

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

BID#: ASA 23-74580

*Does not Apply / Not using Subcontractors*

TOTAL BID AMOUNT:

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:		Contact Person:	
Address:		E-mail:	
Sub-Contract Amount:		Telephone Number: (   )	Fax Number: (   )
Sub-Contract Percentage of Total Bid:		Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract. Include the applicable certified UNSPSC that applies to this commitment.	
Provide approximate dates when Sub-Contractor will perform on this project:			

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:		Contact Person:	
Address:		E-mail:	
Sub-Contract Amount:		Telephone Number: (   )	Fax Number: (   )
Sub-Contract Percentage of Total Bid:		Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract. Include the applicable certified UNSPSC that applies to this commitment.	
Provide approximate dates when Sub-Contractor will perform on this project:			

Respondent Firm  
*400 Gardners Station Rd*  
 Address  
*Gardners, PA 17324*  
 City/State/Zip Code

Representative  
*3/24/23*  
 Date

*717 677-6181 ext 341*  
 Telephone Number

Fax Number  
*Kathryn.Haller@zeiglerfeed.com*  
 Email Address

*Kathryn Haller*  
 Authorizing Signature

*Kathryn Haller*  
 Printed Name and Title

Please check if additional forms are attached.  
 Page \_\_\_\_\_ of \_\_\_\_\_

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.