



LETTER OF INTENT – IBE FIRMS

(DUPLICATE AS NEEDED)

(Form B)

SECTION I - PROJECT			
Project Title:		Contract Number:	
SECTION II - PRIME CONSULTANT			
Consultant:			
Contact Name:			
Company Address:			
Telephone / Fax:			
Email Address:			
Is this Prime IBE Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If so, identify Certification Type and the Certifying Agency:</i>		
SECTION III – IBE SUBCONSULTANT			
Subconsultant:		IBE Type:	
Contact Name:		Certifying Agency:	
Contract Start Date:		Contract Value:	
Company Address:			
Telephone / Fax:			
Email Address:			

Brief description of work to be performed by the Subconsultant and / or materials to be supplied.
(Leave blank if this is a TOA.)

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:	Date:

SUBCONSULTANT	
Tax ID:	
NAICS/NIGP Code(s):	
Legal Name of Firm:	
Signature:	Date: