

LETTER OF INTENT

FOR DESIGN HOUSE DOCTOR PROJECTS ONLY

MINORITY/WOMEN BUSINESS ENTERPRISES PARTICIPATION DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE

(To be completed by MBE/WBE and submitted to the Compliance Office by the Designer within five (5) working days after the Designer receives notice of selection (A-5 Letter).

DCAMM Project Number _____

Indicate SDO Certification:

Project Name _____

_____ MBE

Project Location _____

_____ WBE

To _____

_____ M/WBE

Name of Designer

1. This firm intends to perform work in connection with the above project.
2. This firm is currently certified by the Massachusetts Supplier Diversity Office (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. Attached is a copy of the most recent SDO certification letter issued to my company.
3. This firm understands that if the Designer referenced above is awarded the contract, the Designer intends to enter into an agreement with this firm to perform the activity described below for the prices indicated. **If the Designer does not have a confirmed dollar value for the described scope of work an ESTIMATED VALUE is required to be listed. The Designer is responsible for updating the Schedule for Participation as total dollar values are finalized.** . This firm also understands that the above-referenced firm, as Designer, will make substitutions only as allowed by the Contract and applicable law.
4. This firm understands that under the terms 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

Describe MBE/WBE Scopes of Work	Dollar Value of Participation	<input checked="" type="checkbox"/> ONLY if Estimated Value
	\$	<input type="checkbox"/>

Total Dollar Value: \$ _____

Name of MBE/WBE Firm _____

Authorized Signature _____

Business Address _____

Print Name _____

Title _____

Telephone No _____

Date _____

Email _____