



# Participation Letter of Intent

Note: Completion of this form is required by the S/MBE; M/WBE; & VBE sub & prime.

Minority/Women Business Enterprise (M/WBE)  Small & Micro Business Enterprise (S/MBE)  Veteran Business Enterprise (VBE)

BID/RFQ or PROJECT TITLE: \_\_\_\_\_

BID/RFQ or PROJECT #: \_\_\_\_\_

NAME OF PRIME BIDDER/CONSTRUCTION MANAGER: \_\_\_\_\_

**The undersigned is Certified with M-DCPS Office of Economic Opportunity as:**

S/MBE  M/WBE  VBE

**Certificate expires:** \_\_\_\_\_

**The undersigned intends to perform work with the above project as (check one):**

Sole Proprietor  Partnership  Corporation  \* Joint Venture

*\*If a joint venture, attach copy of fully executed Joint Venture Agreement.*

**The undersigned intends to perform work with the above project as (check one):**

Subcontractor  Subconsultant  Manufacturer  Supplier

**The undersigned is:**

Ethnic Designation		Gender
<input type="checkbox"/> African-American	<input type="checkbox"/> Native-American	<input type="checkbox"/> Female
<input type="checkbox"/> Asian-American	<input type="checkbox"/> Veteran	<input type="checkbox"/> Male
<input type="checkbox"/> Hispanic-American	<input type="checkbox"/> Non-Minority Woman	

**PARTICIPATION: The undersigned intends to perform the work listed below on the above project:**

Scope of Work (Contract Items & Work Description)	Amount
<b>Total</b>	

If the undersigned Prime intends to subcontract any portion to a **non-certified** S/MBE, M/WBE and/or VBE subcontractor(s), the amount of any non-certified subcontract must be stated here:  
 \$ \_\_\_\_\_

Name of S/MBE; M/WBE; and/or VBE or Subcontracting firm:  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Signature of S/MBE; M/WBE; and/or VBE Subcontractor _____	Prime Bidder Signature _____
Date _____	Date _____

STATE OF FLORIDA COUNTY OF _____	STATE OF FLORIDA COUNTY OF _____
-------------------------------------	-------------------------------------

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.	The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(NOTARY SEAL) _____ Signature of Notary	(NOTARY SEAL) _____ Signature of Notary
--------------------------------------------	--------------------------------------------

Personally known _____ or Produced Identification _____	Personally known _____ or Produced Identification _____
------------------------------------------------------------	------------------------------------------------------------