

**ATTACHMENT A1
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR
COMMITMENT FORM¹**

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 Cost Proposal Summary Tab, cell F14. This “Total Bid Amount” is not intended to be a guarantee or reflection of actual contract value but rather is included for evaluation purposes. The Contractor will be held to their commitment percentage(s) rather than the estimated dollar amount(s). The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term.

If the Respondent to the solicitation is an IVOSB certified entity, the letter confirming same should be submitted with their response. Therefore, the Respondent has the responsibility to alert IDOA of their certification. The IVOSB Respondent will receive the total points for the IVOSB evaluation criteria per section 1.2.2. Additional ISVOB subcontractors must be included if the IVOSB Respondent is seeking the additional bonus point.

The IVOSB respondent must list their **company contact information only** on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department will verify all information included on the IVOSB Subcontractor Commitment Form.

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

- Must be listed on Federal Center for Veterans Business Enterprise registry, [VETBIZ](#) under INDIANA, or listed at [Certified M/W/IVOSB list](#), **on or before** the proposal due date.
- Prime Contractor must include with their proposal the subcontractor’s veteran business Certification Letter provided by either IDOA or Federal Govt. [VETBIZ](#), to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB.
- IVOSB must have a Bidder ID (see section 2.3.8 - [Department of Administration, Procurement Division](#))
- A Prime Contractor who is an IVOSB **can** count their own workforce or companies to meet this requirement, (see IAC 25-9-4-1 (c))
- **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 as listed in the “[VETBIZ](#)” federal registry, under INDIANA or at [Certified M/W/IVOSB list](#).
- Must be used to provide the goods or services specific to the contract.

INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the IVOSB(s) must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB 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. For scoring purposes only, the IVOSB subcontractor amount and subcontractor percentage is based on the

¹ The Indiana Veteran Business Program is governed by IC 5-22-14 and 25 IAC 9.

initial term of the contract. However, 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 by the rules and requirements of the State’s IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at indianaveteranspreference@idoa.in.gov, (317) 232-3061 or [the Supplier Diversity website](#).

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 23-73841

TOTAL BID AMOUNT: \$1,054,000.00

Company Name: Professional Management Enterprises, Inc. Address: 9245 N Meridian St, Indianapolis, IN 46260 Sub-Contract Amount: \$63,240.00 Sub-Contract Percentage of Total Bid: 3% 	Contact Person: Haskell D. Portee E-mail: dportee@pme-indy.com <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Telephone Number: (317) 372 - 3300</td> <td style="width:50%;">Fax Number: ()</td> </tr> </table> Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Vendor will be providing training and onboarding to new and existing customers and will be providing testing and quality assurance for all existing and new Playground software 	Telephone Number: (317) 372 - 3300	Fax Number: ()
Telephone Number: (317) 372 - 3300	Fax Number: ()		
Provide approximate dates when Sub-Contractor will perform on this project: April 30, 2023 - March 2027			


Company Name: Address: Sub-Contract Amount: Sub-Contract Percentage of Total Bid: 	Contact Person: E-mail: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Telephone Number: ()</td> <td style="width:50%;">Fax Number: ()</td> </tr> </table> Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> 	Telephone Number: ()	Fax Number: ()
Telephone Number: ()	Fax Number: ()		
Provide approximate dates when Sub-Contractor will perform on this project:			

Carline Inc, DBA Playground
Respondent Firm
424 Broadway #602 New York New York 10013
Address
New York New York 10013
City/State/Zip Code
Daniel Andrews

Representative
03/02/2023
Date

310-424-8136
Telephone Number

Fax Number
daniel@tryplayground.com
Email Address


Authorizing Signature
Daniel Andrews, CEO
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.