**RFP 25-82958: Statewide American Sign Language (ASL) Interpretation Services**

**Attachment E: Business Proposal**

**Indiana Department of Administration**

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

***Business Proposal***

* + 1. **General (optional) -** Please introduce or summarize any information the Respondent deems relevant or important to the State’s successful acquisition of the products and/or services requested in this RFP.

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* + 1. **Respondent’s Company Structure** - Please include in this section the legal form of the Respondent’s business organization, the state in which it was formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

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* + 1. **Respondent’s Diversity, Equity and Inclusion Information -** Removed this section pursuant to Executive Order 25-14.
    2. **Company Financial Information** - This section must include documents to demonstrate the Respondent’s financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why, and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information **should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.**

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* + 1. **Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

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* + 1. **Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.6.

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* + 1. **References** - Reference information is captured on **Attachment H** Respondent should complete the reference information portion of the **Attachment H** which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of **Attachment H** should be completed by the reference and **emailed DIRECTLY** to the State. The State should receive three (3) **Attachment Hs** from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. **Attachment H** should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov). **Attachment H** should be submitted no more than ten (10) business days after the proposal submission due date listed in Section 1.24 of the RFP. Please provide the customer information for each reference.

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| **Customer 1** |  |
| Legal Name of Company or Governmental Entity |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Website Address |  |
| Contact Person |  |
| Contact Title |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Contact E-mail |  |
| Industry of Company |  |
| **Customer 2** |  |
| Legal Name of Company or Governmental Entity |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Website Address |  |
| Contact Person |  |
| Contact Title |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Contact E-mail |  |
| Industry of Company |  |
| **Customer 3** |  |
| Legal Name of Company or Governmental Entity |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Website Address |  |
| Contact Person |  |
| Contact Title |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Contact E-mail |  |
| Industry of Company |  |

**2.3.8 Registration to do Business** – Per RFP 2.3.8,Respondents providing the products and/or services required by this RFP must be registered to do business by the Indiana Secretary of State. The Secretary of State contact information may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

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* + 1. **Authorizing Document -** Respondent personnel signing the Executive Summary of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

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* + 1. **Diversity Subcontractor Agreements**

a. Per RFP Section 1.21, Minority & Women’s Business Enterprises (MBE/WBE), and 1.22 Indiana Veteran Owned Small Business Subcontractor (IVOSB), explain process followed to engage with potential MBE, WBE and IVOSB owned, Indiana certified businesses listed on Division of Supplier Diversity site.  List the businesses invited to discuss the opportunity for potential partnership.

b. If not proposing each MBE, WBE or IVOSB subcontractor partnership, explain the rationale for declining to do so.  Complete this for each category not proposed.

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* + 1. **Evidence of Financial Responsibility** – Removed at the request of the agency.
    2. **General Information** - Each Respondent must enter your company’s general information including contact information.

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| **Business Information** |  |
| Legal Name of Company |  |
| Contact Name |  |
| Contact Title |  |
| Contact E-mail Address |  |
| Company Mailing Address |  |
| Company City, State, Zip |  |
| Company Telephone Number |  |
| Company Fax Number |  |
| Company Website Address |  |
| Federal Tax Identification Number (FTIN) |  |
| Number of Employees (company) |  |
| Years of Experience |  |
| Number of U.S. Offices |  |
| Year Indiana Office Established (if applicable) |  |
| Parent Company (if applicable) |  |
| Revenues ($MM, previous year) |  |
| Revenues ($MM, 2 years prior) |  |
| % Of Revenue from Indiana customers |  |

* 1. Does your Company have a formal business continuity and/or disaster recovery plan? Please provide a yes/no response. If not, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

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* 1. What is your company’s technology and process for securing any State information that is maintained within your company?

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* + 1. **Experience Serving State Governments -** Please provide a brief description of your company’s experience in serving state governments and/or quasi-governmental accounts.

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* + 1. **Experience Serving Similar Clients -** Please describe your company’s experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

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* + 1. **Payment -** Removed at the request of the agency.
    2. **Extending Pricing to Other Governmental Bodies** – See Attachment F1, minimum requirement #8 for Respondent requirement to extend pricing to Other Governmental Bodies.
    3. **Cloud Terms and Conditions** – Removed at the request of the agency.