

Contra Costa County
OUTREACH PROGRAM
Equal Employment Opportunity Office
2530 Arnold Drive, Suite 140
Martinez, California 94553
(925) 335-1455 Fax (925) 335-1420

LETTER OF INTENT TO PERFORM AS A
SUBCONTRACTOR / SUPPLIER / MANUFACTURER / TRUCKER

Name of Prime Contractor

Name of Project

Project Number

The undersigned is a (check one):

☐ Sole proprietorship ☐ Corporation ☐ Limited Liability
☐ Partnership ☐ Joint Venture

Check the following which may apply.

MBE	WBE	SBE	LBE	DVBE
<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Subcontractor
<input type="checkbox"/> Supplier	<input type="checkbox"/> Supplier	<input type="checkbox"/> Supplier	<input type="checkbox"/> Supplier	<input type="checkbox"/> Supplier
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Trucker	<input type="checkbox"/> Trucker	<input type="checkbox"/> Trucker	<input type="checkbox"/> Trucker	<input type="checkbox"/> Trucker
<input type="checkbox"/> Other _____ Describe	<input type="checkbox"/> Other _____ Describe	<input type="checkbox"/> Other _____ Describe	<input type="checkbox"/> Other _____ Describe	<input type="checkbox"/> Other _____ Describe

☐ None of the Above Apply

The undersigned is prepared to perform the following described work in connection with the above project (specify in detail the particular work items or parts thereof to be performed):

Total Amount Bid to Prime Contractor: \$ _____

Signature

Position Title

Date

Name of Person Completing this Form

Company Name

Phone Number

Fax Number

CONTRA COSTA COUNTY CPM

OUTREACH PROGRAM / MANDATORY
SUBCONTRACTING MINIMUM
DOCUMENT 00 07 39