

**REQUEST FOR PROPOSAL 25-81223**  
**[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 – [RIGHT SOURCE HEALTHCARE STAFFING LLC]”.**

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

<b>Company Name</b>	RIGHT SOURCE HEALTHCARE STAFFING LLC
<b>MBE/WBE/IVOSB (if applicable)</b>	M/WBE CODE- 80111606
<b>Company Address</b>	10474 CROSSPOINT BLVD, INDPLS, IN 46256 STE 250 PMB-2735
<b>Contact Name and Title</b>	LATINA WADE, CEO
<b>Contact Telephone</b>	317-275-7259
<b>Contact Email</b>	lwade@rightsourcehealthcare.com