**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 – [*INSERT COMPANY NAME*]**”.

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

|  |  |
| --- | --- |
| **Company Name** | RepuCare, Inc. |
| **MBE/WBE/IVOSB (if applicable)** | WBE |
| **Company Address** | 9245 N Meridian St, Suite 305, Indianapolis, IN 46260 |
| **Contact Name and TItle** | Stanley Vischak |
| **Contact Telephone** | 317-810-0182 |
| **Contact Email** | [svischak@repucare.com](mailto:svischak@repucare.com) |