

IBE COMPLIANCE PLANS-CONSULTANT CERTIFICATION AND SUMMARY

SECTION I - PROJECT			
Project Name:		Contract Number:	
SECTION II - PRIME COMPANY INFORMATION <small>(Please print)</small>			
Company Name:			
Full Address:			
Telephone:			
Email/Fax:			
Contact Person:			
Is Prime Company IBE Certified?	Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>If so, identify certification type:</i>		

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 sub-consultants (**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 sub-consultant (**Project Targets**) as documented below to be included as part of its proposal submittal.

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 <input type="checkbox"/> HAS or <input type="checkbox"/> HAS NOT Complied												
Manager:							Date:					
Director:							Date:					
MBE	%	WBE	%	SBE	%	DBE	%	DsBE	%	VBE	%	