

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406

DUE DATE: 03/31/2021

TOTAL BID AMOUNT: ACCESSORY \$97,265.95 (STD SIZE) \$7,900.00 (EQUIV SIZE)

<input checked="" type="checkbox"/> XX MBE Firm <input type="checkbox"/> WBE Firm	
Company Name: LAKESIDE SPECIALTIES	Contact Person: EMMA HAYES
Address: 543 LEWIS STREET HAMMOND, IN 46323	E-mail: N/A
Sub-Contract Amount: \$7,783.60	Telephone Number: (219) 937-2438 Fax Number: (219) 9373511
Sub-Contract Percentage of Total Bid (Use two decimal places): 8.00%	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract: <u>T SHIRTS, HATS, SWEATSHIRTS, JACKETS, KNIT HATS, SHOES</u>
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21 – 08/01/23	

<input type="checkbox"/> MBE Firm XX <input checked="" type="checkbox"/> WBE Firm	
Company Name: PRINT SOLUTIONS	Contact Person: SHERRIE MATTHEWS
Address: 1744 BEACHVIEW COURT CROWN POINT, IN 46307	E-mail: SHERRIE@PRINTSOLUTIONS11.COM
Sub-Contract Amount: \$7,783.60	Telephone Number: (219 988-4186) Fax Number: () N/A
Sub-Contract Percentage of Total Bid (Use two decimal places): 8.00%	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract: <u>T SHIRTS, HATS, SWEATS, JACKETS, HATS, SHOES</u>
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21-08/01/23	

BLACKJACK UNIFORMS

Respondent Firm

7242 KENNEDY AVENUE

Address

HAMMOND, IN 46323

City/State/Zip Code

JUDITH A CROWELL

Representative

03/18/21

Date

219 844 2870

Telephone Number

219 844 3511

Fax Number

JUDITH_CROWELL@HOTMAIL.COM

Email Address

Authorizing Signature

JUDITH A CROWELL, PRESIDENT

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.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406

DUE DATE: 03/31/2021

TOTAL BID AMOUNT: RELATED \$385,240.00 (STD SIZE) \$24,350.00 (EQUIV SIZE)

<input type="checkbox"/> XX MBE Firm <input type="checkbox"/> WBE Firm	
Company Name: LAKESIDE SPECIALTIES	Contact Person: EMMA HAYES
Address: 543 LEWIS STREET HAMMOND, IN 46323	E-mail: N/A
Sub-Contract Amount: \$30,819.20	Telephone Number: (219) 937-2438
Sub-Contract Percentage of Total Bid (Use two decimal places): 8.00%	Fax Number: (219) 9373511
Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract: <u>T SHIRTS, HATS, SWEATSHIRTS, JACKETS, KNIT HATS, SHOES</u>	
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21 – 08/01/23	

<input type="checkbox"/> MBE Firm XX <input type="checkbox"/> WBE Firm	
Company Name: PRINT SOLUTIONS	Contact Person: SHERRIE MATTHEWS
Address: 1744 BEACHVIEW COURT CROWN POINT, IN 46307	E-mail: SHERRIE@PRINTSOLUTIONS11.COM
Sub-Contract Amount: \$30,819.20	Telephone Number: (219 988-4186)
Sub-Contract Percentage of Total Bid (Use two decimal places): 8.00%	Fax Number: () N/A
Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract: <u>T SHIRTS, HATS, SWEATS, JACKETS, HATS, SHOES</u>	
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21-08/01/23	

BLACKJACK UNIFORMS

Respondent Firm

7242 KENNEDY AVENUE

Address

HAMMOND, IN 46323

City/State/Zip Code

JUDITH A CROWELL

Representative

03/18/21

Date

219 844 2870

Telephone Number

219 844 3511

Fax Number

JUDITH_CROWELL@HOTMAIL.COM

Email Address



Authorizing Signature

JUDITH A CROWELL, PRESIDENT

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.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406

DUE DATE: 03/31/2021

TOTAL BID AMOUNT: PRIMARY - NO BID

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

BLACKJACK UNIFORMS

Respondent Firm

7242 KENNEDY AVENUE

Address

HAMMOND, IN 46323

City/State/Zip Code

JUDITH A CROWELL

Representative

03/18/21

Date

219 844 2870

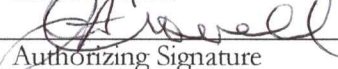
Telephone Number

219 844 3522

Fax Number

JUDITH_CROWELL@HOTMAIL.COM

Email Address



Authorizing Signature

JUDITH A CROWELL, PRESIDENT

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.