M/WBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE

					C of this form must be completed by MBE and/or WBE cipate form for each MBE or WBE as part of the proposal.		
Bidder Name				Fac	deral ID No.		
Bidder Name:							
Address:				Phone No.:			
City		State	Zip Code	E-m	nail:		
Signature of Authorized Representative of Bidder's Firm Print or Type Name and Title of Authorized Representative of Proposer's							
Date:							
PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION 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 Subcontractor	WBE Su	ubcontractor _	MBE Supplier	WBE Supplier		
PART C - CERTIF	ICATION STATUS (CHE						
The undersigned is a certified M/WBE by (Agency Name)							
The undersigned has applied to (Agency Name)					for M/WBE certification.		
THE UNDER&GNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGR							
EEMENT WITH THE BIDDER CONDITIONED UPON THE BIDDER'S EXECUTION OF A CONTRACT WITH THE GEORGE WASHINGTON UNIVERSITY.							
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			

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