**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** | Syra Health Corp. |
| **MBE/WBE/IVOSB (if applicable)** | N/A |
| **Company Address** | 1119 Keystone Way Ste 201, Carmel, IN 46032 |
| **Contact Name and TItle** | Srikant Devaraj, VP-Growth & Innovation |
| **Contact Telephone** | 463-345-8950 |
| **Contact Email** | rfp@syrahealth.com |