

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the policies and processes involving the State's IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: [indianaveteranspreference@idoa.in.gov](mailto:indianaveteranspreference@idoa.in.gov).

## STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

**RFP#: 21-66406 BLACKJACK UNIFORMS**

**DUE DATE: 03/31/2021**

**TOTAL BID AMOUNT: NO PARTICIPATION PRIMARY, RELATED & ACCESSORY**

<b>Company Name: NO PARTICIPATION</b>	<b>Contact Person:</b>	
<b>Address:</b>	<b>E-mail:</b>	
<b>Sub-Contract Amount:</b>	<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )
<b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b>	<b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b>	
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>		

<b>Company Name:</b>	<b>Contact Person:</b>	
<b>Address:</b>	<b>E-mail:</b>	
<b>Sub-Contract Amount:</b>	<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )
<b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b>	<b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b>	
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>		

BLACKJACK UNIFORMS

Respondent Firm

7242 KENNEDY AVENUE

Address

HAMMOND, IN 46323

City/State/Zip Code

JUDITH A. CROWELL

Representative

03/15/21

Date

219 844 2870

Telephone Number

219 844 3511

Fax Number

JUDITH\_CROWELL@HOTMAIL.COM

Email Address

Authorizing Signature

JUDITH A. CROWELL

Printed Name and Title

☐ Please check if additional forms are attached.

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