

LETTER OF INTENT (IBE FIRMS)

(Duplicate as Needed)

Contract Number: _____ Name of Prime Consultant: _____

Address: _____
Street City State Zip Code

Contact Person: _____ Telephone () _____ Email: _____

Project Name: _____

Sub-Consultant/Vendor Co.:		Contact Person:	
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IBE Type:		Certifying Agency:		Proposed Subconsultant Percentage:	%
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Address: _____
Street City State Zip Code

Telephone: () _____ Fax: () _____ Email: _____

Description of Work to be performed by Subconsultant firm and/or materials to be supplied, **and the anticipated subconsultant start date:**

(Leave blank for Task Order Agreements)

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:	
Tax ID#	
NAICS/NIGP Code(s):	

Legal Name of Firm

Signature

Title

Print Name

Phone Number

E-mail Address

Date

Subcontractor/Vendor:	
Tax ID:	
NAICS/NIGP Code(s):	

Legal Name of Firm

Signature

Title

Print Name

Phone Number

E-mail Address

Date