

EXHIBIT B

TASK ORDER REQUEST (TOR)
RERFP-0000041- NJBC Study

CONSULTANT NAME	
PROJECT TITLE	
DATE	
PROJECT SUMMARY	
DATE REPORT NEEDED BY	

NJEDA CONTACT <i>(include name, title, full address, e-mail, phone number)</i>	
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PROJECT DESCRIPTION: <i>(Market study, analysis, feasibility issues to be addressed.)</i>

ADDITIONAL PARTIES TO RELY ON THE REPORT:	
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Notice to Proceed: To be provided, in writing, by NJEDA before work on this Project Task may begin.

COST SUBMISSION: Please provide a cost estimate for the above referenced project, in accordance with the Fee Schedule from **2021 - RERFP – 0000041-NJBC Study** to the NJEDA contact above. By providing a cost estimate, the Consultant is certifying there is no Conflict of Interest with the project task. Within five (5) business days of confirmation of receipt of the TOR, the Consultant shall e-mail the NJEDA a lump sum amount to undertake the project task (including acknowledgement of the requested TOR completion schedule) on the TOR Vendor Response form provided by the Authority. **Each estimate must include a maximum not-to-exceed amount and a statement as such.**