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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:** |  |

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