

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 24-78769

TOTAL BID AMOUNT:

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> <u>Include the applicable certified UNSPSC that applies to this commitment.</u> 	Telephone Number: ()	Fax Number: ()
Telephone Number: ()	Fax Number: ()			
Provide approximate dates when Sub-Contractor will perform on this project:				

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Provide approximate dates when Sub-Contractor will perform on this project:				

Respondent Firm

Address

City/State/Zip Code

Representative

Date

Telephone Number

Fax Number

Email Address

Authorizing Signature

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.