



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

**OFFICE OF EQUAL OPPORTUNITY
AND PUBLIC CONTRACT ASSISTANCE**

**MUNICIPAL FINANCE
AND CONSTRUCTION ELEMENT**

**SED PARTICIPATION
DURING
PLANNING AND DESIGN
FOR
CONTRACTING AGENCIES**

(OEO-001)

Questions or concerns:
NJDEP, Office of Equal Opportunity and Public Contract Assistance (609) 940-4086 / publiccontractasst@dep.nj.gov

V.1-2023



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
REPORTING REQUIREMENTS ON SOCIALLY AND ECONOMICALLY
DISADVANTAGED (SED) BUSINESS UTILIZATION**

These instructions are intended to provide guidance to Project Sponsors in filling out the planning/design SED requirements pursuant to N.J.A.C. 7:22-9.12. The reporting requirements apply to all Project Sponsors pursuing New Jersey Environmental Infrastructure Assistance through programs administered by the New Jersey Department of Environmental Protection (pursuant to N.J.A.C. 7:22-3.1 et seq.; N.J.A.C. 7:22-4.1 et seq. N.J.A.C. 7:22-6.1 et seq.).

Each Project Sponsor is required to submit with its grant/loan application this form indicating the level of SED participation that occurred during the planning and design phase of its environmental infrastructure program. A copy of this form shall also be submitted to the Office of Equal Opportunity and Public Contract Assistance.

INSTRUCTIONS FOR FILLING OUT SED UTILIZATION REPORT

1. Read instructions carefully before completing form and refer to N.J.A.C. 7:22-9.1 et seq. for further guidance.
- 2a. The name, address, and email of Project Sponsor submitting the grant/loan application.
- 2b. Name of individual who is signing and is authorized to sign the grant/loan application on behalf of the Project Sponsor.
3. Self-explanatory.
4. Include brief description of project involved.
- 5a. The county in which the Project Sponsor is located.
- 5b. The municipality in which the Project Sponsor is located.
6. Self-explanatory.
- 7a. Building cost (excludes planning and design cost).
- 7b. Indicate whether an allowance is due for the planning and/or design of the project. (An allowance is not due if a Federal Grant was received.) **Circle one: yes or no.**
8. Indicate MBE/ WBE/ SED participation that occurred during the planning and design phase.
9. Enter the name, address and telephone number of each SED who actually participated in the planning and design phase.
Check applicable MBE/WBE status of each listed SED.
Explain type of service rendered and whether service was for planning and/or design.
Each entry must be accompanied by a copy of the signed contract.
10. Authorized representative is the person who is signing the grant/loan application on behalf of the Project Sponsor.
The person signing on behalf of the Contractor must be an authorized representative of the contractor.
11. Additional comments or explanations. Refer to the specific item number on the form if applicable.

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NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
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MUNICIPAL FINANCE & CONSTRUCTION ELEMENT

PLANNING AND DESIGN PROJECT REPORT

SOCIALLY AND ECONOMICALLY DISADVANTAGED (SED) BUSINESS UTILIZATION

1. **Read Instructions Before Completing Form**

2a. Project Sponsor

Name _____

Address _____

Email _____

2b. Authorized Representative _____

3. Financing Program (check applicable program(s))

_____ a. Clean Water SRF _____ b. Drinking Water SRF _____ c. Pinelands Infrastructure Trust

4. Project Name _____

5a. County _____ 5b. Municipality _____

6. Grant/Loan Application Date _____

7a. Building Cost \$ _____

7b. Allowance Due: Planning - _____ Yes _____ No Design - _____ Yes _____ No

8. SED Participation - Project Sponsor

	Planning	Design	Anticipated Construction
MBE	\$ _____	\$ _____	\$ _____
WBE	\$ _____	\$ _____	\$ _____
TOTAL SED	\$ _____	\$ _____	\$ _____

9. A/E and Other Professional Services Rendered by SEDs During the Planning and Design Phase:

Name, Address & Telephone No.	MBE/WBE	Type of Service Rendered	Dollar Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Full-Time Employees _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Full-Time Employees _____



