**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](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** | REYNHEALTH STAFFING LLC |
| **MBE/WBE/IVOSB (if applicable)** | \*\*\*Currently Applying- None as of today 4/9/25 |
| **Company Address** | 2771 Locust St Portage, IN 46368 |
| **Contact Name and TItle** | Michelle D. Reynolds |
| **Contact Telephone** | 708.631.7007 |
| **Contact Email** | [m.reynolds@reynhealth.com](mailto:m.reynolds@reynhealth.com) or [mreynhealth@gmail.com](mailto:mreynhealth@gmail.com) |