

**STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM**

RFP#: ASA-19-114

DUE DATE: 10-02-2020 (Reissuance of Cost Proposal)

TOTAL BID AMOUNT: NO PARTICIPATION

Company Name: NO PARTICIPATION	Contact Person:	
Address:	E-mail:	
	Telephone Number: ( )	Fax Number: ( )
Sub-Contract Amount:	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u>	
Sub-Contract Percentage of Total Bid:		
Provide approximate dates when Sub-Contractor will perform on this project:		

Company Name: NO PARTICIPATION	Contact Person:	
Address:	E-mail:	
	Telephone Number: ( )	Fax Number: ( )
Sub-Contract Amount:	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u>	
Sub-Contract Percentage of Total Bid:		
Provide approximate dates when Sub-Contractor will perform on this project:		

BLACKJACK UNIFORMS

Respondent Firm

7242 KENNEDY AVENUE

Address

HAMMOND, IN 46321

City/State/Zip Code

JUDITH A. CROWELL

Representative

10-01-20

Date

219 844 2870

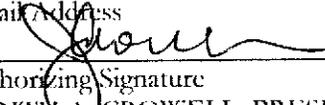
Telephone Number

219 844 3511

Fax Number

JUDITH.CROWELL@HOTMAIL.COM

Email Address



Authorizing Signature

JUDITH A. CROWELL, PRESIDENT

Printed Name and Title

Please check if additional forms are attached.

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**FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.**