**RFP# 23-75072 BUSINESS PROPOSAL**

**Indiana Pathways for Aging Member Support Services**

**ATTACHMENT E**

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

***Business Proposal***

* + 1. **General (optional) -** Please introduce or summarize any information the Respondent deems relevant or important to the State’s successful acquisition of the products and/or services requested in this RFP.

|  |
| --- |
|  |

* + 1. **Respondent’s Company Structure** - Please include in this section the legal form of the Respondent’s business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

|  |
| --- |
|  |

* + 1. **Respondent’s Diversity, Equity and Inclusion Information -** With the Cabinet appointment of a Chief Equity, Inclusion and Opportunity Officer, on February 1, 2021, the State of Indiana sought to highlight the importance of this issue to the state. Please share leadership plans or efforts to measure and prioritize diversity, equity, and inclusion. Also, what is the demographic compositions of Respondents’ Executive Staff and Board Members, if applicable.

|  |
| --- |
|  |

* + 1. **Company Financial Information** - This section must include documents to demonstrate the Respondent’s financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why, and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information **should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.**

|  |
| --- |
|  |

* + 1. **Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

|  |
| --- |
|  |

* + 1. **Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.6.

|  |
| --- |
|  |

* + 1. **References** - Reference information is captured on **Attachment H** Respondent should complete the reference information portion of the **Attachment H** which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of **Attachment H** should be completed by the reference and **emailed DIRECTLY** to the State. The State should receive three (3) **Attachment Hs** from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. **Attachment H** should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov). **Attachment H** should be submitted by the date listed in section 1.24 of the RFP. Please provide the customer information for each reference.

|  |  |
| --- | --- |
| **Customer 1** |  |
| Legal Name of Company or Governmental Entity |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Website Address |  |
| Contact Person |  |
| Contact Title |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Contact E-mail |  |
| Industry of Company |  |
| **Customer 2** |  |
| Legal Name of Company or Governmental Entity |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Website Address |  |
| Contact Person |  |
| Contact Title |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Contact E-mail |  |
| Industry of Company |  |
| **Customer 3** |  |
| Legal Name of Company or Governmental Entity |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Website Address |  |
| Contact Person |  |
| Contact Title |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Contact E-mail |  |
| Industry of Company |  |

* + 1. **Registration to do Business** – Per RFP 2.3.8,Respondents providing the products and/or services required by this RFP 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 RFP. 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.

|  |
| --- |
|  |

* + 1. **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 corporate bylaws or a corporate 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.

|  |
| --- |
|  |

* + 1. **Subcontractors -** The Respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any Respondent’s proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Per instructions in **Attachment J**, either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.  
         
       Any subcontracts entered by the Respondent must be in compliance with all State statutes and will be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor’s related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State’s evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.  
  
The Respondent must list any subcontractor’s name, address, and the state in which formed that are proposed to be used in providing the required products and/or services. The subcontractor’s responsibilities under the proposal, anticipated dollar amount for subcontract, subcontractor’s form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority Business Enterprise, Women’s Business Enterprise, or Veteran Owned Business under IC 4-13-16.5-1 and IC 5-22-14-3.5. [See Sections 1.21](file:///C:/Working%20Documents/Sourcing%20Documents/RFP_Bid%20Template%20Review/IDOA%20RFP%20Boilerplate%20E-BID%20v06-15-2020_rac%20review%2006292021.docx#_1.21_MINORITY_&), [1.22](file:///C:/Working%20Documents/Sourcing%20Documents/RFP_Bid%20Template%20Review/IDOA%20RFP%20Boilerplate%20E-BID%20v06-15-2020_rac%20review%2006292021.docx#_1.22_INDIANA_VETERAN) and **Attachments A/A1** for Minority, Women, and Veteran Business information.

IVOSB entities (whether a prime or subcontractor) must have a Bidder ID. If registered with IDOA, this should have already been provided (as with MWBEs). IVOSBs that are only registered with the Federal Center for Veterans Business Enterprise will need to ensure that they also have a Bidder ID provided by IDOA (please see [section 2.3.7](file:///C:/Working%20Documents/Sourcing%20Documents/RFP_Bid%20Template%20Review/IDOA%20RFP%20Boilerplate%20E-BID%20v06-15-2020_rac%20review%2006292021.docx#_2.3.7_Registration_to) for details).

|  |
| --- |
|  |

* + 1. **Evidence of Financial Responsibility** – Removed at the request of the agency.
    2. **General Information** - Each Respondent must enter your company’s general information including contact information.

|  |  |
| --- | --- |
| **Business Information** |  |
| Legal Name of Company |  |
| Contact Name |  |
| Contact Title |  |
| Contact E-mail Address |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Company Website Address |  |
| Federal Tax Identification Number (FTIN) |  |
| Number of Employees (company) |  |
| Years of Experience |  |
| Number of U.S. Offices |  |
| Year Indiana Office Established (if applicable) |  |
| Parent Company (if applicable) |  |
| Revenues ($MM, previous year) |  |
| Revenues ($MM, 2 years prior) |  |
| % Of Revenue from Indiana customers |  |

* 1. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

|  |
| --- |
|  |

* 1. What is your company’s technology and process for securing any State information that is maintained within your company?

|  |
| --- |
|  |

* + 1. **Experience Serving State Governments -** Please provide a brief description of your company’s experience in serving state governments and/or quasi-governmental accounts.

|  |
| --- |
|  |

* + 1. **General Information Experience Serving Similar Clients -** Please describe your company’s experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

|  |
| --- |
|  |

* + 1. **Indiana Preferences -** Pursuant to IC 5-22-15-7, Respondent may claim only one (1) preference. For the purposes of this RFP, this limitation to claiming one (1) preference applies to Respondent’s ability to claim eligibility for Buy Indiana points. **Respondent must clearly indicate which preference(s) they intend to claim. Additionally, the Respondent’s Buy Indiana status must be finalized when the RFP response is submitted to the State.**

Approval will be system generated and sent to the point of contact email address provided within the Bidder Registration profile. This is to be attached as a screenshot (copied/pasted) for response evaluation.

Buy Indiana

Refer to Section 2.7 for additional information.

|  |
| --- |
|  |

* + 1. **Payment –** removed at request of agency
    2. **Extending Pricing to Other Governmental Entities** – removed at request of agency