

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:	
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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? <i>If yes, identify type.</i>	Yes <input type="checkbox"/> 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"/>
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? <i>If yes, identify type.</i>	Yes <input type="checkbox"/> 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"/>
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? <i>If yes, identify type.</i>	Yes <input type="checkbox"/> 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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