



# LETTER OF INTENT TO SUBCONTRACT

Project Number \_\_\_\_\_

Project Title \_\_\_\_\_

\_\_\_\_\_ (“Contractor”) agrees to enter a contractual agreement with  
\_\_\_\_\_ (“M/WBE Subcontractor”), who will provide the following  
goods/services in connection with the above-referenced contract:

Pursuant to Harris Health System’s M/WBE policy, only M/WBE firms which are currently certified with one of Harris Health System’s recognized certifying agencies may be counted towards meeting the M/WBE goal at the subcontracting level.

Insert a brief narrative describing the goods/services to be provided. Broad categorizations (e.g., “electrical,” “plumbing,” etc.) or the listing of the NAICS Codes in which M/WBE Subcontractor is certified are insufficient and may result in this Letter of Intent to Subcontract not being accepted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for an estimated amount of \$\_\_\_\_\_ or \_\_\_\_\_% of the total estimated contract value.

The parties acknowledge that any obligation of the prime contractor to enter into a subcontract agreement or purchase order with the subcontractor is expressly contingent upon the prime contractor entering into a contract with Harris County for the work as defined in the bid/proposal.

**This document must be completed in its entirety by the Contractor and signed by both the Contractor and the M/WBE Subcontractor.**

Any false statements or misrepresentations regarding information submitted on this form may be a criminal offense in violation of Section 37.10 of the Texas Penal Code.

Contractor agrees to utilize M/WBE Subcontractor in the capacities indicated herein, and M/WBE Subcontractor agrees to work on the above-referenced contract in the capacities indicated herein, **contingent upon award of the contract to Contractor.**

Signature: Contractor

Signature: M/WBE Subcontractor

Print Name

Print Name

Title

Date

Title

Date