



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DIVERSITY IN BUSINESS PRACTICES

# Participation Letter of Intent

☐ **Minority/Women Business Enterprise (M/WBE)**    ☐ **Small Business Enterprise (SBE)**

This form is a part of this solicitation and, if applicable must be uploaded with your response.

BID/RFP or Project Name \_\_\_\_\_

Name of Bidder/Construction Manager \_\_\_\_\_

The undersigned intends to perform work with the above project as (check one):

☐ Individual    ☐ Partnership    ☐ Corporation    ☐ Joint Venture\* *If a joint venture, attach letterhead or other documentation proving relationship.*

The undersigned intends to perform work with the above project as (check one):

☐ Subcontractor    ☐ Subconsultant    ☐ Manufacturer    ☐ Supplier

The undersigned is: ☐ Certified with the School District of Palm Beach County as a M/WBE Vendor.

☐ Certified with the School District of Palm Beach County as a SBE Vendor.

The undersigned is: (MWBE or SBE must check one in Column 1 and Column 2; Column 3, if applicable)

**Column 1**

☐ African American    ☐ Native American  
☐ Asian American    ☐ American  
☐ Hispanic American

**Column 2**

☐ Female    ☐ Male

**Column 3**

☐ Physically Impaired

**PARTICIPATION** The undersigned intends to perform the following work in connection with the above project:

Item No.	Division No.	Contract (Trade) Items (Description/Division)	Amount

If the undersigned intends to sub-contract any portion of this subcontract to a non-certified M/WBE or SBE subcontractor, the amount of any such subcontract must be stated: \$ \_\_\_\_\_

Name of M/WBE or SBE Subcontracting Firm \_\_\_\_\_

Name and Position (type or print) \_\_\_\_\_

**INTERNAL USE ONLY - ROUTING DISPOSITION**

All executed originals of the form must be submitted to the  
Office of Diversity in Business Practices  
3300 Summit Blvd., West Palm Beach, FL 33406-5813

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The Prime vendor understands and agrees to inform the Office of Diversity in Business Practices (ODBP) of any changes to the information contained in this form within five (5) business days.

STATE OF FLORIDA    )  
                                  ) SS  
COUNTY OF            )

**BEFORE ME**, the undersigned authority, personally appeared \_\_\_\_\_ who, being first duly sworn, on oath deposes and says that the information provided on PBSO 1525 Participation Letter of Intent is true and correct and that he or she has read the information provided on PBSO 1525 Participation Letter of Intent and knows the contents thereof.

\_\_\_\_\_  
AFFIANT

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_,

who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

NOTARY PUBLIC:    Signature: \_\_\_\_\_    Print Name: \_\_\_\_\_

State of Florida at Large (Seal)

My commission expires: \_\_\_\_\_