METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
LETTER OF INTENT

(Name of Prime Contractor) _____________________________
Location _____________________________
Contract Name _____________________________
(Name of 1st Tier Subcontractor (If Applicable))

A. The undersigned LDBE intends to perform the work associated with this contract as (Check one):
   ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

B. The undersigned LDBE will perform the work associated with this contract as (Check all that apply):
   ☐ Construction Contractor ☐ Stocking Supplier ☐ Manufacturer ☐ Stocking Distributor
   ☐ Broker, Agent, Packager ☐ Hauler ☐ Service Provider (for non-construction contracts)

C. The undersigned LDBE will:
   ☐ Perform the following services ☐ Supply the following materials, equipment, supplies:

IF AVAILABLE, PLEASE ATTACH A COPY OF THE PROPOSED SCOPE OF WORK FOR THIS SUBCONTRACTOR.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Detailed Description Of Scope of Work</th>
<th>Scope of Services (Check One)</th>
<th>Quantity</th>
<th>Unit Price</th>
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</table>

Please Attach Additional Sheets if Necessary

D. Work described above will be performed at the following total price: $_____________________________.

E. Total Contract Amount: $___________________________________

F. Term of Contract: Commencement Date: __________ Completion Date: __________

G. _______% of the dollar value of the subcontract will be performed by (check if applicable):
   ☐ Non-LDBE contractors ☐ Non-LDBE suppliers.

The undersigned will enter into a subcontract consistent with the above upon execution of a contract between the Prime Contractor and the Authority: (NOTE: SIGNATURES MUST BE DATED)

(Print or Type Name of LDBE Firm) _____________________________
Agreed To
(Print or Type Name of Prime Contractor) _____________________________

By _____________________________
(Print or Type Name and Title)

_________________________ (Date) _____________________________ (Signature) (Date)

(Print or Type LDBE's Certification Number and Expiration Date)

FOR MWAA USE ONLY

MWAA EOP Specialist's Approval $_____________________________ (Signature) (Date)
(Enter The Amount of Contract Approved for LDBE Participation)

MWAA/EOP 02/2005