SHELBY COUNTY SCHOOLS

LETTER OF INTENT TO PERFORM AS A MWBE SUBCONTRACTOR OR SUBCONSULTANT

(PROVIDE MATERIALS, SUPPLIES, OR/& SERVICES)

This Form Must Be Completed by Subcontractors and Suppliers

Project Name: (Re-Bid) Barrett's Chapel K-8 Roof Replacement			Bid # <u>10182019</u>
Name of Prime Bide	der/Proposer:		
Address:			
	eet Code	City	State
		Email:	
Name of Certified N	/IWBE Vendor:		
		n connection with the above proje men's Business Enterprise *(Cho	
Our firm is certified *(Provide copy of co	byertification certificate)		
Certification number	r	Expiration date	
	ion with the above proje	rform the following described wor ct. (specify in detail particular wo	
Description of work	to be performed by cert	ified vendor:	
Date	MWBE Co	mpany	
Name &Title of Aut	norized Officer	Phone Number	
Email Address:			
(Signature)			
SCS MWBE Depar	tment Representative	 Da	nte