

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY  
LETTER OF INTENT**

_____	Contract Number _____	_____
(Name of Prime Contractor)	Location _____	_____
_____	Contract Name _____	_____
(Name of 1 <sup>st</sup> Tier Subcontractor (If Applicable))		

- A. The undersigned LDBE intends to perform the work associated with this contract as (Check one):  
 Individual  Partnership  Corporation  Joint Venture
- B. The undersigned LDBE will perform the work associated with this contract as a (Check all that apply):  
 Construction Contractor  Stocking Supplier  Manufacturer  Stocking Distributor  
 Broker, Agent, Packager  Hauler  Service Provider (for non-construction contracts)
- C. The undersigned LDBE will:  Perform the following services  Supply the following materials, equipment, supplies:

**IF AVAILABLE, PLEASE ATTACH A COPY OF THE PROPOSED SCOPE OF WORK AND SUBCONTRACT AGREEMENT FOR THIS SUBCONTRACTOR.**

Item Number	Detailed Description Of Scope of Work	Scope of Services (Check One)	Quantity	Unit Price
01	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Matl Only <input type="checkbox"/> Complete	_____	_____
02	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Matl Only <input type="checkbox"/> Complete	_____	_____
03	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Matl Only <input type="checkbox"/> Complete	_____	_____
04	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Matl Only <input type="checkbox"/> Complete	_____	_____

**Please Attach Additional Sheets if Necessary**

- D. Work described above will be performed at the following total price: \$ \_\_\_\_\_.
- E. Total Contract Amount: \$ \_\_\_\_\_
- F. Term of Contract      Commencement Date: \_\_\_\_\_      Completion Date: \_\_\_\_\_
- G. \_\_\_\_\_% of the dollar value of the subcontract will be performed by (check if applicable):  
 Non-LDBE contractors       Non-LDBE suppliers.

The undersigned will enter into a subcontract consistent with the above upon execution of a contract between the Prime Contractor and the Authority: **(NOTE: SIGNATURES MUST BE DATED)**

_____	Agreed To	_____
(Print or Type Name of LDBE Firm)		(Print or Type Name of Prime Contractor)
By _____		_____
(Print or Type Name and Title)		(Print or Type Name and Title)
_____	_____	_____
(Signature)	(Date)	(Signature)      (Date)
_____		
(Print or Type LDBE's Certification Expiration Date)		

**FOR MWAA USE ONLY**

MWAA DSD Specialist's Approval \$ _____	_____	_____
(Enter The Amount of Contract Approved for LDBE Participation)	(Signature)	(Date)