**Request For Proposal 25-81223**

**[ISPHN Staff augmentation]**

**Attachment I**

**Pre-Proposal Network Opportunities Form**

**Instructions:** Fill in the blank cells below with the requested information. Forms should be submitted via email to [rfp@idoa.in.gov](mailto:rfp@idoa.in.gov) per RFP Section 1.24.

The subject line of the email submissions must clearly state the following:

“[**RFP 25-81223 ISPHN Staff Augmentation Attachment I – ASSURED NURSING, INC]**”.

***This is an optional form***.

|  |  |
| --- | --- |
| **Company Name** | Assured Nursing, Inc |
| **MBE/WBE/IVOSB (if applicable)** | WBE |
| **Company Address** | 18725 N. Union St. Westfield, IN 46074 |
| **Contact Name and TItle** | Nora Otto CEO |
| **Contact Telephone** | 317-509-4784 |
| **Contact Email** | nora@assurednursing.com |