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| **LETTER OF INTENT – DISCLOSURE OF SUBCONTRACTOR(S) Form B****PLEASE COMPLETE FOR EACH SUBCONTRACTORS, LOWER-TIER SUBCONTRACTORS, SUPPLIERS & MANUFACTURERS**(Duplicate as Needed) |
| * **All sections are mandatory; please fill in all the blanks.**
* **Complete this form for all IBE and Non-IBE subcontractors.**
* **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.**
* ***FILL-IN PRIME CONTRACTOR NAME & INFORMATION BELOW WITH THE CONTRACTOR THAT DIRECTLY CONTRACTED WITH YOU***
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| --- | --- | --- | --- |
|  **Prime Contractor Name:**  |  |  **Contract Number:**  |  |

|  |  |
| --- | --- |
|  **Address:** |  |
|  | Street | City | State | Zip Code |
| **Contact Person:** |  |  **Telephone:** |  | **Email:** |  |

 **Project Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Name of Firm:** |  | **Tier:** |  |
| **Sub-contractor Name:**  |  |
| **Address/ City / State / Zip:** |  |
| **Contact Person:** |  | **Phone #:**  |  | **Email:** |  |
| **Describe the Services to be Provided:** |  |
| **Percentage Amount of Subcontract:** |  \_\_\_\_\_\_\_ %  | **Start Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity:** |

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| --- | --- |
| **Gender:** |  |

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| **IBE Certified. If yes, identify:** | **[ ]  Yes** | **[ ]  No**  | [ ]  MBE | [ ]  WBE | [ ]  SBE | [ ]  DBE | [ ]  DsBE | [ ]  VBE |

|  |  |
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| **If no, document the reason an IBE was not used (only if target not met):** |  |
| **Tax ID Number:** |  |   **NAICS/NIGP Code(s):**  |  |

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| --- | --- | --- | --- |
| **Prime Contractor Signature:** |  | **Date** |  |
| **Subcontractor Signature:** |

|  |  |
| --- | --- |
| **Date** |  |

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| The Prime Contractor/Contractor and Subcontractor listed above agree that they will enter into a Contract for the above terms if awarded the Contract. |  |