**(Form A)**

**IBE COMPLIANCE PLANS-CONSULTANT CERTIFICATION & SUMMARY**

|  |  |
| --- | --- |
| **Section I — Project:** | |
| **Project Name** |  |
| **Contract Number** |  |

|  |  |
| --- | --- |
| **Section II — Prime Company Information** | |
| Name of Company |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| E-mail/Fax |  |
| Name of Contact Person |  |
| Is prime company IBE certified? | Yes  No  If so, identify certification Type: |

**COMPLIANCE PLAN I**

**Opt-In –** Consultant agrees to meet or exceed the twenty-five percent (25%) Target as documented below (**Project Targets**) and will provide a completed Compliance Plan with its IBE subconsultants (**Forms A and B**) to be included as part of its proposal submittal.

**COMPLIANCE PLAN II**

**Good Faith Efforts Documentation -** Consultant will provide a completed Compliance Plan (**Forms A through F**) and list its IBE subconsultant (**Project Targets**) as documented below to be included as part of its proposal submittal.

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**PROJECT TARGETS – FILL OUT TARGETS for Compliance PLAN I OR PLAN II and for TOA:**

|  |  |
| --- | --- |
| **MBE** | **%** |
| **WBE** | **%** |
| **SBE** | **%** |
| **DBE** | **%** |
| **DsBE** | **%** |
| **VBE** | **%** |

For participation percentages use an EXACT number. **DO NOT USE**: approximate, plus or minus **(+ -**), up to, to be determined (**TBD**), < >, or any other qualifying language. *Compliance Plans* not complying with these requirements shall be rejected as non-responsive.

**I certify that the information included in this Compliance Plan is true and complete to the best of my knowledge and belief. I further understand and agree that this Compliance Plan shall become a part of my contract with the Delaware River Joint Toll Bridge Commission.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Authorized Representative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

|  |
| --- |
| **For CCD Use Only:**  I have reviewed this Compliance Plan and found that the Consultant **HAS**  or **HAS NOT**  complied.  Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_  Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_  MBE \_\_\_\_% WBE \_\_\_\_\_% SBE \_\_\_\_\_ % DBE \_\_\_\_\_ % DsBE \_\_\_\_\_ % VBE \_\_\_\_\_ % |