**Request For Proposal 25-81223**

**[25-81223 for from Indiana Department of Administration 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 – [*Tryfacta, Inc.*]**”.

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

|  |  |
| --- | --- |
| **Company Name** | Tryfacta, Inc. |
| **MBE/WBE/IVOSB (if applicable)** | N/A |
| **Company Address** | 1050 Production Rd, Ground Floor, Fort Wayne, IN 46808 |
| **Contact Name and TItle** | Arman Dhar, Senior Vice President of Operations |
| **Contact Telephone** | 408-893-5500 & 925.640.3641 |
| **Contact Email** | [rfp@tryfacta.com](mailto:rfp@tryfacta.com) |