|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name |  |  | Project Number |  |
| Vendor Name |  |  | Federal Tax I.D. |  |
|  | | | | |
|  | | | | |
| **EDGE-certified Business Enterprise (“EBE”)** | | | | |
| EBE Name |  |  | Phone |  |
| Address |  |  | Fax |  |
| City, State ZIP |  |  | E-mail |  |
| EBE Certification Number |  |  | Federal Tax I.D. |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Briefly describe services, work or supplies to be provided by the EBE (may use industry codes):** | | | | |
|  | | | | |
|  | | | | |
| **Percentage of proposed EBE participation:\*** | % |  | **Anticipated cost or fee payable to EBE firm:** | $ |

\*If indicating less than the advertised EDGE participation, the Vendor must request a waiver and provide a “Demonstration of Good Faith Effort” form and supporting documentation that the Vendor attempted to meet the advertised participation goal established for this project by the Director of the Ohio Department of Administrative Services pursuant to Section 123.152 of the Ohio Revised Code.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| **Certified by EBE and by the Vendor**  The Vendor certifies that it intends to contract with the EBE for the portion of the agreement described above related to this project. The named EBE certifies that it intends to contract with the named Vendor and intends to provide the portion of the Vendor’s scope of services as described above and for the anticipated cost or fee as indicated above. | | | | | | | | | | | | | | | |
| If the Vendor is not selected to provide services for this Project, this Statement of Intent shall be null and void. | | | | | | | | | | | | | | | |
| **Submitted as a part of the:** | | | RFQ Response | | | Technical Proposal | | | | | | Implementation Plan | Fee Proposal | | |
| **EDGE-certified Business Enterprise** | | | | | | |  |  | **Vendor** | | | | | | |
|  | Name |  | | | | |  |  |  | Name |  | | | | |
|  |  | | |  |  | |  |  |  |  | | | |  |  |
|  | Signature | | |  | Date | |  |  |  | Signature | | | |  | Date |