M/WBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE

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| INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application. |
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| Bidder/Applicant Name: Federal ID No.: Address: Phone No.: City State Zip Code E-mail:  Signature of Authorized Representative of Bidder/Applicant’s Firm Print or Type Name and Title of Authorized Representative of Bidder/Applicant’s FirmDate:  |
| **PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**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 Subcontractor \_\_\_\_WBE Subcontractor \_\_\_\_MBE Supplier \_\_\_\_WBE Supplier |
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| **PART C - CERTIFICATION STATUS:** The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).**THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH****THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT’S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**The estimated dollar amount of the agreement $ Signature of Authorized Representative of M/WBE Firm Date Printed or Typed Name and Title of Authorized Representative |

**M/WBE 102**