

**CHICAGO HOUSING AUTHORITY (CHA)
Procurement & Contracts Department Contract Compliance Division**

**SCHEDULE B
Letter of Intent MBE/WBE/DBE Subcontractors, Suppliers, Consultants**

TO: THE CHICAGO HOUSING AUTHORITY CONTRACT COMPLIANCE DIVISION

**FROM: _____ MBE WBE DBE
(NAME OF MBE/WBE COMPANY) (circle status)**

FEIN: _____ ETHNICITY _____ GENDER _____

**PRIME CONTRACTOR: _____
(NAME) (TELEPHONE NUMBER)**

(ADDRESS)

SPEC., RFP OR PURCHASE ORDER NO.

SPEC., RFP OR PURCHASE ORDER TITLE

The MBE/WBE/DBE status of the undersigned is confirmed by the attached Letters of Certification from at least two of the following agencies: City of Chicago, Chicago Minority Business Development Council (CMBDC), METRA, PACE, Cook County, State of Illinois - Central Management Services (CMS), Illinois Department of Transportation (IDOT), Chicago Transit Authority (CTA), Women Business Development Center (WBDC) or the Small Business Administration (SBA 8(a)) Program.

**Will the MBE/WBE/DBE subcontract any of the work to be performed on this contract to another firm? Yes _ No _ .
If yes, explain _____**

List commodities/services to be provided for the above-referenced contract:

Indicate the total dollar value and the terms of the agreement including but not limited to joint venture, subcontract, supplier or purchase order agreements on the above-referenced contract: \$ _____

Terms of Contract: _____.

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AFFIDAVIT

The undersigned will enter into a signed agreement with the Prime Contractor listed above within five (5) days after receipt of a signed contract executed by the Chicago Housing Authority. Copies of agreements including but not limited to joint ventures, subcontracts, supplier agreements or purchase orders referencing the SPEC., RFP, or P. O. Number shall be forwarded to:

Department of Procurement & Contracts
Contract Compliance Division
60 E. Van Buren, 13th Floor
Chicago, Illinois 60605

I do solemnly declare and affirm under the penalty of perjury that the contents of the forgoing document are true and correct, and that I am authorized on behalf of the Subcontractor to make this affidavit.

(NAME OF MBE/WBE/DBE SUBCONTRACTOR/SUPPLIER - PRINT OR TYPE)

(SIGNATURE OF AUTHORIZED PRINCIPAL OR AGENT)

(DATE)

(NAME OF AFFIANT - PRINT OR TYPE)

STATE OF _____ COUNTY OF _____

ON THIS _____ DAY OF _____ 20____

BEFORE ME APPEARED (NAME) _____
to me personally known who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by _____ to execute the affidavit and did so as his or her free act and deed.

NOTARY PUBLIC _____ (SEAL)

COMMISSION EXPIRES: _____

For assistance, contact the Department of Procurement & Contracts Contract Compliance Division at (312) 742-9546.