

REQUEST FOR PROPOSAL 25-81223
[INSERT SOLICITATION FOR FROM RFP COVER LETTER]

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 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 – [INSERT COMPANY NAME]]**”.

This is an optional form.

Company Name	Management Registry, Inc.
MBE/WBE/IVOSB (if applicable)	N/A
Company Address	1868 Campus Place, Louisville, KY 40299
Contact Name and Title	Jenny Byrd, President of Healthcare
Contact Telephone	502-209-9989
Contact Email	Jenny.byrd@malonesolutions.com