

Attach Additional Sheets If Necessary.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF PURCHASE AND PROPERTY

33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

OWNERSHIP DISCLOSURE FORM

BID SOLICITATION #: VENDOR {BIDDER}:

PL	PART 1 EASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR THE "NO" BOX. ALL PA CONTRACT WITH THE STATE ARE REQUIRED TO COMPLETE THIS FORM PURSUANT TO N.J.S. PLEASE NOTE THAT IF THE VENDOR/BIDDER IS A NON-PROFIT ENTITY, THIS FOR IS NOT F	<u>A.</u> 52:25-24.2	
		YES	NO
1.	Are there any individuals, corporations, partnerships, or limited liability companies owning a 10% or greater interest in the Vendor {Bidder}?		
	IF THE ANSWER TO QUESTION 1 IS "NO", PLEASE SIGN AND DATE THE FORM. IF THE ANSWER TO QUESTION 1 IS "YES", PLEASE ANSWER QUESTIONS $2-4$ BELOW.		
2.	Of those parties owning a 10% or greater interest in the Vendor {Bidder}, are any of those parties individuals?		
3.	Of those parties owning a 10% or greater interest in the Vendor {Bidder}, are any of those parties corporations, partnerships, or limited liability companies?		
4.	If your answer to Question 3 is "YES", are there any parties owning a 10% or greater interest in the corporation, partnership, or limited liability company referenced in Question 3?		
IF	ANY OF THE ANSWERS TO QUESTIONS 2 - 4 ARE "YES", PLEASE PROVDE THE REQUESTED INFORMATION	ION IN PART	2 BELOW.
	<u>PART 2</u> PLEASE PROVIDE FURTHER INFORMATION RELATED TO QUESTIONS 2 – 4 ANSWERED A	S "YES".	
par	you answered "YES" for questions 2, 3, or 4, you must disclose identifying information related to the interships, and/or limited liability companies owning a 10% or greater interest in the Vendor {Bidder}. ese entities is itself a corporation, partnership, or limited liability company, you must also disclose all greater interest in that corporation, partnership, or limited liability company. This information is referred.	Further, if on arties that ov	e or more of vn a 10% or
	INDIVIDUALS		
1	NAME		
	ADDRESS 1		
	ADDRESS 2		
	NAME		
	ADDRESS 1		
1 1	ADDRESS 2		
	CITY STATE ZIP		
	NAME		
	ADDRESS 1		
	ADDRESS 2		
(CITY STATE 7IP		

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PART 2 continued PARTNERSHIPS/CORPORATIONS/LIMITED LIABILITY COMPANIES

ENTITY NAME						
PARTNER NAME						
ADDRESS 1						
ADDRESS 2						
CITY	s	TATE	ZIP			
ENTITY NAME						
PARTNER NAME						
ADDRESS 1						
ADDRESS 2						
CITY	S	TATE	ZIP			
ENTITY NAME						
PARTNER NAME						
ADDRESS 1						
ADDRESS 2						
CITY	S	TATE	ZIP			
ENTITY NAME						
PARTNER NAME						
ADDRESS 1						
ADDRESS 2						
CITY	S	TATE	ZIP			
Attach Additional S	heets If Necessary.					
which is publicly trade that holds a 10 percer and Exchange Commi- also shall submit links foreign equivalent and	comply with the ownership disclosure required may submit the name and address of each or greater beneficial interest in the publiclesion or the foreign equivalent, and, if there to the websites containing the last annual of the relevant page numbers of the filings that the televant page numbers of the filings that the relevant page numbers of	th publicly traded entity and a y traded entity as of the last a is any person that holds a 10 filings with the federal Securi	the name and address of each person innual filing with the federal Securities percent or greater beneficial interest, ities and Exchange Commission or the			
CERTIFICATION I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor {Bidder}, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor {Bidder} is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.						
Signature (Do not enter	vendor ID as a signature)	Date				
FEIN/SSN		_				