

**RFP 000003754 - Lottery Drawing Witness**  
BUSINESS PROPOSAL  
ATTACHMENT E

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

***Business Proposal***

**2.3.1 General (optional)**

Please introduce or summarize any information the Respondent deems relevant or important to the State's successful acquisition of the products and/or services requested in this RFP.

Certified Fraud & Forensic Investigations Corp. (CFFI) is an Indianapolis, Indiana based Certified Public Accounting (CPA) firm that proposes to offer quality drawing witness services for the State Lottery Commission of Indiana in its daily, non-daily, and periodic drawings for the duration of the contract period, in accordance with IC 4-30-3-7.

Established in 2012, Certified Fraud & Forensic Investigations is licensed in the state of Indiana as a CPA firm with a focus on integrity and fraud investigations in the government sector. Our firm's unique combination of financial & compliance expertise as CPAs and fraud & investigative skillset as Certified Fraud Examiners (CFE) has allowed us to provide a wide range of services over our nine-years of operations.

We have an established track record of providing the highest quality professional services to government agencies, quasi-government agencies, private sector businesses, and individuals who have entrusted us with their accounting, financial fraud, compliance, monitoring, data-mining, computer forensic, surveillance, and litigation support needs. While this will be our first time specifically observing lottery drawings, we are capable and eager to implement exceptional processes and services that meet the Lottery laws and regulations. Our extensive professional experience in audit and compliance along with our history of solving complex problems with each of our client's unique circumstances, position us well to do so.

Redacted

The lottery drawing witness services described in this RFP are squarely within the skillsets and professional expertise of the CFFI Principals listed above and our proposed minority-owned, women-owned, and Indiana veteran-owned subcontractors. Our careers in general, financial, and compliance audits have prepared us to work with the State Lottery Commission of Indiana to ensure that our staff training and our lottery drawing witness audit program meet every specific need that will protect the integrity of each lottery drawing. Our professionalism, experience, credentials, and strong

commitment to serving our clients with the highest possible quality and integrity, along with our local physical presence in Marion County Indiana, make us an exceptional fit to provide the State Lottery Commission of Indiana with these services.

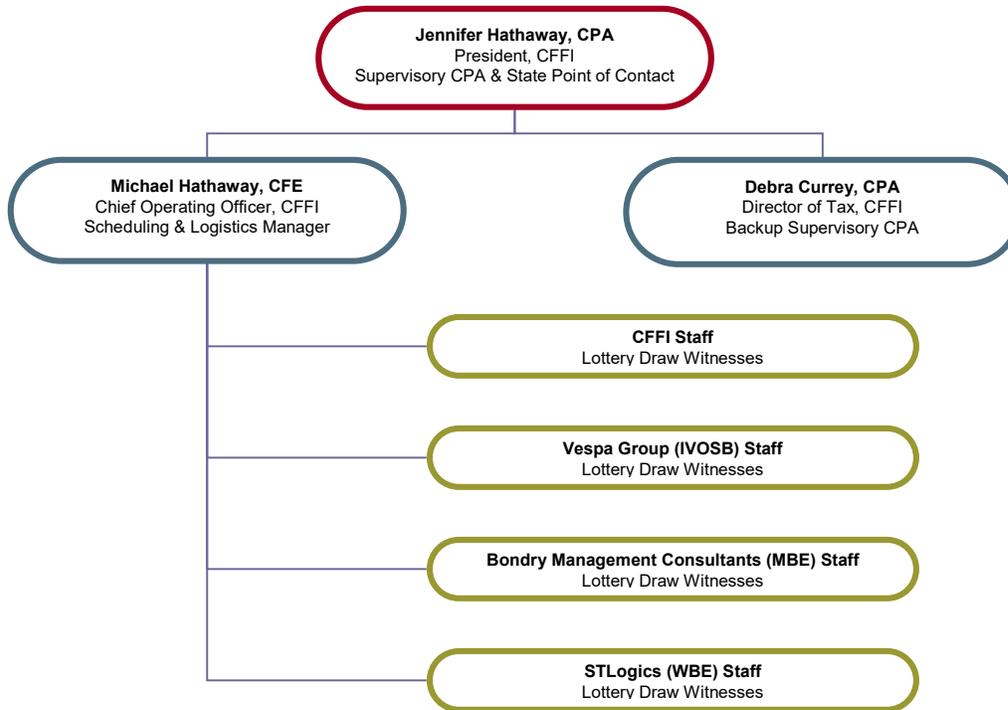
### **2.3.2 Respondent's Company Structure**

Please include in this section the legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

CFFI was formed in Indiana in 2012 as a Domestic for-profit corporation. We are a licensed CPA firm specializing in:

- \*Government fraud & ID theft prevention
- \*Audit & compliance reviews and best practices consulting
- \*Forensic accounting / litigation support

Jennifer Hathaway & Michael Hathaway own and operate CFFI, Debra Currey is an officer, and CFFI employs additional personnel, as needed, to meet the needs of a contract or client. In addition to the three previously named officers, CFFI will utilize a minimum of one full time professional to act as lottery draw witness, and will train additional lottery draw witnesses from professional service firms that are Indiana certified women-owned, minority-owned, and veteran-owned businesses. The organization of our firm that will oversee this contract is included below.



### 2.3.3 Company Financial Information

This section must include documents to demonstrate the Respondent's financial stability. Examples of acceptable documents include: most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.

Redacted

### **2.3.4 Integrity of Company Structure and Financial Reporting**

This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

President and CPA Owner Jennifer Hathaway assumes personal responsibility for the thoroughness and correctness of all financial information supplied herein. With respect to IC 5-22-16-1(d), CFFI has met every tax and regulatory obligation since its inception 1/1/2012, and the professional competency, integrity, and experience of company officers has never been questioned. References are provided independently as separately required by RFP Section 2.3.6.

### **2.3.5 Contract Terms/Clauses**

A sample contract that the State expects to execute with the successful Respondent(s) is provided in Attachment B. This contract contains both mandatory and non-mandatory clauses. Mandatory clauses are listed below and are non-negotiable. Other clauses are highly desirable. It is the State's expectation that the final contract will be substantially similar to the sample contract provided in Attachment B.

In your Transmittal Letter please indicate acceptance of these mandatory contract terms (see section 2.2.2). In this section please review the rest of the contract and indicate your acceptance of the non-mandatory contract clauses. If a non-mandatory clause is not acceptable as worded, suggest specific alternative wording to address issues raised by the specific clause. If you require additional contract terms please include them in this section. To reiterate it's the State's strong desire to not deviate from the contract provided in the attachment and as such the State reserves the right to reject any and all of these requested changes.

**The mandatory contract terms are as follows:**

<b>Mandatory Clauses</b>	<b>Accept (Yes/No)</b>
Duties of Contractor, Rate of Pay, and Term of Contract	Yes

Authority to Bind Contract	Yes
Compliance with Laws	Yes
Drug-Free Workplace Provision and Certification	Yes
Employment Eligibility	Yes
Funding Cancellation	Yes
Governing Laws	Yes
Indemnification	Yes
Non-Discrimination Clause	Yes
Ownership of Documents and Materials	Yes
Payments	Yes
Penalties/Interest/Attorney's Fees	Yes
Termination for Convenience	Yes
Non-Collusion and Acceptance	Yes

### 2.3.6 References

Reference information is captured on ATTACHMENT E1. Respondent should complete the reference information portion of the ATTACHMENT E1 which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of ATTACHMENT E1 should be completed by the reference and either mailed or emailed DIRECTLY to the State. The State should receive three (3) ATTACHMENT E1's from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. ATTACHMENT E1 should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov) or mailed to the address listed in section 1.8 of the RFP. ATTACHMENT E1 should be submitted no more than ten (10) business days after the proposal submission due date listed in Section 1.24 of the RFP. Please provide the customer information for each reference.

Customer 1	
Legal Name of Company or Governmental Entity	Redacted
Company Mailing Address	
Company City, State, Zip	
Company Website Address	
Contact Person	
Company Telephone Number	
Company Fax Number	
Contact E-mail	
Industry of Company	

<b>Customer 2</b>	
Legal Name of Company or Governmental Entity	Redacted
Company Mailing Address	
Company City, State, Zip	
Company Website Address	
Contact Person	
Company Telephone Number	
Company Fax Number	
Contact E-mail	
Industry of Company	
<b>Customer 3</b>	
Legal Name of Company or Governmental Entity	
Company Mailing Address	
Company City, State, Zip	
Company Website Address	
Contact Person	
Company Telephone Number	
Company Fax Number	
Contact E-mail	
Industry of Company	

**2.3.6.1** Does your company have any pending litigation regarding contract disputes?

No

**2.3.6.2** Please list any contracts lost or terminated in the last three years and provide reasons for loss or termination, as well as contact information.

None

**2.3.7 Registration to do Business**

Selected out-of-state Respondents providing the products and/or services required by this RFP must be registered to do business within the State by the Indiana Secretary of State and the Indiana Department of Administration, Procurement Division. The address contact information for this office may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent's responsibility to complete the required registration with the Secretary of State.

Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

N/A – CFFI is an Indiana corporation

### **2.3.8 Authorizing Document**

Respondent personnel signing the Transmittal Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

Transmittal letter signer Jennifer Hathaway is legally authorized to commit CFFI contractually per Article V, Section 3 of CFFI's Corporate Bylaws attached as Appendix 2 to this Attachment E.

### **2.3.9 Subcontractors**

The Respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience. The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State's evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.

The Respondent must list any subcontractor's name, address, and the state in which formed that are proposed to be used in providing the required products and/or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, form of organization, and

an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority Business Enterprises or Women’s Business Enterprises under IC 4-13-16.5-1. See Section 1.21 and Attachment A for Minority and Women’s Business Enterprises information. Please enter your response below and indicate if any attachments are included.

Subcontractors on this proposal are included in Attachment A, Attachment A1, and the related letters of commitment and certification. CFFI assumes responsibility for performance of lottery drawing witness services of all subcontractors and will directly train, supervise, and oversee their work.

**2.3.10 Evidence of Financial Responsibility – N/A**

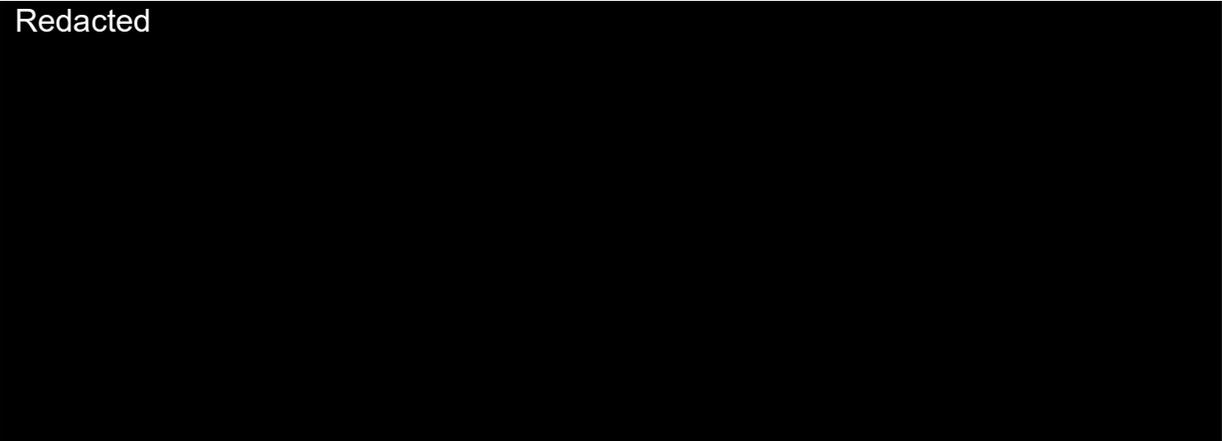
**2.3.11 General Information**

Each Respondent must enter your company’s general information including contact information.

Business Information	
Legal Name of Company	Certified Fraud & Forensic Investigations Corp
Contact Name	Michael Hathaway
Contact Title	COO and Owner
Contact E-mail Address	Michael@CFFIcorp.com
Company Mailing Address	10115 Indian Lake Blvd N, Ste #88
Company City, State, Zip	Indianapolis, IN 46236
Company Telephone Number	317.313.7948
Company Fax Number	N/A
Company Website Address	WeCatchFraud.com
Federal Tax Identification Number (FTIN)	
Number of Employees (company)	
Years of Experience	9
Number of U.S. Offices	1
Year Indiana Office Established (if applicable)	2012
Parent Company (if applicable)	N/A
Revenues (previous year)	
Revenues (2 years prior)	
% Of Revenue from Indiana customers	

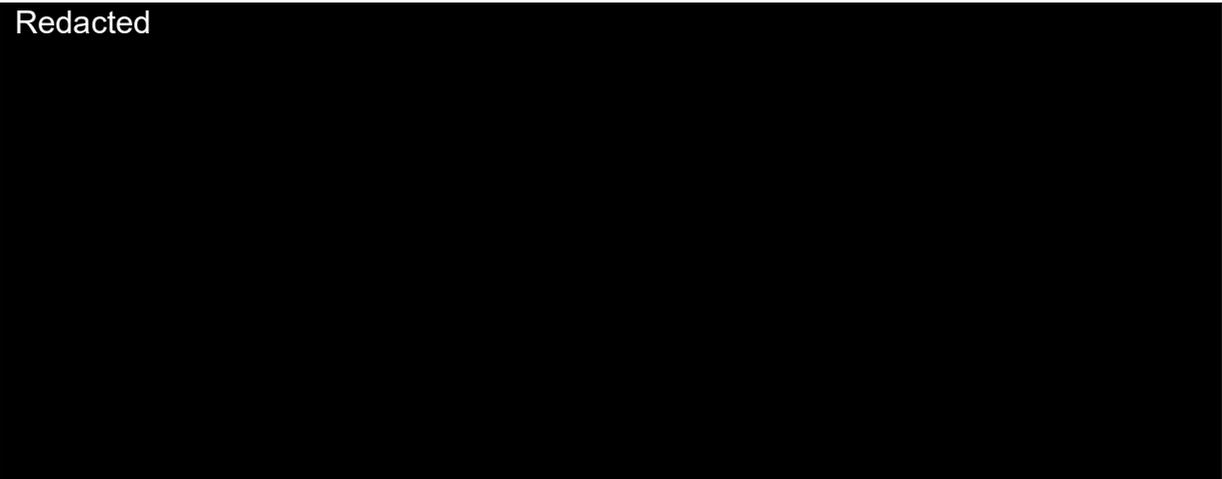
- a.** Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

Redacted



- b.** What is your company's technology and process for securing any State information that is maintained within your company?

Redacted



**2.3.12 Experience Serving State Governments**

Please provide a brief description of your company's experience in serving state governments and/or quasi-governmental accounts.

Redacted



### **2.3.13 Experience Serving Similar Clients**

Each Respondent is asked to please describe your company's experience in serving clients of a similar size to the State that also had a similar scope. Please provide specific clients and detailed examples.

Redacted



### **2.3.14 Indiana Preferences**

Pursuant to IC 5-22-15-7, Respondent may claim only one (1) preference. For the purposes of this RFP, this limitation to claiming one (1) preference applies to Respondent's ability to claim eligibility for Buy Indiana points. Respondent must clearly indicate which preference(s) they intend to claim. Additionally, the Respondent's Buy Indiana status must be finalized when the RFP response is submitted to the State.

Buy Indiana

Refer to Section 2.7 for additional information.

### **2.3.15 Payment – N/A**