

**APPLETON HOUSING AUTHORITY (AHA)**

**LETTER OF INTENT M/W/DBE AND/OR SECTION 3 BUSINESS CONCERN  
SUBCONTRACTORS, SUPPLIERS, CONSULTANTS  
(TO BE COMPLETED BY SUBCONTRACTOR AND/OR SELF-PERFORMING PRIME CONTRACTOR)**

M/W/DBE or SECTION 3 BUSINESS CONCERN NAME: \_\_\_\_\_

M/W/DBE Certification Status: MBE  WBE  DBE  Section 3 Business Concern: YES  NO

- At least 51 percent owned and controlled by low-or very low-income persons
- The business is at least 51 percent owned and controlled by current public housing residents or who currently live in Section 8-assisted housing.
- Over 75 percent of the labor hours performed for the business over the prior three- month period are performed by Section 3 workers.

FEIN: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CONTACT NAME/TITLE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ IFB/RFP/CONTRACT OR PO #: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_ DATE FORM COMPLETED: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_ (NAME) \_\_\_\_\_ (TELEPHONE NUMBER)

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NOTE: Subcontractors cannot also be an employee of the Prime Contractor.

1. Will the Subcontractor contract any of the work to be performed on this contract to another firm?

Yes  No

If yes, explain below (Include dollar amount and percentage that will be subcontracted to other firms):

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

**APPLETON HOUSING AUTHORITY (AHA)**  
**DEPARTMENT OF PROCUREMENT & CONTRACTS CONTRACT COMPLIANCE DIVISION**

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

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3. Indicate the total dollar value: \$ \_\_\_\_\_

4. Does the subcontractor have any business interests related to the Prime? Yes  NO

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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 Appleton Housing Authority.

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.

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(NAME OF SUBCONTRACTOR/SUPPLIER - PRINT OR TYPE)

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(SIGNATURE OF AUTHORIZED PRINCIPAL OR AGENT) (DATE)

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(NAME OF NOTARY - 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: \_\_\_\_\_