

**ATTACHMENT A  
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR  
COMMITMENT FORM**

In accordance with IC 4-13-16.5 and 25 IAC 5, it has been determined that there is a reasonable expectation of Minority and/or Women Business Enterprise subcontracting opportunities on a contract awarded under this RFP. The MWBE Subcontractor Commitment form is **Attachment A**. The MWBE Subcontractor Commitment Form is to be submitted as a part of the Respondent's proposal. In order for the subcontractor commitment to result in evaluation points for the Respondent, the entity must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>.

If participation is met through use of respondents 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 amount entered in the **Attachment D**, Cost Proposal Template, **Total Bid Amount, Cell C14**. The MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The subcontractor commitment shall apply to the life of the contract including any time after the initial term.

**IMPORTANT NOTE:** Each Respondent must submit separate MWBE and IVOSB Subcontractor forms (Attachment A and Attachment A1) for EACH REGION included in Respondent's proposal. The information reported by the Respondent within the MWBE and IVOSB Subcontract Commitment forms should be exclusive to each specified region's MWBE/IVOSB Subcontractor Commitment. Respondents should indicate at the top of the MWBE/IVOSB Commitment forms which region each form pertains to, as well verifying each Subcontractor Commitment Letter from the subcontractor contains that information as well.

**When submitting the response, please create a separate electronic folder for each region included in your proposal. Your proposal may be deemed as non-responsive if these instructions are not followed.**

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MBE/WBE Subcontractor Commitment Form.

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

- Must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, **on or before** the proposal due date
- Prime Contractor must include with their proposal the subcontractor's M/WBE Certification Letter provided by IDOA, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB (see section 1.22)
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement (see 25 IAC 5-6-2(d))
- **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 services only in the industry area for which it is certified.
- Must be used to provide the goods or services specific to the contract.
- National Diversity Plans are generally not acceptable

**MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF COMMITMENT (MWBE)**

A signed letter(s), on company letterhead, from the MBE(s) and/or WBE(s) must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE 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 MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The subcontractor commitment shall apply to the life of the contract including any time after the initial term.

The State may deny evaluation points if the letter(s) is/are 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 the rules and requirements of the State's M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

RFP#: 24-77179

TOTAL BID AMOUNT:\$256,060.90

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm Company Name: none Address: Sub-Contract Amount:0 Sub-Contract Percentage of Total Bid:0	Contact Person: E-mail: Telephone Number: (   )      Fax Number: (   ) Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract.</u>
Provide approximate dates when Sub-Contractor will perform on this project:	

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

Dilgard Frozen Foods, Inc.  
 Respondent Firm  
 P.O. Box 13369  
 Address  
 Fort Wayne, IN 46868  
 City/State/Zip Code  
 Nick Woehner  
 Representative  
 12/14/2023  
 Date

260-422-7531  
 Telephone Number  
 260-426-0212  
 Fax Number  
 ntwoehner@dilgardfoods.com  
 Email Address  
  
 Authorizing Signature  
 Nick Woehner, 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.**