

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

In accordance with Section 1.18 of the RFP, the respondent is expected to submit with its proposal an Indiana Veteran Owned Small Business (IVOSB) RFP Commitment Form. The Form must show that there are, participating in the proposed contract, Indiana Veteran Owned Small Business(es) listed in the [VA OSDBU](#) registry, or listed on the IDOA Directory of Certified Firms that conform to the IVOSB rules as laid out at <http://www.in.gov/idoa/2862.htm>.

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 Commitment Form in its entirety. The amount entered in **“TOTAL BID AMOUNT”** should match the amount entered in the Cost Proposal.

If the vendor responding to the RFP is an IVOSB certified entity, the letter confirming same should be submitted with their response.

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

Prime Contractors must ensure that the following criteria is met:

- Must be listed on Federal Center for Veterans Business Enterprise ([VA OSDBU](#)) registry or listed on the IDOA Directory of Certified Firms, on or before the proposal due date
- Prime Contractor must include with their proposal their own or their 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 1.17) or IVOSB
- **Must serve a Commercially Useful Function (CUF). 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 [VA OSDBU](#) or IDOA Certified Firm directories, <http://www.in.gov/idoa/2352.htm>
- Must be used to provide the goods or services specific to the contract

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

STATE OF INDIANA IVOSB COMMITMENT FORM

RFP#: _____

DUE DATE: _____

TOTAL BID AMOUNT: _____

Company Name:	Contact Person:		
Address:			
Sub-Contract Amount:	E-mail:		
Sub-Contract Percentage of Total Bid:	<table border="1"> <tr> <td>Telephone Number: ()</td> <td>Fax Number: ()</td> </tr> </table>	Telephone Number: ()	Fax Number: ()
Telephone Number: ()	Fax Number: ()		
	Describe service/product to be provided and <u>how this is a Commercially Useful Function of the Contract:</u>		
Provide approximate dates when Sub-Contractor will perform on this project:			

Company Name:	Contact Person:		
Address:			
Sub-Contract Amount:	E-mail:		
Sub-Contract Percentage of Total Bid:	<table border="1"> <tr> <td>Telephone Number: ()</td> <td>Fax Number: ()</td> </tr> </table>	Telephone Number: ()	Fax Number: ()
Telephone Number: ()	Fax Number: ()		
	Describe service/product to be provided and <u>how this is a Commercially Useful Function of the Contract:</u>		
Provide approximate dates when Sub-Contractor will perform on this project:			

Respondent Firm

Address

City/State/Zip Code

Representative

Date

Telephone Number

Fax Number

Email Address

Authorizing Signature

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.