

**ATTACHMENT A1**  
**INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR COMMITMENT FORM<sup>1</sup>**

If participation is met through use of respondents who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. All Respondents must utilize \$150,000 for their "Total Bid Amount". This "Total Bid Amount" is not intended to be a guarantee or reflection of actual contract value but rather is included for evaluation purposes. The Contractor will be held to their commitment percentage(s) rather than the estimated dollar amount(s). The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term. In order for the subcontractor commitment to result in evaluation points for the Respondent, the entity must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>.

If the Respondent to the solicitation is an IVOSB certified entity, the letter confirming same should be submitted with their response. Therefore, the Respondent has the responsibility to alert IDOA of their certification. The IVOSB Respondent will receive the total points for the IVOSB evaluation criteria per section 3.2.7. Additional ISVOB subcontractors must be included if the IVOSB Respondent is seeking the additional bonus point.

The IVOSB respondent must list their **company contact information only** on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department will verify all information included on the IVOSB Subcontractor Commitment Form.

**Prime Contractors must ensure that the proposed IVOSB subcontractors meet the following criteria:**

- Must be listed on Federal Center for Veterans Business Enterprise VETBIZ at <https://www.vetbiz.va.gov/vip/> under INDIANA, or listed at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, **on or before** the proposal due date.
- Prime Contractor must include with their proposal the subcontractor's veteran business Certification Letter provided by either IDOA or Federal Govt. VETBIZ at <https://www.vetbiz.va.gov/vip/>, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB
- IVOSB must have a Bidder ID (see [Section 2.3.8](#) - [Department of Administration, Procurement Division](#)).
- A Prime Contractor who is an IVOSB **can** count their own workforce or companies to meet this requirement, (see IAC 25-9-4-1 (c))
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or services only in the industry area for which it is certified as listed in the VETBIZ federal registry, at <https://www.vetbiz.va.gov/vip/> under INDIANA or at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>. Must be used to provide the goods or services specific to the contract.

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<sup>1</sup> The Indiana Veteran Business Program is governed by IC 5-22-14 and 25 IAC 9.

## INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the IVOSB(s) must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. For scoring purposes only, the IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term.

The State may deny evaluation points if the letter(s) is/are not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the **“TOTAL BID AMOUNT”** and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the rules and requirements of the State's IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at [indianaveteranspreference@idoa.in.gov](mailto:indianaveteranspreference@idoa.in.gov), (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

## STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 22-71589

**TOTAL BID AMOUNT:** \$150,000

<b>Company Name:</b> Bingle Research Group, Inc.	<b>Contact Person:</b> Fred Bingle	
<b>Address:</b> 4721 N Pennsylvania St Indianapolis, IN 46205	<b>E-mail:</b> fbingle@binglerg.com	
<b>Sub-Contract Amount:</b> \$6,000	<b>Telephone Number:</b> (317) 927-7004	<b>Fax Number:</b> (   )
<b>Sub-Contract Percentage of Total Bid:</b> 4%	<b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b> Quarterly and annual reporting and performance evaluation. In-depth interviews and surveys if needed.	
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b> December 2022 - December 2024		

<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:</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>		

Syra Health Corp.

Respondent Firm

1119 Keystone Way N Suite #201

Address

Carmel, IN 46032

City/State/Zip Code

Deepika Vuppalachchi, PhD.

Representative

Date 9/19/2022

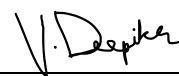
317-939-4699

Telephone Number

Fax Number

deepikav@syrahealth.com

Email Address



Authorized Signature

Deepika Vuppalachchi, CEO

Printed Name and Title

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Please check if additional forms are attached.

Page \_\_\_\_\_ of \_\_\_\_\_

**FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.**