

# Event Details

## State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	1
Event Round	Version		
1	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time	Finish Time		
12/22/2020 09:55:00 EST	02/09/2021 15:00:00 EST		

**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

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

**Bid Number:** 1  
**Bid Date:** 02/09/2021 14:15:18 EST  
**Total Bid Amount:** 803,150.50

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

## Event Description

The purpose of this RFP is to select a respondent that can satisfy the State's need for External Evaluation Services. It is the intent of the Indiana Department of Health to contract with a respondent that provides quality External Evaluation Services for the Indiana Department of Health, Tobacco Prevention and Cessation program.

## General Questions

Question	UOM	Best	Worst	Response
Please upload your Transmittal Letter.				<input type="text"/>

Required: Yes 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**

Please upload your completed Attachment A - Minority and Women Subcontractor Commitment Form, Letter(s) of Commitment, and Letters(s) of Certification.

Required: Yes 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**

Please upload your completed Attachment A1 - Indiana Veteran Owned Small Business Subcontractor Commitment Form, Letter(s) of Commitment, and Letters(s) of Certification.

Required: Yes 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**

Please upload your completed Attachment C - Indiana Economic Impact Form (in Excel format).

Required: Yes Mandatory ResponseNo

**A file attachment is required to satisfy this question.**  
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# Event Details (cont.)

## State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	2
Event Round	Version		
1	1		
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**Contact:** Stephanie Nelson-00061  
**Phone:**  
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**Event Currency:** US Dollar  
**Bids allowed in other currency:** No

**Bid Number:** 1  
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### Response Comments

Please upload your completed Attachment D - Cost Proposal, Cost Proposal Narrative, and Cost Assumptions, Conditions and Constraints documents.

Required: Yes 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**

Please upload your completed Attachment E - Business Proposal and any other pertinent attachments.

Required: Yes Mandatory ResponseNo

**A file attachment is required to satisfy this question.  
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Response Comments**

Please upload your completed Attachment F - Technical Proposal and any other pertinent attachments.

Required: Yes Mandatory ResponseNo

**A file attachment is required to satisfy this question.  
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Response Comments**

# Event Details (cont.)

## State of Indiana Request for Quotation

<b>Event ID</b>	<b>Format</b>	<b>Type</b>	<b>Page</b>
00400-0000003605	Sell	RFx	3
<b>Event Round</b>	<b>Version</b>		
1	1		
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**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="803150.5"/>

**Required:** Yes    **Mandatory Response:** No

## Response Comments

# Event Details (cont.)

## State of Indiana Request for Quotation

<b>Event ID</b>	<b>Format</b>	<b>Type</b>	<b>Page</b>
00400-0000003605	Sell	RFx	4
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1	1		
<b>Event Name</b>			
RFP 21-3605 External Evaluation Services			
<b>Start Time</b>		<b>Finish Time</b>	
12/22/2020 09:55:00 EST		02/09/2021 15:00:00 EST	

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

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United States

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

## Bidder Information

<b>Firm Name:</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Phone #:</b>	<b>Fax #:</b>	
<b>Street Address:</b>		
<b>City &amp; State:</b>	<b>Zip Code:</b>	
<b>Email:</b>		

# Event Details (cont.)

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## Appendix C - Bid Responses

### General Questions

Question	Response
Please upload your Transmittal Letter.	

Please upload your completed Attachment A - Minority and Women Subcontractor Commitment Form, Letter(s) of Commitment, and Letter(s) of Certification.

Please upload your completed Attachment A1 - Indiana Veteran Owned Small Business Subcontractor Commitment Form, Letter(s) of Commitment, and Letter(s) of Certification.

Please upload your completed Attachment C - Indiana Economic Impact Form (in Excel format).

Please upload your completed Attachment D - Cost Proposal, Cost Proposal Narrative, and Cost Assumptions, Conditions and Constraints documents.

Please upload your completed Attachment E - Business Proposal and any other pertinent attachments.

Please upload your completed Attachment F - Technical Proposal and any other pertinent attachments.

### Line Items

<b>Line:</b> 1	<b>Item ID:</b>	<b>Line Qty:</b> 1	<b>UOM:</b> Each	<b>Bid Qty:</b> 1
<b>Total Line Bid Amount:</b> 803150.5				
<b>Description:</b> Total Bid Amount				

Question	Response
What is your quote/bid price?	803150.5