

Attestation Form  
385-25-79206, EMT and Paramedic Test Prep  
Attachment F

Respondent Name:

JAMES & BARTLETT LEARNING

**1.0 Mandatory Submissions and Requirements:** Disagreement with these items may result in the response being disqualified.

Section 1.9 Pricing	<input checked="" type="checkbox"/> Have read and meet this requirement
Section 2.2.6 Mandatory PO Terms and Conditions	<input checked="" type="checkbox"/> Have read and understand this section
Section 2.2 Executive Summary	<input type="checkbox"/> Have completed, signed, and submitted
Section 2.4.1 Attachment C: Indiana Economic Impact	<input type="checkbox"/> Have read, completed, and submitted
Section 2.3 Attachment D: Bid Cost (Excel Workbook)	<input checked="" type="checkbox"/> Have completed and submitted
Section 2.4 Attachment F: Attestation Form	<input checked="" type="checkbox"/> Have completed in its entirety and submitted

**2.0 Confirm mutual understanding and submission.**

1.19 Attachment A: Minority and Women Business Enterprise form, IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input type="checkbox"/> Have completed, signed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
1.20 Attachment A1: Indiana Veteran Owned Small Business form IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input type="checkbox"/> Have completed, signed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
2.2.1 Ability and Desire to Supply the Required Products or Services	<input checked="" type="checkbox"/> Have read, and agree
2.4.3 Attachment G: Indiana Preferences form	<input type="checkbox"/> Have completed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
2.4.4. Subcontractors (Additional subcontractors/those not submitted in Attachment A/Attachment A1)	<input type="checkbox"/> Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents or <input checked="" type="checkbox"/> Have read, and does not apply to response

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**3.0 Claim clarification**

1.2D Respondent Is IVOSB certified

☐ YES, claiming; Att A, have completed, signed, and submitted  
or  
☒ NO, not claiming

**4.0 Subcontractors per PO 2.4.4** (additional subcontractors/those not submitted in Attachment A/Attachment A1)  
More rows may be inserted if necessary

Subcontractor Name	Function to be performed	Document Submitted
NA	NA	<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement

**5.0 Respondent additional attachments (OPTIONAL)**  
More rows may be inserted if necessary

Commented [100A1]: This can be removed in its entirety if IDIA considers it appropriate to do so.

Filename	Attachment Reference
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