(Form B)

Delaware River Joint Toll Bridge Commission

LETTER OF INTENT – IBE FIRMS

(DUPLICATE AS NEEDED)

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

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

SECTION III – IBE SUBCONSULTANT					
Subconsultant:		**IBE Type:**		**Proposed %**	
Contact Name:		**Certifying Agency:**			
Contract Start Date:		**Contract Value:**			
Company Address:					
Telephone / Fax:					
Email Address:					

Brief description of work to be performed by the Subconsultant and / or materials to be supplied.
(Leave blank if this is a TOA.)

The Prime Consultant and the Subconsultant listed above agree that they will enter into a contract for the above terms upon contract award to the Prime Consultant.

PRIME CONSULTANT	SUBCONSULTANT
Tax ID:	**Tax ID:**
NAICS/NIGP Code(s):	**NAICS/NIGP Code(s):**
Legal Name of Firm:	**Legal Name of Firm:**
Signature: **Date:**	**Signature:** **Date:**