

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. 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. In order for the subcontractor commitment to result in evaluation points for the Respondent, the entity must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>.

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 3.2.7. 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 VETBIZ at <https://www.vetbiz.va.gov/vip/> under INDIANA, or listed at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, **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 at <https://www.vetbiz.va.gov/vip/>, 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, at <https://www.vetbiz.va.gov/vip/> under INDIANA or at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>. 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

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

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 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 at <https://www.in.gov/idoa/mwbe>.

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 23-74438


TOTAL BID AMOUNT: \$2,906,342.16

Company Name: Not Applicable		Contact Person:		
Address:		E-mail:		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Telephone Number: () </td> <td style="width: 50%; vertical-align: top;"> Fax Number: () </td> </tr> </table>	Telephone Number: ()	Fax Number: ()
Telephone Number: ()	Fax Number: ()			
Sub-Contract Amount:		Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:		
Sub-Contract Percentage of Total Bid: 0%				
Provide approximate dates when Sub-Contractor will perform on this project:				

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

CPS Solutions, LLC
 Respondent Firm
 655 Metro Place South, Suite 450
 Address
 Dublin, Ohio 43017
 City/State/Zip Code
 Frank Segrave
 Representative

 Date

614-766-0101
 Telephone Number
 n/a
 Fax Number
 Frank.segrave@cps.com
 Email Address

 Authorizing Signature
 Frank Segrave Chief Executive Officer
 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.

Evansville State Hospital RFP Document 2

Final Audit Report

2023-02-01

Created:	2023-01-31
By:	Titus Mason (titus.mason@cpspharm.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA0c8Aj7wgxonKvS0jdJJscVgx0_LAV5IY

"Evansville State Hospital RFP Document 2" History

-  Document created by Titus Mason (titus.mason@cpspharm.com)
2023-01-31 - 10:52:23 PM GMT- IP address: 99.159.101.214
-  Document emailed to frank.segrave@cps.com for signature
2023-01-31 - 10:53:05 PM GMT
-  Email viewed by frank.segrave@cps.com
2023-02-01 - 3:39:39 PM GMT- IP address: 107.127.21.15
-  Signer frank.segrave@cps.com entered name at signing as Frank Segrave
2023-02-01 - 3:40:11 PM GMT- IP address: 107.127.21.15
-  Document e-signed by Frank Segrave (frank.segrave@cps.com)
Signature Date: 2023-02-01 - 3:40:13 PM GMT - Time Source: server- IP address: 107.127.21.15
-  Agreement completed.
2023-02-01 - 3:40:13 PM GMT