Affirmative Action – Contract Compliance**

**SBE Goal**  % (Total % for all categories) **AND/OR** **DVOB Goal** %

% (gross revenues that do not exceed $1 million)

% (gross revenues that exceed $1 million)

% (business in either category)

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Division of Civil Rights & Affirmative Action Date

**Civil Rights:** The completed signed form shall be forwarded electronically to the Requestor(s)/Designer(s), Project Manager(s) as well as any additional individuals listed below

**To**: Requestor/Designer Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment

cc: T. Kondash (only CPM projects), NJDOT Project Manager (Insert Name), Q. Viernes, G. Vetro