## MINORITY/WOMEN OWNED BUSINESS ENTERPRISE (M/WBE)

## M/WBE SUBCONTRACTORS AND or

## SUPPLIERS LETTER OF INTENT TO PARTICIPATE

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PRIME CONTRACTOR INFORMATION	
Contractor:	Federal ID Number:
Address:	Telephone:
Proposal/Contract Number:	

M/WBE SUBCONTRACTOR/SUPPLIER INFORMATION	
M/WBE Business Name:	Federal ID Number:
Address:	Telephone:
Designation: (Check any that Apply)	
MBE - Subcontractor	WBE - Subcontractor
MBE - Supplier	WBE - Supplier
Are you a New York State Certified M/WBE?	Yes No
Joint Venture Section: (Complete <b>only</b> if you are in a Joint Ve	enture )
Name:	
Address:	
Federal ID#:	
Telephone:	MBE WBE

WORK/SERVICES to be PROVIDED BY M/WBE SUBCONTRACTOR/SUPPLIER			
Proposal Contract Start Date:	Propos	al Contract End Date:	
Work/Services to be Performed:	Cost:		
Materials/Supplies to be Purchased:	Cost:		
Dates Supplies Ordered:		Date Supplies Delivered:	

The above work will not be further subcontracted without the express written permission of the contractor and notification of the Office. The undersigned will enter into a formal agreement for the above work with the contractor ONLY upon the Contractor's execution of a contract with the Office.

Signature of M/WBE Contractor: \_\_\_\_\_

Printed/Typed Name of M/WBE Contractor: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

This form is to be submitted with bid attached to the Subcontractor's Information Form in a sealed envelope for each certified Minority or Women-Owned Business enterprise the Bidder/Awardee/Contractor proposes to utilize as subcontractors, service providers or suppliers.

If the MBE or WBE proposed for portion of this proposal/contract is part of a joint or other temporarily-formed business entity of independent business entities, the name and address of the joint venture or temporarily-formed business should be indicated.