

**STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM**

RFP#: 24-78769

**TOTAL BID AMOUNT:**

<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 <u>how this is a Valuable Scope Contribution of the Contract.</u></b>	
	<b><u>Include the applicable certified UNSPSC that applies to this commitment.</u></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:</b>	<b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>	
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>		

\_\_\_\_\_  
Respondent Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
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.**