(Form A)

IBE COMPLIANCE PLANS
CONSULTANT CERTIFICATION AND SUMMARY

SECTION I - PROJECT			
Project Title:		**Contract Number:**	

SECTION II - PRIME CONSULTANT	
Consultant:	
Contact Name:	
Company Address:	
Telephone / Fax:	
Email Address:	
Is Prime IBE Certified?	Yes ☐ *or* No ☐ *If so, identify Certification Type and the Certifying Agency:*

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 ☐ **HAS** *or* ☐ **HAS NOT Complied**			
Sign:		Date:	