

**ATTACHMENT A1  
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR  
COMMITMENT FORM**

In accordance with Section 1.22 of RFP ASA-21-66603, the respondent is expected to submit with its proposal an Indiana Veteran Owned Small Business (IVOSB) RFP Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Indiana Veteran Owned Small Business(es) listed in the “VETBIZ” registry, or listed on the IDOA Directory of Certified Firms that conform to the IVOSB rules as laid out at

<https://www.in.gov/idoa/mwbe/indiana-veteran-business-program/ivosb-faqs/> .

If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety.

The amount entered in “TOTAL BID AMOUNT” should match the average four-year total amount of estimated fees paid as stated in Section 1.4.2 Current Background, Estimated Fees Paid table.~~The amount entered in “TOTAL BID AMOUNT” should match the amount entered in the Attachment D, Cost Proposal Template.~~

If the vendor responding to the RFP is an IVOSB certified entity, the letter confirming same should be submitted with their response. IDOA will verify the certification but will not check for it. Therefore, the responding vendor has the responsibility to alert IDOA of their certification. The IVOSB respondent will receive the total points for the IVOSB evaluation criteria per section 3.2.7. Additional IVOSB subcontractors must be included if the IVOSB respondent is seeking the additional bonus point.

The IVOSB respondent must list their **company contact information only** on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department reserves the right to verify all information included on the IVOSB Subcontractor Commitment Form.

**Prime Contractors must ensure that the proposed IVOSB subcontractors meet the following criteria:**

- Must be listed on Federal Center for Veterans Business Enterprise registry or listed on the IDOA Directory of Certified Firms, **on or before** the proposal due date.
- Prime Contractor must include with their proposal the subcontractor’s veteran business Certification Letter provided by either IDOA or Federal Govt. (VA OSDBU), to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB.
- IVOSB must have a Bidder ID (see section 2.3.7 - Department of Administration, Procurement Division)
- A Prime Contractor who is an IVOSB **can** count their own workforce or companies to meet this requirement.
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or service only in the industry area for which it is certified as listed in the federal registry (<https://www.vip.vetbiz.va.gov/> ) or IDOA Certified Firm directories <https://www.in.gov/idoa/mwbe/indiana-veteran-business-program/ivosb-faqs/> .
- Must be used to provide the goods or services specific to the contract.

**INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT**

A signed letter(s), on company letterhead, from the IVOSB must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The State reserves the right to deny evaluation points if the letter(s) is not attached. The State may deny evaluation points if the letter(s) is not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the “**TOTAL BID AMOUNT**” and the anticipated period that the Subcontractor will perform work for this solicitation.

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](mailto:indianaveteranspreference@idoa.in.gov).

# STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: ASA-21-66603

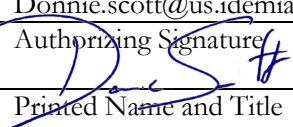
DUE DATE: February 26, 2021, by 3:00 PM Eastern Time

TOTAL BID AMOUNT: \$8,730,000.00

<b>Company Name:</b> Marshall Security LLC	<b>Contact Person:</b> Jeff Nesbitt - President		
<b>Address:</b> 2520 W. 3 <sup>rd</sup> St. Bloomington, IN 47403	<b>E-mail:</b> marshall@marshallmsi.com		
<b>Sub-Contract Amount:</b> \$261,900.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Telephone Number:</b> (812) 929-2062</td> <td style="width: 50%;"><b>Fax Number:</b> ( )</td> </tr> </table>	<b>Telephone Number:</b> (812) 929-2062	<b>Fax Number:</b> ( )
<b>Telephone Number:</b> (812) 929-2062	<b>Fax Number:</b> ( )		
<b>Sub-Contract Percentage of Total Bid:</b> 3%	<b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>  Fingerprinting enrollment center partner		
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b> Throughout the initial term of the contract and during any extensions, options or renewal periods of the prime contract exercised by the State of Indiana. Approximate start and finish dates for Marshall Security LLC is 4/2022 to 4/2028.			

<b>Company Name:</b>	<b>Contact Person:</b>		
<b>Address:</b>	<b>E-mail:</b>		
<b>Sub-Contract Amount:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Telephone Number:</b> ( )</td> <td style="width: 50%;"><b>Fax Number:</b> ( )</td> </tr> </table>	<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )
<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )		
<b>Sub-Contract Percentage of Total Bid:</b>	<b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>		
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>			

Respondent Firm  
 Idemia Identity & Security USA LLC (IDEMIA USA)  
 Address:  
 11951 Freedom Drive, Suite 1800  
 City/State/Zip Code  
 Reston, VA 20190  
 Representative  
 Donnie Scott  
 Date: 02/26/2021

Telephone Number  
 (978) 427-7818  
 Fax Number  
 (952) 945-3339  
 Email Address  
 Donnie.scott@us.idemia.com  
 Authorizing Signature  
  
 Printed Name and Title  
 Donnie Scott, Sr. Vice President, Public Security

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

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