THE SCHOOL DISTRICT OF PALM BEACH COUNTY
OFFICE OF DIVERSITY IN BUSINESS PRACTICES

Participation Letter of Intent

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

Submit completed form to the Senior Project Administrator (SPA). Direct all questions to (561) 681-2403.
Form must be submitted to Bidsync.com

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.
☐ Certified with the State of Florida, Department of General Services (Provisional).

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 PBSD 1525 Participation Letter of Intent is true and correct and that he or she has read the information provided on PBSD 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: _____