

## M/WBE SUBCONTRACTORS AND SUPPLIERS LETTER OF INTENT TO PARTICIPATE

Contractor:

Contract #:

Address:

Federal ID #:

I, \_\_\_\_\_ intend to perform work for \_\_\_\_\_  
(Name of Subcontractor/Supplier) (Name of Prime Contractor)

Minority/Women Business Enterprise (M/WBE) status: MBE WBE

Certification date:

\_\_\_\_\_ is prepared to do the following:

(Name of Subcontractor/Supplier)

Description of work to be performed (on the above project)	Unit Price	Total Amount
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Project work start date:

\_\_\_\_\_ will sign a formal contract for the above work conditioned upon the approval of your executed contract with the contractor.  
(Name of Subcontractor/Supplier)

Please choose one of the following options: **MBE** Subcontractor Supplier **WBE** Subcontractor Supplier

Company Official's Name:

Title:

Company Official's Signature:

Date:

Address:

————— This section is to be completed by the Prime Contractor —————

Company Official's Name:

Title:

Company Official's Signature:

Date:

Telephone Number:

Fax Number: