

SECTION III – Disclosure of Subconsultants

- Please attach copies of all IBE Certifications.
- Fill in all the blanks.
- For project participation numbers, 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.
- Fill in names of all Subcontractors.
- Please duplicate as needed.

Prime Consultant Name: _____

Contract Number: _____

Sub-consultant Name:		Tier-Level:
Address/ City / State / Zip:		
Describe Services:		
Contact Person (Name/Phone/Email):	Phone:	
	Email:	
Percentage Amount of Subcontract:		
IBE Certified? If yes, identify:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> DsBE <input type="checkbox"/> VBE <input type="checkbox"/>
<i>If no, reason IBE was not used:</i>		
Ethnicity/Gender:		

Sub-consultant Name:		Tier-Level:
Address/ City / State / Zip:		
Describe Services:		
Contact Person (Name/Phone/Email):	Phone:	
	Email:	
Percentage Amount of Subcontract:		
IBE Certified? If yes, identify:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> DsBE <input type="checkbox"/> VBE <input type="checkbox"/>
<i>If no, reason IBE was not used:</i>		
Ethnicity/Gender:		

Sub-consultant Name:		Tier-Level:
Address/ City / State / Zip:		
Describe Services:		
Contact Person (Name/Phone/Email):	Phone:	
	Email:	
Percentage Amount of Subcontract:		
IBE Certified? If yes, identify:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> DsBE <input type="checkbox"/> VBE <input type="checkbox"/>
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