

**STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM**

RFP#: 24-78769

**TOTAL BID AMOUNT:**

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:		Contact Person:	
Address:		E-mail:	
Sub-Contract Amount:		Telephone Number: (    )	Fax Number: (    )
Sub-Contract Percentage of Total Bid:		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract.</u> <u>Include the applicable UNSPSC that applies to this commitment.</u>	
Provide approximate dates when Sub-Contractor will perform on this project:			

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:		Contact Person:	
Address:		E-mail:	
Sub-Contract Amount:		Telephone Number: (    )	Fax Number: (    )
Sub-Contract Percentage of Total Bid:		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract.</u>	
Provide approximate dates when Sub-Contractor will perform on this project:			

\_\_\_\_\_  
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.

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