

Event Details

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	1
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time		Finish Time	
03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

Bidder: Professional Data Analysts
219 Main St. SE
Suite 302
Minneapolis MN 55414
United States

Submit To: Health
State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Stephanie Nelson-00061
Phone:
Email: SteNelson@idoa.in.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 2
Bid Date: 03/19/2021 11:57:33 EDT
Total Bid Amount: 794,010.50

Event Description

The State has decided to give respondents the opportunity to improve their proposals by providing more competitive pricing. You should receive a separate email containing more information regarding the Best and Final Offer (BAFO) opportunity.

General Questions

Question	UOM	Best	Worst	Response
Are you submitting revised pricing in response to this best and final offer request from the State of Indiana? Please answer Yes or No. This question MUST be answered.				Y

Required: Yes Mandatory ResponseNo

Response Comments

If you answered YES, then attach your revised cost proposal, Attachment D. If you answered NO, then bypass this question and the remaining event questions.

Required: No Mandatory ResponseNo

**A file attachment is required to satisfy this question.
Your bid will need to be edited online to include attachment responses.**

Response Comments

Does your revised pricing affect the Minority, Women or Veteran subcontractor participation submitted with your original proposal? Please answer Yes or No.

Required: No Mandatory ResponseNo

Response Comments

If you answered Yes, then attach revised Attachments A and/or A1 along with revised subcontractor letter(s) of commitment.

Required: No Mandatory ResponseNo

**A file attachment is required to satisfy this question.
Your bid will need to be edited online to include attachment responses.**

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	2
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time		Finish Time	
03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

Bidder: Professional Data Analysts
219 Main St. SE
Suite 302
Minneapolis MN 55414
United States

Submit To: Health
State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Stephanie Nelson-00061
Phone:
Email: SteNelson@idoa.in.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 2
Bid Date: 03/19/2021 11:57:33 EDT
Total Bid Amount: 794,010.50

Response Comments

Does your revised pricing affect the Indiana Economic Impact statement submitted with your original proposal?
Please answer Yes or No.

Y

Required: No Mandatory ResponseNo

Response Comments

If you answered Yes, then attach a revised Indiana Economic Impact form, Attachment C.

Required: No Mandatory ResponseNo

**A file attachment is required to satisfy this question.
Your bid will need to be edited online to include attachment responses.**

Response Comments

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	3
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time		Finish Time	
03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 2
Bid Date: 03/19/2021 11:57:33 EDT
Total Bid Amount: 794,010.50

Bidder: Professional Data Analysts
219 Main St. SE
Suite 302
Minneapolis MN 55414
United States

Submit To: Health
State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Stephanie Nelson-00061
Phone:
Email: SteNelson@idoa.in.gov

Line Details

Line: 1 **Item ID:** **Line Qty:** 1.00 **UOM:** Each **Bid Qty:**

Required: Yes **Reserve Price:** No

Description: Total Bid Amount

Question	UOM	Best	Worst	Response
What is your quote/bid price?				<input type="text" value="794010.5"/>

Required: Yes **Mandatory Response:** No

Response Comments

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	4
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time		Finish Time	
03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 2
Bid Date: 03/19/2021 11:57:33 EDT
Total Bid Amount: 794,010.50

Bidder: Professional Data Analysts
219 Main St. SE
Suite 302
Minneapolis MN 55414
United States

Submit To: Health
State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Stephanie Nelson-00061
Phone:
Email: SteNelson@idoa.in.gov

Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	5
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time		Finish Time	
03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

Bidder: Professional Data Analysts
219 Main St. SE
Suite 302
Minneapolis MN 55414
United States

Submit To: Health
State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Stephanie Nelson-00061
Phone:
Email: SteNelson@idoa.in.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 2
Bid Date: 03/19/2021 11:57:33 EDT
Total Bid Amount: 794,010.50

Appendix C - Bid Responses

General Questions

Question	Response
----------	----------

Are you submitting revised pricing in response to this best and final offer request from the State of Indiana? Please answer Yes or No. This question MUST be answered.

Y

If you answered YES, then attach your revised cost proposal, Attachment D. If you answered NO, then bypass this question and the remaining event questions.

Does your revised pricing affect the Minority, Women or Veteran subcontractor participation submitted with your original proposal? Please answer Yes or No.

Y

If you answered Yes, then attach revised Attachments A and/or A1 along with revised subcontractor letter(s) of commitment.

Does your revised pricing affect the Indiana Economic Impact statement submitted with your original proposal? Please answer Yes or No.

Y

If you answered Yes, then attach a revised Indiana Economic Impact form, Attachment C.

Line Items

Line: 1	Item ID:	Line Qty: 1	UOM: Each	Bid Qty: 1
Total Line Bid Amount: 794010.5				
Description: Total Bid Amount				

Question	Response
----------	----------

What is your quote/bid price?

794010.5