

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-2721

DUE DATE: December 1, 2020

TOTAL BID AMOUNT:

- \$3,019,894.95 over 5 yrs., excluding optional subcontractors.
- Up to \$1,110,000 additional over 5 yrs., if subcontractor STLogics is included.
- Up to \$1,104,000 additional over 5 yrs., if subcontractor CFFI is included.

<input checked="" type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm	
Company Name: STLogics	Contact Person: Shubham Jain
Address: 1119 Keystone Way, Suite 302 Carmel, IN 46032	E-mail: shubhamj@radcube.com
Sub-Contract Amount: Up to \$1,110,000 over 5 yrs.	Telephone Number: 317-286-2768 Fax Number: N/A
Sub-Contract Percentage of Total Bid: 27% (not including other subcontractor)	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract</u> :
	Modeling and simulation services, requested in the RFP.
Provide approximate dates when Sub-Contractor will perform on this project: TBD for 5-year project.	

<input type="checkbox"/> MBE Firm <input checked="" type="checkbox"/> WBE Firm	
Company Name: Certified Fraud & Forensic Investigations (CFFI)	Contact Person: Jennifer Hathaway
Address: 10115 Indian Lake Boulevard North, Suite #88 Indianapolis, Indiana 46236	E-mail: WeCatchFraud.com
Sub-Contract Amount: Up to \$1,104,000 over 5 yrs.	Telephone Number: 317-313-7948 Fax Number: N/A
Sub-Contract Percentage of Total Bid: 27% (not including other subcontractor)	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract</u> :
	Expert investigations, classification, and threshold support
Provide approximate dates when Sub-Contractor will perform on this project: TBD for 5-year project.	

LexisNexis Risk Solutions FL Inc.
 Respondent Firm
 1000 Alderman Dr.
 Address
 Alpharetta, GA 30005
 City/State/Zip Code
 Deborah Smith, Account Manager
 Representative
 Dec. 1, 2020
 Date

214-212-5180
 Telephone Number
 N/A
 Fax Number
 Deborah.Smith@lexisnexisrisk.com
 Email Address

 Authorizing Signature
 Micah Asch, Manager, Proposal Development
 Printed Name and Title

- ☐ Please check if additional forms are attached.
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FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT