EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

ATTACHMENT G
Letter of Intent to Perform as a D/S/W/MBE

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Solicitation #102317 - RFP For Regional Healthcare Coalition Emergency Response Plan

Prime Contractor Name _____

The undersigned intends to perform work in connection with the above captioned project as one of the following (*check one*):

- ☐ a prime contractor
- ☐ a subcontractor
- ☐ a joint venture
- ☐ other (*please specify)*

The undersigned represents that it is a certified (*check all that apply*):

- ☐ DBE
- ☐ SBE
- ☐ WBE
- ☐ MBE

The undersigned is prepared to perform the work described below in connection with the above captioned project.

What is the dollar value of the undersigned's work? _____

In general, any work performed by a firm that is not a D/S/W/MBE cannot be counted toward the D/S/W/MBE participation for the project. This includes work that a D/S/W/MBE subcontracts to a non-D/S/W/MBE. A D/S/W/MBE that has been included as part of the project team must disclose its intent to subcontract a portion of its work to a non-D/S/W/MBE.

Will the undersigned subcontract out any of its work to a non-D/S/W/MBE? ☐ Yes ☐ No

If "Yes," please provide a description of the work that will be subcontracted to a non-D/S/W/MBE and the estimated percentage of work to be subcontracted.

The undersigned submits this letter of intent to perform as a D/S/W/MBE and certifies that it is prepared to perform the work described in this letter for the dollar value indicated above and that the information provided in this letter is accurate and true to the best of his/her knowledge.

D/S/W/MBE Name _____

Name & Title of Authorized Official _____

Signature of Authorized Official _____

Date _____