



IBE COMPLIANCE PLANS CONSULTANT CERTIFICATION AND SUMMARY

SECTION I - PROJECT

Project Title:		Contract Number:	
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SECTION II - PRIME CONSULTANT

Consultant:	
Contact Name:	
Company Address:	
Telephone / Fax:	
Email Address:	
Is Prime IBE Certified?	Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>If so, identify Certification Type and the Certifying Agency:</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 submission.

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 submission.

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.

Print Name and Title of Authorized Representative *Signature* *Date*

THIS SECTION FOR DRJTBC ONLY

I have reviewed this Compliance Plan and Found that the Consultant <input type="checkbox"/> HAS or <input type="checkbox"/> HAS NOT Complied			
Sign:		Date:	