



SCHEDULE C
DBE Letter of Intent to
Perform as a Subcontractor or Supplier

**FOR
CONSTRUCTION
PROJECTS ONLY**

Project Name: _____ Specification No.: _____

From: _____
 (Name of DBE Firm)

To: _____ and the City of Chicago.
 (Name of Prime Contractor)

The DBE status of the undersigned is confirmed by the attached City of Chicago or Illinois Uniform Certification Program Certification Letter.

The undersigned is prepared to perform the following services in connection with the above named project/contract. If more space is required to fully describe the MBE or WBE proposed scope of work and/or payment schedule, attach additional sheets as necessary:

The above described performance is offered for the following price and described terms of payment:

<u>Pay Item No./Description</u>	<u>Quantity/Unit Price</u>	<u>Total</u>

Grand Total: \$ _____

Partial Pay Items

For any of the above items that are partial pay items specifically describe the work and subcontract dollar amount(s):

Grand Total: \$ _____

SUB-SUBCONTRACTING LEVELS

A zero (0) must be shown in each blank if the DBE will not be subcontracting any of the work listed or attached to this schedule.

_____ % of the dollar value of the DBE subcontract that will be subcontracted to non-DBE contractors.

_____ % of the dollar value of the DBE subcontract that will be subcontracted to DBE contractors.

Schedule C: DBE Letter of Intent to Perform as a Subcontractor to the Prime Contractor

NOTICE: If any of the DBE scope of work will be subcontracted, list the name of the vendor and attach a brief explanation, description and pay item number of the work that will be subcontracted.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, within three (3) business days of your receipt of a signed contract from the City of Chicago.

NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES.

(Signature of President/Owner/CEO or Authorized Agent of DBE) (Date)

(Name/Title-Please Print)

(Email & Phone Number)