

**ATTACHMENT NO. 1**

**WOMAN AND MINORITY OWNED BUSINESS ENTERPRISE ASSURANCE AND PARTICIPATION LETTER OF INTENT**

**LUMACURVE AIRFIELD SIGN PANEL  
Tampa International Airport**

\*A Separate Letter Of Intent Must Be Completed For Each W/MBE Firm\*

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Agency's estimated annual gross receipts \$ \_\_\_\_\_

Percentage of Agreement amount performed by Agency \_\_\_\_\_ %

Name of W/MBE firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Identity of W/MBE (e.g. Hispanic, American Indian, Black, Female, etc.) \_\_\_\_\_

Description of work to be performed by W/MBE firm: \_\_\_\_\_  
\_\_\_\_\_

Anticipated gross receipts of subcontract \$ \_\_\_\_\_

Subcontract percent of Agency's Agreement amount \_\_\_\_\_ %

Check the appropriate box if the above W/MBE is a materials supplier:

- Materials or supplies obtained from a W/MBE regular dealer (counts as 100% towards expectancy)

**Commitment**

The Agency is committed to utilizing the above-named W/MBE firm for the purchase of goods and services described above.

By: \_\_\_\_\_  
(Signature) (Title) (Name of Agency)

**Affirmation**

The above-named W/MBE firm affirms that it will provide the goods and services as stated above.

By: \_\_\_\_\_  
(Signature) (Title) (Name of W/MBE firm)

If the Agency does not receive award of the Agreement, any and all representations in this Letter of Intent and affirmation will be null and void.

EACH AGREEMENT THE AUTHORITY EXECUTES WITH THE AGENCY (AND EACH SUBAGREEMENT THE AGENCY EXECUTES WITH A D/W/MBE firm) MUST INCLUDE THE FOLLOWING CLAUSE:

Agency's D/W/MBE Assurance: The Agency will not discriminate on the basis of race, color, national origin, or sex in the performance of this Agreement. Failure by the Agency to carry out these requirements is a material breach of this Agreement, which may result in the termination of this Agreement or such other remedy as the recipient deems appropriate.

\_\_\_\_\_  
(Name of Agency)

By: \_\_\_\_\_  
(Signature\*)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\* Must be same signature on Bid Form.  
END OF SECTION