

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the policies and processes involving the State's IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: indianaveteranspreference@idoa.in.gov.

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406 BLACKJACK UNIFORMS

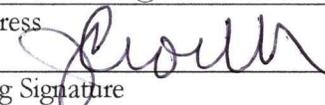
DUE DATE: 03/31/2021

TOTAL BID AMOUNT: NO PARTICIPATION PRIMARY, RELATED & ACCESSORY

Company Name: NO PARTICIPATION	Contact Person:	
Address:	E-mail:	
Sub-Contract Amount:	Telephone Number: ()	Fax Number: ()
Sub-Contract Percentage of Total Bid (Use two decimal places):	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:	
Provide approximate dates when Sub-Contractor will perform on this project:		

Company Name:	Contact Person:	
Address:	E-mail:	
Sub-Contract Amount:	Telephone Number: ()	Fax Number: ()
Sub-Contract Percentage of Total Bid (Use two decimal places):	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:	
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
 03/15/21
 Date

219 844 2870
 Telephone Number
 219 844 3511
 Fax Number
 JUDITH_CROWELL@HOTMAIL.COM
 Email Address

 Authorizing Signature
 JUDITH A. CROWELL
 Printed Name and Title

Please check if additional forms are attached.
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