**RFP 20-015 BUSINESS PROPOSAL**

**ATTACHMENT E**

***Instructions:*** *Please provide responses in the fields below. Where appropriate, supporting documentation may be referenced by specific page and/or paragraph number(s).* ***Failure to provide responses to the required fields may result in the proposal being removed from consideration.***  *If any of the responses contain confidential information, as defined by IC 5-14-3, please reference the attached confidential material and separate from the rest of this response. A redacted version of this document should be submitted if confidential material is included within this response template.*

* + 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.

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* + 1. **Respondent’s Company Structure** - Please include in this section the following: 1) Legal form of the Respondent’s business organization, 2) The state in which formed (accompanied by a certificate of authority), 3)The types of business ventures in which the organization is involved, and 4) 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 indicate if any attachments are included.

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* + 1. **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.

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* + 1. **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).

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* + 1. **Contract Terms/Clauses** - Please provide the requested information (Parts 1, 2, 3, and 4 below) related to the Sample Contract (Attachment B), as detailed in RFP Section 2.3.5.

1. Please indicate (YES or NO) if the Respondent agrees to the applicable contract clauses in Attachment B.

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2. If a respondent wishes to suggest alternative wording for one or more of the clauses in Attachment B, without changing the intent, please provide the suggestions in this section of the Business Proposal. The respondent’s suggested language will be considered by the State. The State’s willingness to consider alternative language does not change the requirement that the respondent agree in the Transmittal Letter (Section 2.2.2) to the acceptance of the State clauses as written.

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3. Please identify any contract terms the Respondent strongly desires to change or add in any resulting contract.

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4. Please state if the Respondent’s proposal is conditioned on the State’s acceptance of any of the proposed changes identified in Part 2 and Part 3 of this section. If so, then please identify any and all applicable changes. If the proposal is not conditioned on the State’s acceptance of any of the proposed changes, then please indicate as such in the field provided.

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* + 1. **References** - Please identify **three (3) 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. Information provided should include 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.

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| **Client Reference 1** |  |
| 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 |  |
| Description of Services Provided by Respondent |  |
| **Client Reference 2** |  |
| 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 |  |
| Description of Services Provided by Respondent |  |
| **Client Reference 3**  |  |
| 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 |  |
| Description of Services Provided by Respondent |  |
| **Client Reference 4 (Optional)** |  |
| 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 |  |
| Description of Services Provided by Respondent |  |
| **Client Reference 5 (Optional)** |  |
| 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 |  |
| Description of Services Provided by Respondent |  |
| **Client Reference 6 (Optional)** |  |
| 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 |  |
| Description of Services Provided by Respondent |  |

* + 1. **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 contact information for the Secretary of State may be found in Section 1.18 of the RFP. It is the successful Respondent’s responsibility to complete the required registrations with the Secretary of State and Indiana Department of Administration Bidder Registry prior to contract negotiations with the State. Please indicate the status of SOS registration and IDOA Bidder Registration, if applicable. Please clearly state if you are registered and if not, provide further details.

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* + 1. **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.

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* + 1. **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 or Indiana Veteran Owned Small Business. See Section 1.21, Section 1.22, Attachment A, and Attachment A1 for Minority and Women’s Business Enterprises and Indiana Veteran Owned Small Business information. Please enter your response below and indicate if any attachments are included.

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* + 1. **Offshore Services**

Each Respondent is asked to list any services that will be performed directly or through a subcontractor, in

relation to this contract, outside of the territorial confines of the USA.

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* + 1. **General Information** - Each Respondent must enter your company’s general information including contact information.

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| **Business Information** |  |
| Legal Name of Company |  |
| Contact Name |  |
| Contact Title |  |
| Contact E-mail Address |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Company Website Address |  |
| Federal Tax Identification Number (FTIN) |  |
| Number of Employees (company) |  |
| Years of Experience |  |
| Number of U.S. Offices |  |
| Year Indiana Office Established (if applicable) |  |
| Parent Company (if applicable) |  |
| Revenues ($MM, previous year) |  |
| Revenues ($MM, 2 years prior) |  |
| % Of Revenue from Indiana customers |  |

* 1. 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.

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* 1. What is your company’s technology and process for securing any State information that will be maintained within your company?

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* + 1. **Experience Serving State Governments -** Please provide a brief description of the company’s experience in serving state governments and/or quasi-governmental accounts.

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* + 1. **Experience Serving Similar Clients -** Please describe the company’s experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

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* + 1. **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.**

**Additionally, Respondents that wish to claim the Buy Indiana preference (for any criteria listed below) must have an email confirmation of their Buy Indiana status provided by** **buyindianainvest@idoa.in.gov** **included in the proposal response. The email confirmation must have been provided from within one year prior to the proposal due date.**

Buy Indiana

Refer to Section 2.7 for additional information.

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