



### SMALL BUSINESS ENTERPRISE COMPLIANCE GUIDELINES AND FORMS FOR CMAR

If proposing as a CMAR Joint Venture (JV), respondents must complete the CMAR JV Packet in lieu of these forms. If proposing as a Prime-Subcontractor Team Arrangement, respondents must complete this packet along with the Dallas ISD Master Prime-Subcontractor Teaming Agreement found on the Dallas ISD Small Business Office website [www.dallasisd.org/sboforms](http://www.dallasisd.org/sboforms).

The information provided in these forms will be used as part of the Small Business Office (SBO) evaluation. These forms are valued at up to 20 percentage points of the overall score.

*Failure to submit complete, signed, and dated forms, as required, will result in a score of zero for the Small Business Enterprise (SBE) component.*

#### BID INFORMATION

PART 1

Org. #:  Proposal #:  Bid Total \$:

School Name :

CMAR Title :

#### COMPANY INFORMATION

PART 1

Company Name :

Tax ID # :

Address :

City :  State:  Zip Code:

#### AUTHORIZED AGENT

PART 1

The individual who has legal authority to enter into a binding contract with Dallas ISD on behalf of the company.

Name :

Title :

Phone :  Email Address:

#### AUTHORIZED AGENT'S REQUIRED SIGNATURE AND DATE

**Required Signature.** The authorized agent confirms that they have read and understand the SBE Compliance Guidelines and Forms, and that the information provided is true and accurate to the best of their knowledge.

Signature :  Date :

**Failure to complete, sign, date, and return these forms will result in a zero numerical SBE score.**

**Last update 8.14.2026 | Small Business Enterprise Compliance Guidelines and Forms for CMAR**

## Small Business Enterprise Program

It is the district's goal to foster the participation of small business enterprises in all facets of the district's contracting and purchasing activities. The district's aspirational small business enterprise (SBE) goal is 30% of the total dollar value of all district contracts for goods, services, and construction. For bond-funded contracts, the district's aspirational SBE goal for construction is 30% and 35% for professional services.

Pursuant to Section 3 of the Small Business Act and Small Business Administration Regulations (13 CFR Part 121), a small business enterprise is defined as a for-profit business that is independently owned and operated and meets the size standards set by the U.S. Small Business Administration (SBA).

For more details, including SBA size standards, please visit the Small Business Office website: [www.dallasisd.org/sbo](http://www.dallasisd.org/sbo).

### SECTION 1. | SMALL BUSINESS CERTIFICATION INFORMATION PART 1

Is your company certified as a ☐ 8(a) Certification ☐ HUBZone ☐ Service-Disabled Veteran-Owned Small Business (SDVOSB) ☐ Small Business Enterprise (SBE) ☐ VetHUB ☐ Veteran-Owned Small Business (VOSB) ☐ Woman-Owned Small Business (WOSB) by one of the Dallas ISD approved certification agencies listed below?

☐ No

☐ Yes, if yes, please provide the information below and attach a copy of your certificate.

|                                  |                                                          |
|----------------------------------|----------------------------------------------------------|
| Certification Agency             |                                                          |
| Certification Number             |                                                          |
| Certification Expiration Date    |                                                          |
| Did You Attach Your Certificate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### Approved Certifications:

- ☐ 8(a) Certification
- ☐ HubZone
- ☐ Service-Disabled Veteran-Owned Small Business (SDVOSB)
- ☐ Small Business Enterprise (SBE)
- ☐ VetHUB
- ☐ Veteran-Owned Small Business (VOSB)
- ☐ Woman-Owned Small Business (WOSB)

#### Approved Certification Agencies:

- ☐ Cherokee Tribal Employment Rights Office
- ☐ Chickasaw Nation
- ☐ Choctaw Nation of Oklahoma
- ☐ City of Austin
- ☐ City of Houston
- ☐ Corpus Christi Regional Transportation Authority
- ☐ Dallas/Fort Worth Business Council
- ☐ Muscogee Nation
- ☐ National Supplier Development Council
- ☐ North Central Texas Regional Certification Agency
- ☐ Small Business Administration
- ☐ South Central Texas Regional Certification Agency
- ☐ Texas Department of Transportation
- ☐ Texas Comptroller of Public Accounts
- ☐ Women's Business Council Southwest
- ☐ Women's Business Enterprise National Council

Failure to complete, sign, date and return these forms will result in a zero numerical SBE score.

Page | 2

The scoring criteria provides guidance on how your submission will be evaluated by the Small Business Office (SBO). Scores are based on the information provided in the compliance guidelines and forms. All master agreements must be signed by all parties and notarized.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|
| <b>A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SBE Enhancements and Capacity Building</b>                               | <b>Up to 3 Points</b>  |
| <p>The proposer demonstrates commitment to the district's Small Business Enterprise (SBE) Program by implementing processes and initiatives that support and build SBE capacity. Responses should describe current strategies and activities that promote SBE growth, development, and long-term participation in district contracts, with supporting documentation provided. Examples may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Expedited payments to SBEs to support cash flow</li> <li>▪ Business development programs, such as coaching, mentoring, or mentor-protégé partnerships</li> <li>▪ Early release of retainage to assist SBEs with project sustainability</li> <li>▪ Expanding opportunities for certified subcontractors, particularly firms that have not conducted business with the district within the past five (5) years</li> <li>▪ Outreach activities designed to strengthen SBE engagement, such as workshops, trainings, networking sessions, or one-on-one consultations</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |
| <b>B.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SBE References</b>                                                       | <b>Up to 2 Points</b>  |
| <p>The proposer has provided a list of two (2) SBE subcontractor references (<i>not required to be certified</i>) that have previously performed work for them. Please provide the most current information. Only two (2) attempts will be made to contact each reference. Section 3, Page 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                        |
| <b>C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Certified SBE   Joint Venture /Prime Subcontractor Teaming Agreement</b> | <b>Up to 5 Points</b>  |
| <ul style="list-style-type: none"> <li>▪ The proposer is a certified SBE (Section 1, Page 2); <b>or</b></li> <li>▪ The proposer has submitted a signed, dated &amp; notarized Dallas ISD Master Joint Venture Agreement <b>or</b> Dallas ISD Master Prime Subcontractor Teaming Agreement with a certified SBE</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                        |
| <b>D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SBE Participation Commitment</b>                                         | <b>Up to 5 Points</b>  |
| <p>Proposer has demonstrated its commitment to achieving or exceeding the district's 30% aspirational SBE goal through meaningful utilization of certified SBE subcontractors, subconsultants, and suppliers as contracting opportunities and bid packages are developed throughout the CMAR process.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                        |
| <b>E.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SBE Participation Plan</b>                                               | <b>Up to 5 Points</b>  |
| <p>Proposer shall submit an SBE Participation Plan demonstrating its commitment and approach to achieving or exceeding the district's 30% aspirational SBE goal. Recognizing that subcontractors, subconsultants, and suppliers may not be identified at the time of proposal submission under the CMAR delivery method, the plan should describe how the proposer will identify, engage, and utilize certified SBEs as contracting opportunities and bid packages are developed.</p> <p>The plan should address how the proposer will:</p> <ul style="list-style-type: none"> <li>• Conduct outreach to identify and engage qualified certified SBE subcontractors, subconsultants, and suppliers as opportunities become available;</li> <li>• Promote meaningful and commercially useful SBE participation throughout the project;</li> <li>• Identify the individual responsible for SBE compliance, monitoring, and oversight;</li> <li>• Monitor progress toward meeting or exceeding the proposer's stated SBE participation commitment;</li> <li>• Utilize certified SBE firms in accordance with commitments made as bid packages and subcontracts are awarded;</li> <li>• Obtain approval from the Small Business Office prior to making changes to committed SBE participation, as required; and</li> <li>• Submit documentation of payments to certified SBE firms through B2G in accordance with District requirements.</li> </ul> |                                                                             |                        |
| <b>Total Possible Points</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | <b>Up to 20 Points</b> |

SECTION 3. | SBE REFERENCES

PART 1

List two (2) small business enterprise subcontractors (*not required to be certified*) that have performed work for your company.

*Provide the most current information. Only two (2) attempts will be made to contact your references.*

|                |  |
|----------------|--|
| Company Name   |  |
| Contact Person |  |
| Email          |  |
| Phone Number   |  |
| Project Name   |  |

|                |  |
|----------------|--|
| Company Name   |  |
| Contact Person |  |
| Email          |  |
| Phone Number   |  |
| Project Name   |  |

SECTION 4. | MENTOR PROTEGE

PART 1

Does your company participate in a Mentor Protégé Program as a mentor to an SBE company?

☐ Yes

*If yes, attach a signed, dated, notarized copy of the Mentor Protégé Agreement, notarized minutes, and any supporting documents. It is the responsibility of the mentor to create and provide the agreement. The Mentor Protégé Agreement must be attached with your response.*

☐ No

**SECTION 5. | SUBCONTRACTOR UTILIZATION****PART 1**

Will the respondent utilize subcontractors, subconsultants, or suppliers as part of this proposal?

☐ Yes [Complete Sections 6 and 7 | Part 2]

*If yes, the respondent must attach a written and detailed Small Business Enterprise (SBE) Participation Plan in accordance with the SBE Scoring Criteria, Section E, Page 3, describing the good faith efforts that will be implemented to achieve the established SBE goal.*

☐ No

**SBE PARTICIPATION PLAN****PART 1**

The SBE Participation Plan should include, at a minimum, the following:

- Conduct outreach to identify and engage qualified certified SBE subcontractors, subconsultants, and suppliers as opportunities become available;
- Promote meaningful and commercially useful SBE participation throughout the project;
- Identify the individual responsible for SBE compliance, monitoring, and oversight;
- Monitor progress toward meeting or exceeding the proposer's stated SBE participation commitment;
- Utilize certified SBE firms in accordance with commitments made as bid packages and subcontracts are awarded;
- Obtain approval from the Small Business Office prior to making changes to committed SBE participation, as required; and
- Submit documentation of payments to certified SBE firms through B2G in accordance with District requirements.

The SBE Participation Plan shall be limited to five (5) pages. Resumes, required forms, and required supporting attachments are excluded from the five-page limit. Failure to submit the required SBE Participation Plan, or submission of a plan exceeding the five-page limit, may result in a reduction of evaluation points.

**PART 2: SUBCONTRACTOR UTILIZATION AND COMPLIANCE SUBMISSION****PROJECT/CONTRACT INFORMATION**

PART 2

|                               |                      |                                    |                      |
|-------------------------------|----------------------|------------------------------------|----------------------|
| Date submitted:               | <input type="text"/> |                                    |                      |
| Company Name :                | <input type="text"/> |                                    |                      |
| School Name :                 | <input type="text"/> |                                    |                      |
| CMAR Title :                  | <input type="text"/> |                                    |                      |
| Org. # :                      | <input type="text"/> | Proposal #:                        | <input type="text"/> |
|                               |                      | Contract   PO # :                  | <input type="text"/> |
| Contract Original Amount:     | <input type="text"/> | GMP No./Package :                  | <input type="text"/> |
| GMP Amount:                   | <input type="text"/> | Amendment Amount, (if applicable): | <input type="text"/> |
| Current Total Contract Value: | <input type="text"/> |                                    |                      |

**SBE COMPLIANCE CONTACT**

PART 2

|                  |                      |                |                      |
|------------------|----------------------|----------------|----------------------|
| Contact Person : | <input type="text"/> |                |                      |
| Title:           | <input type="text"/> |                |                      |
| Phone:           | <input type="text"/> | Email Address: | <input type="text"/> |

**PURPOSE AND SUBMISSION REQUIREMENTS**

PART 2

Part 2 must be completed and submitted to the district with each contract amendment, including amendments establishing or modifying a Guaranteed Maximum Price (GMP), as applicable. This section provides the Small Business Office with information and documentation regarding subcontractor utilization and compliance with the district's Small Business Enterprise (SBE) requirements.

The information submitted in Part 2 will be used to evaluate, document, and monitor SBE participation, including the Prime Contractor's efforts to provide subcontracting opportunities to small businesses.

Prime Contractors are required to demonstrate positive and reasonable good faith efforts to subcontract with small businesses. If the Prime Contractor does not intend to utilize SBE subcontractors, the required Good Faith Effort Documentation must be completed and submitted to demonstrate the efforts made to identify and engage qualified small businesses.

For each proposed SBE subcontractor, the Prime Contractor must submit a completed, signed, and dated Letter of Intent identifying the subcontractor and the work or services to be performed.

**Required Documents**

- Small Business Office Compliance Guidelines and Forms Coversheet
- Subcontractor Utilization Listing | Page 7
- Good Faith Effort Documentation, if applicable | Page 8
- Letter of Intent for each SBE subcontractor | Page 9

*The Prime Contractor must identify the applicable GMP and/or contract amendment and provide the corresponding dollar amounts in the Project/Contract Information section above.*

Last Update 8.14.2026

## SECTION 6. | SUBCONTRACTOR COMPLIANCE REPORTING

## PART 2

The Small Business Office utilizes B2G Now, a Contract Compliance System, to monitor monthly compliance reporting. Please identify the individual responsible for entering and maintaining subcontractor payment information in the B2G Now system and who is knowledgeable about Small Business Enterprise (SBE) utilization for this project.

|                 |  |
|-----------------|--|
| Contact Person: |  |
| Title:          |  |
| Email:          |  |
| Phone:          |  |

## SECTION 7. | SUBCONTRACTOR LISTING

## PART 2

Instructions: List all subcontractors, suppliers, subconsultants, and sole proprietors that will be utilized for the work associated with this submission, regardless of SBE certification status. Complete all applicable fields for each firm.

### For Each Subcontractor

Provide the company name, address, contact person, phone number, and email address.

Indicate whether the firm is currently certified and select the applicable certification type(s).

For each certified firm, provide the certification agency and certification number and attach a copy of the firm's certification.

Provide a clear description of the scope of work, services, supplies, or materials to be provided.

Enter subcontract amount for the work associated with this submission.

For each certified SBE, calculate and enter the firm's SBE participation % using the applicable amount identified in the project/contact information section of Part 2.

For subcontractors that are not certified SBEs, enter 0% in the SBE participation % field.

### SBE Participation Calculation

SBE Participation % - (Certified SBE Subcontract Amount divided by [applicable base amount]) x 100

The Small Business Office will review and verify the subcontractor information and calculations submitted and will determine the Prime Contractor's overall SBE participation for evaluation and compliance purposes.

*Only certified small business enterprises (SBE) subcontractors, suppliers, subconsultants, or sole proprietors will be counted towards the small business enterprise goals.*

| Subcontractor/Supplier Information   Complete All Fields Below |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
|----------------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-------|--|
| Company's Name                                                 |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Address                                                        |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| City                                                           |  |                                                          |  |                                                                                                                                                                                                                         |  | State           |  | Zip   |  |
| Contact's Name                                                 |  | First Name                                               |  |                                                                                                                                                                                                                         |  | Last Name       |  |       |  |
| Phone                                                          |  |                                                          |  | Email                                                                                                                                                                                                                   |  |                 |  |       |  |
| SBE Certified                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> SDVOSB <input type="checkbox"/> SBE <input type="checkbox"/> VOSB <input type="checkbox"/> VetHUB <input type="checkbox"/> WOSB |  |                 |  |       |  |
| Certification Agency                                           |  |                                                          |  |                                                                                                                                                                                                                         |  | Certification # |  |       |  |
| Scope of Work                                                  |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Subcontractor Amount                                           |  | \$                                                       |  |                                                                                                                                                                                                                         |  |                 |  | SBE % |  |
|                                                                |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  | %     |  |
| Subcontractor/Supplier Information   Complete All Fields Below |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Company's Name                                                 |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Address                                                        |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| City                                                           |  |                                                          |  |                                                                                                                                                                                                                         |  | State           |  | Zip   |  |
| Contact's Name                                                 |  | First Name                                               |  |                                                                                                                                                                                                                         |  | Last Name       |  |       |  |
| Phone                                                          |  |                                                          |  | Email                                                                                                                                                                                                                   |  |                 |  |       |  |
| SBE Certified                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> SDVOSB <input type="checkbox"/> SBE <input type="checkbox"/> VOSB <input type="checkbox"/> VetHUB <input type="checkbox"/> WOSB |  |                 |  |       |  |
| Certification Agency                                           |  |                                                          |  |                                                                                                                                                                                                                         |  | Certification # |  |       |  |
| Scope of Work                                                  |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Subcontractor Amount                                           |  | \$                                                       |  |                                                                                                                                                                                                                         |  |                 |  | SBE % |  |
|                                                                |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  | %     |  |
| Subcontractor/Supplier Information   Complete All Fields Below |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Company's Name                                                 |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Address                                                        |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| City                                                           |  |                                                          |  |                                                                                                                                                                                                                         |  | State           |  | Zip   |  |
| Contact's Name                                                 |  | First Name                                               |  |                                                                                                                                                                                                                         |  | Last Name       |  |       |  |
| Phone                                                          |  |                                                          |  | Email                                                                                                                                                                                                                   |  |                 |  |       |  |
| SBE Certified                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> SDVOSB <input type="checkbox"/> SBE <input type="checkbox"/> VOSB <input type="checkbox"/> VetHUB <input type="checkbox"/> WOSB |  |                 |  |       |  |
| Certification Agency                                           |  |                                                          |  |                                                                                                                                                                                                                         |  | Certification # |  |       |  |
| Scope of Work                                                  |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  |       |  |
| Subcontractor Amount                                           |  | \$                                                       |  |                                                                                                                                                                                                                         |  |                 |  | SBE % |  |
|                                                                |  |                                                          |  |                                                                                                                                                                                                                         |  |                 |  | %     |  |

## SECTION 8. | GOOD FAITH EFFORT

## PART 2

Vendors are not required to submit Good Faith Effort documentation if certified SBE subcontractors are listed in Section 7, Pages 7 of these forms.

The Good Faith Effort (GFE) Program provides an opportunity for prime vendors who plan to use only non-certified SBE subcontractors to demonstrate their collaborative efforts to engage and include Small Business Enterprises (SBEs) in the project.

To qualify, the vendor must show that a reasonable and comprehensive effort was made to identify, solicit, and engage qualified SBE subcontractors. The submission should include sufficient documentation supporting these efforts, such as outreach records, communications, or other engagement activities.

The GFE criteria allows Dallas ISD to determine whether a prime vendor has made a bona fide good faith effort to meet SBE aspirational goals.

The good faith elements:

| <b>Good Faith Element</b>                                                               |
|-----------------------------------------------------------------------------------------|
| Advertising and marketing opportunities to SBEs                                         |
| Providing outreach opportunity to identify qualified SBEs                               |
| Participating in the pre-bid meeting to engage potential SBE subcontractors             |
| Providing timely written notice to qualified SBEs at least two weeks before bid opening |
| Providing sufficient time for SBEs to prepare and submit competitive bids               |
| Soliciting work scopes that are feasible for SBEs to perform                            |
| Negotiating in good faith with qualified SBEs                                           |
| Offering help with financing, bonding, insurance, certification, or mentoring to SBEs   |

*For additional explanation view the Good Faith Elements and Required Documentation form by visiting [www.dallasisd.org/sboforms](http://www.dallasisd.org/sboforms).*

## SECTION 9. | ONLINE RESOURCES

## PART 2

The following forms and information can be found by visiting [www.dallasisd.org/sboforms](http://www.dallasisd.org/sboforms)

- Certified SBE Listing Request Form
- Change of Subcontractor Form
- Dallas ISD Master Joint Venture Agreement
- Dallas ISD Master Prime-Subcontractor Teaming Agreement
- Frequently Asked Questions (FAQ)
- Good Faith Effort Explanation and Required Documentation
- Instructions on Completing the SBE Forms
- Letter of Intent to Subcontract Form
- Pay Activity Report (PAR) *(to be submitted after contract is awarded)*
- SBE Compliance Guidelines and Forms for Goods and Services - Fillable
- Subcontractor Utilization Listing Form (Page 7)



Both the Prime Vendor and SBE Subcontractor must sign this document, which must be completed in full by the Prime Vendor. A Letter of Intent (LOI) is required for each certified SBE Subcontractor providing services, labor, or materials under the proposal.

*Providing false statements or misrepresentations may constitute a criminal offense under Section 37.10 of the Texas Penal Code.*

|              |  |                |  |
|--------------|--|----------------|--|
| Proposal No. |  | Proposal Title |  |
| Org.         |  | School         |  |

| Prime Vendor's Information |  |      |  |       |  |     |  |
|----------------------------|--|------|--|-------|--|-----|--|
| Company Name               |  |      |  |       |  |     |  |
| Contact Person             |  |      |  |       |  |     |  |
| Address                    |  | City |  | State |  | Zip |  |

| SBE Subcontractor's Information |  |      |  |                 |    |     |  |
|---------------------------------|--|------|--|-----------------|----|-----|--|
| Tax ID#                         |  |      |  | Contract Amount | \$ |     |  |
| Company Name                    |  |      |  |                 |    |     |  |
| Address                         |  | City |  | State           |    | Zip |  |
| Contact Person                  |  |      |  | Title           |    |     |  |
| Email                           |  |      |  | Phone           |    |     |  |
| Scope of Work                   |  |      |  |                 |    |     |  |

| SBE Subcontractor Certification Information |  |  |  |  |  |  |  |
|---------------------------------------------|--|--|--|--|--|--|--|
|---------------------------------------------|--|--|--|--|--|--|--|

Is the SBE Subcontractor certified as a: ☐ 8(a) ☐ HUBZone ☐ SDVOSB ☐ SBE ☐ VetHUB  
☐ VOSB ☐ WOSB ☐ No ☐ Yes, if yes, please attach a copy of the current certificate

| Required Signatures   Review the Information for Accuracy Before Signing |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------|--|--|--|--|--|--|--|
|--------------------------------------------------------------------------|--|--|--|--|--|--|--|

This Letter of Intent (LOI) confirms that the Prime Vendor and Subcontractor will engage in good faith negotiations for a subcontract agreement covering the work outlined herein. The Prime Vendor's obligation to enter into a subcontract is contingent upon executing a contract with Dallas ISD for the work defined in the bid/proposal.

**SBE Subcontractor's Signature and Acknowledgement | Review the information below, complete, sign & date**

**Acknowledge.** Do you, as the SBE Subcontractor, agree to confirm receipt of payments in the B2G system within 10 days of receiving payment from the Prime Vendor? ☐ Yes ☐ No

|                |  |       |  |
|----------------|--|-------|--|
| SBE Print Name |  | Title |  |
| SBE Signature  |  | Date  |  |

**Prime Vendor's Signature and Acknowledgement | Review the information below, complete, sign & date**

**Acknowledge.** The undersigned, as the authorized representative of the Prime Vendor, hereby confirms that they have personally reviewed this Letter of Intent. To the best of their knowledge, the information and representations contained in this form are true and correct, and the owner, president, or authorized agent of the SBE Subcontractor has also signed this form. No material facts have been omitted.

|                  |  |       |  |
|------------------|--|-------|--|
| Prime Print Name |  | Title |  |
| Prime Signature  |  | Date  |  |