

ATTACHMENT A
Immunization Information System (IIS)
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR
COMMITMENT FORM

Indiana Code 4-13-16.5 and 25 IAC 5 governs the Division of Supplier Diversity program as it relates to the certification, oversight, and responsibilities around the certified Indiana Minority and/or Women Business Enterprises (MWBE). As stated in Section 1.20, a commitment expectation for this solicitation. The MWBE Subcontractor Commitment form is Attachment A. If opting to propose a commitment, the MWBE Subcontractor Commitment Form is to be submitted as a part of the Respondent's proposal. The entity must be on the State of Indiana Certified M/WBE list at <https://www.in.gov/idoa/mwbe/>. The State will not follow up with the Respondent if the subcontracting opportunities are not submitted.

If participation is proposed through the use of Subcontractors, the Respondent must provide the scope of work of the products and/or services to be provided by the Subcontractor(s). This must include explanation of whether the products and/or services are to be utilized directly by the Respondent and/or directly by the State, a description of the process through which the products/services will be received and applied to the benefit of the award, the deliverable requirements as agreed upon between the Contractor and Subcontractor, the certified UNSPSC that applies to the award, and the cost of supplies being utilized by the Respondent for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in "TOTAL BID AMOUNT" should match the amount entered in the Attachment D, Cost Proposal Template, Summary tab.

Failure to meet these goals will not affect the evaluation of your Proposal. The Department will verify certification information included on the MWBE Subcontractor Commitment Form.

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

- Must be on the State of Indiana Certified M/WBE 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 M/WBE Certification Letter provided by IDOA, to show current status of certification.
- Each firm may only serve as one classification – MBE or WBE
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement (see 25 IAC 5-6-2(d))
- **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.
- Must be used to provide the goods or services specific to the contract.
- National Diversity Plans are generally not acceptable

MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF COMMITMENT (MWBE)

A signed letter(s), on company letterhead, from the MBE(s) and/or WBE(s) must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE 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. The MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. 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 the rules and requirements of the State’s M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

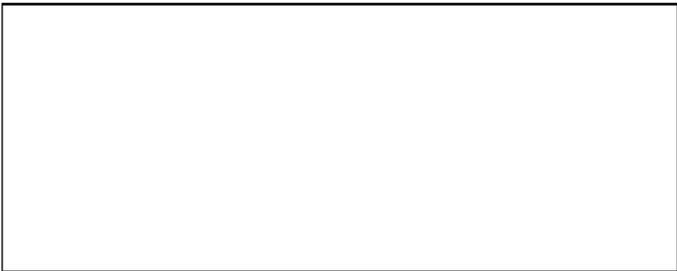
STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 25-78600 Immunization Information System (IIS)

TOTAL BID AMOUNT: \$ [REDACTED]

<input type="checkbox"/> MBE Firm <input checked="" type="checkbox"/> WBE Firm			
Company Name: [REDACTED]	Contact Person: [REDACTED]		
Address: [REDACTED]	E-mail: [REDACTED]		
Sub-Contract Amount: \$ [REDACTED]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Telephone Number: [REDACTED]</td> <td style="width:50%; padding: 2px;">Fax Number: [REDACTED]</td> </tr> </table>	Telephone Number: [REDACTED]	Fax Number: [REDACTED]
Telephone Number: [REDACTED]	Fax Number: [REDACTED]		
Sub-Contract Percentage of Total Bid: [REDACTED]	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> [REDACTED]		
Provide approximate dates when Sub-Contractor will perform on this project: Brilljent, LLC will perform services beginning with the project initiation and will continue as needed through the term of the contract.			

<input checked="" type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name: [REDACTED]	Contact Person: [REDACTED]		
Address: [REDACTED]	E-mail: [REDACTED]		
Sub-Contract Amount: \$ [REDACTED]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Telephone Number: [REDACTED]</td> <td style="width:50%; padding: 2px;">Fax Number: [REDACTED]</td> </tr> </table>	Telephone Number: [REDACTED]	Fax Number: [REDACTED]
Telephone Number: [REDACTED]	Fax Number: [REDACTED]		
Sub-Contract Percentage of Total Bid: [REDACTED]	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> [REDACTED]		



Provide approximate dates when Sub-Contractor will perform on this project:

Professional Management Enterprises, Inc. will perform services beginning with the project initiation and will continue as needed through the term of the contract.

STChealth, LLC

Respondent Firm

411 South 1st Street

Address

Phoenix, AZ 85004

City/State/Zip Code

Michael L. Popovich

Representative

July 12, 2024

Date

(480) 745-8500

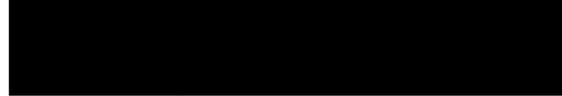
Telephone Number

(602) 598-7712

Fax Number

info@stchome.com

Email Address



Authorizing Signature

Michael L. Popovich, CEO

Printed Name and Title

Please check if additional forms are attached.
Page _____ of _____

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