

CHICAGO BOTANIC GARDEN

Supplier Diversity Program Letter of Intent From MBE/WBE to Perform as Subcontractor, Supplier, or Consultant Form 200

Contract/P.O. /Project Reference Name:	
Contract/P.O./Project Reference Number:	
То:	(Name of Contractor) and Chicago Botanic Garden
From:	_ (Name of MBE/WBE Firm)
(MBE)	(WBE) – please check all that apply
The undersigned intends to perform work in	connection with the above project as a
Sole Proprietor	Corporation
Partnership	Joint Venture
0	confirmed by the attached current Letter of Certification from ow. Please check all that apply with an effective dates.
City of Chicago	Chicago Minority Supplier Development Council
Cook County	Illinois Department of Transportation
State of Illinois, Central Manage	ement Services
Women's Business Developmen	nt Center
Other, please provide name:	

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

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

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, please attach additional sheets as required.

The undersigned agrees to enter into a formal agreement with you as contractor, supplier, and/or consultant and will do so as soon as reasonably possible.

Signature of Owner or Authorized Agent	
8	

Name/Title: _______ (please print or type)

Date: _____

(seal)

___ (Signature of Notary Public)

Chicago Botanic Garden Supplier Diversity Program

All Form 200s and Letters of Certification must be submitted with 180 days of award of the General Contract.

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The Vendor/Bidder/Proposer/Consultant designated the following person as their MBE/WBE Liaison Officer.

Name:	 (please pri	int or type	:)
	u i	71	<i>'</i>

Telephone Number: _____

The Vendor/Bidder/Proposer/Consultant designates the following person as the Project Manager for this project.

Name: _____

Telephone Number: _____

I solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and I am authorized, on behalf of the vendor/bidder/proposer/consultant, to make this affidavit

Owner or Authorized Agent: _____

Date: _____

State: _____

County/City of _____

This instrument was acknowledged before me on _____ (date)

By: ______ name(s) of person(s)

as ______ (type of authority, e.g., officer, trustee, etc.)

of ______ (name of party on behalf of instrument was executed)

(seal)

_____ (Signature of Notary Public)