## MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm:	Certifying Agency:
Contact Person:	Certification Expiration Date:
Phone: Fax:	FEIN #:
Email:	_
Participation: []Direct []Indirect	
Will the M/WBE firm be subcontracting any of the goods o	r services of this contract to another firm?
[ ] No [ ] Yes – Please attach explanation. Propose	ed Subcontractor(s):
	ring Commodities/Services for the above named Project/ Contract: (If scope of work and/or payment schedule, attach additional sheets)
Indicate the <u>Dollar Amount</u> , <u>Percentage</u> , and the <u>Terms</u>	of Payment for the above-described Commodities/ Services:
work, conditioned upon (1) the Bidder/Proposer's receip Subcontractor remaining compliant with all relevant cred County, and the State to participate as a MBE/WBE firm	of Intent will become a binding Subcontract Agreement for the above ipt of a signed contract from the County of Cook; (2) Undersigned lentials, codes, ordinances and statutes required by Contractor, Cook for the above work. The Undersigned Parties do also certify that they s under Description of Service/ Supply and Fee/Cost were completed.
Signature ( <i>M/WBE</i> )	Signature (Prime Bidder/Proposer)
Print Name	Print Name
Firm Name	Firm Name
Date	Date
Subscribed and sworn before me	Subscribed and sworn before me
this day of, 20	this day of, 20
Notary Public	Notary Public
SEAL	SEAL