**RFS 25-80876 BUSINESS PROPOSAL**

**ATTACHMENT C**

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

***Business Proposal***

* + 1. **Contract Terms/Clauses** - Please provide the requested information in RFS Section 2.3.1

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| We accept mandatory contract clauses as outlined in Attachment B. We have no adjustments or amendments suggested. |

2.3.2 **Registration to do Business** – Per RFS 2.3.2,Respondents providing the services required by this RFS must be registered to do business by the Indiana Secretary of State. The Secretary of State contact information may be found in Section 1.18 of the RFS. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

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| Safe Haven Recovery Engagement Center is registered and active with the Secretary of State. Please see attached “Secretary of State” file on the flash drive. |

2.3.3 **Authorizing Document -** Respondent personnel signing the Executive Summary of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of organization bylaws or an organizational resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

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| Safe Haven REC has authorized the Board President, CFO, Grant Manager, or the Executive Director to commit the organization contractually. This is stated in our by-laws. Please see attachments on flash drive: “Grant Management Policy” and “ByLaws” |

2.3.4 **General Information -** Each Respondent must enter your organization’s general information including contact information.

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| **Organizational Information** |  |
| Legal Name of Organization | Safe Haven Recovery Engagement Center |
| Contact Name | Brittany Stout FNP-C |
| Contact Title | Board President |
| Contact E-mail Address | bstout@safehavenrec.com |
| Company Mailing Address | 308 S. Oak St. |
| Company City, State, Zip | Paoli, IN 47454 |
| Company Telephone Number | 812-203-2230 |
| Company Fax Number | 812-203-2231 |
| Company Website Address | www.safehavenrec.com |
| Employer Identification Number (EIN) or Federal Tax Identification Number (FTIN) (please specify which) | EIN: 83-1039593 |
| Number of Employees (company) | 11 |
| Years of Experience | 5 |