



DIVISION OF
CAPITAL ASSET
MANAGEMENT &
MAINTENANCE

LETTER OF INTENT

MINORITY/WOMEN BUSINESS ENTERPRISES PARTICIPATION

(To be completed by MBE/WBE, and submitted by the General Bidder to the DCAMM Compliance Office within five (5) working days of the opening of General Bids or by Filed Sub-bidder with its bid.)

DCAMM Project Number _____
 Project Name _____
 Project Location _____
 To _____
 Name of General Bidder/ Sub-bidder

Indicate SDO Certification:
 ___ MBE
 ___ WBE
 ___ M/WBE

1. This firm intends to perform work in connection with the above project.
2. This firm is currently certified by SDO to perform the work identified below, and has not changed its minority/women ownership, control, or management without notifying SDO within thirty (30) days of such a change.
3. This firm understands that if the General Bidder/Sub-bidder referenced above is awarded the contract, the Bidder intends to enter into an agreement with this firm to perform the activity described below for the prices indicated. This firm also understands that the above-referenced firm, as General Bidder/Sub-bidder, will make substitutions only as allowed by Article XIII of the Contract.
4. This firm understands that under the terms of Article XIII of the contract, only work actually performed by an MBE/WBE will be credited toward MBE/WBE participation goals, and this firm cannot assign or subcontract out any of its work without prior written approval of the DCAMM Compliance Office, and that any such assignment or subcontracting will not be credited toward MBE/WBE participation goals.

MBE/WBE PARTICIPATION

| Section/Item Number (if applicable) | Describe MBE/WBE Scopes of Work (clarify "Labor Only", "Material Only" or "Labor and Material") | If Supplier, Indicate Total Value of Supplies (10% of total counts toward Participation) | Dollar Value of Participation |
|--|---|---|-------------------------------------|
| | | | |

Total Dollar Value: \$ _____

Name of MBE/WBE Firm _____
 Business Address _____

 Telephone No _____ Fax No. _____

Authorized Signature _____
 Print Name _____
 Title _____
 Date _____