M/WBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE

INSTRUCTIONS: Part A of this form must be completed and subcontractors/suppliers. The bidder/contractor must subm				
Bidder Name:		Fe	deral ID No.:	
Address:		Pho	one No.:	
City State	Zip Code	E-n	nail:	
Signature of Authorized Representative of Bidder's Firm		Print or Type No	ame and Title of Authorized Representative of Proposer's Firm	
Date: PART B - THE UNDERSIGNED INTENDS TO PROVID	E SERVICES OR SUF	PPLIES IN CONNECTION	ON WITH THE ABOVE PROCUREMENT:	
Name of M/WBE:			Federal ID No.:	
Address:			_ Phone No.:	
City, State, Zip Code			_ E-mail:	
BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO	BE PERFORMED BY	MBE OR WBE:		
DESIGNATION:MBE SubcontractorW	BE Subcontractor	MBE Supplier	WBE Supplier	
PART C - CERTIFICATION STATUS (CHECK ON The undersigned is a certified M/WBE by the The undersigned has applied to New York States	New York State Division	•	men-Owned Business Development (MWBD). Business Development (MWBD) for M/WBE certification.	
			VE AND WILL ENTER INTO A FORMAL AGREEMENT THE NEW YORK STATE EDUCATION DEPARTMENT.	
The estimated dollar amount of the agreement \$		Signature of A	Signature of Authorized Representative of M/WBE Firm	
Date Date		Printed or Typ	Printed or Typed Name and Title of Authorized Representative	