Delaware River Joint Toll Bridge Commission

(Form C)

SECTION III – DISCLOSURE OF LOWER-TIER SUBCONSULTANT(S)

(PLEASE COMPLETE FOR ALL LOWER-TIER SUBCONSULTANTS)

- **All sections are mandatory, please fill in all the blanks.**
- **List all IBE and Non-IBE subconsultants.**
- **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 Subconsultants.**
- **Please duplicate as needed.**

Prime Consultant's Name:		**Contract Number:**	

Subconsultant Name:		**Tier Level:**	
Address/ City / State / Zip:			
Describe Services and Start Date:			
Contact Person:	Phone #: E-mail:		
Percentage & Dollar Amount of Subcontract:	**%** **$**		
IBE Certified? ***If yes, identify type.***	Yes ☐ No ☐	MBE ☐ WBE ☐ SBE ☐ DBE ☐ DsBE ☐ VBE ☐	
If NO, state reason IBE was not used.			
Tax ID Number:			
Ethnicity / Gender:			

Subconsultant Name:		**Tier Level:**	
Address/ City / State / Zip:			
Describe Services and Start Date:			
Contact Person:	Phone #: E-mail:		
Percentage & Dollar Amount of Subcontract:	**%** **$**		
IBE Certified? ***If yes, identify type.***	Yes ☐ No ☐	MBE ☐ WBE ☐ SBE ☐ DBE ☐ DsBE ☐ VBE ☐	
If NO, state reason IBE was not used.			
Tax ID Number:			
Ethnicity / Gender:			

Subconsultant Name:		**Tier Level:**	
Address/ City / State / Zip:			
Describe Services and Start Date:			
Contact Person:	Phone #: E-mail:		
Percentage & Dollar Amount of Subcontract:	**%** **$**		
IBE Certified? ***If yes, identify type.***	Yes ☐ No ☐	MBE ☐ WBE ☐ SBE ☐ DBE ☐ DsBE ☐ VBE ☐	
If NO, state reason IBE was not used.			
Tax ID Number:			
Ethnicity / Gender:			