ATTACHMENT A1
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR COMMITMENT FORM[1]

In accordance with IC 5-22-14 and 25 IAC 9, it has been determined that there is a reasonable expectation of Indiana Veteran Owned Small Business subcontracting opportunities under this solicitation. The IVOSB Subcontractor Commitment Form is to be submitted alongside the Respondent's proposal. The entity must be on the State of Indiana Certified M/W/IVOSB list at https://www.in.gov/idoa/mwbe.

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**, Bid Cost Template from the General Clothing tab in cell F335.

If the Respondent to the solicitation is an IVOSB certified entity, the Respondent may indicate this on Attachment F, Attestation Form.

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

Failure to address these subcontracting opportunities will not impact the evaluation of your Proposal. The Department will verify certification 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's current certification status from VETBIZ at https://www.vetbiz/va/gov/vip/.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.18) or IVOSB
- IVOSB must have a Bidder ID
- 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. Specify the certified code on Attchment A1 that applies to the contract.
- Must be used to provide the goods or services specific to the award. Must be used to provide the goods or services specific to the award.

INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

[1] The Indiana Veteran Business Program is governed by IC 5-22-14 and 25 IAC 9.

A signed letter(s), on company letterhead, from the IVOSB 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 award.

By submission of the Bid Response, the Respondent acknowledges and agrees to be bound by the rules and requirements of the State's IVOSB Program. Questions about those rules and requirements should be directed to: Division of Supplier Diversity at 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

Negotiated Bid # 24-75959:

TOTAL BID AMOUNT: $1,738,658.49

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

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

Care Apparel Inc	718-577-0888
Respondent Firm	Telephone Number
49 Front St Suite 201	718-577-0880
Address	Fax Number
Rockville Centre, NY 11570	gili@careapparel.com
City/State/Zip Code	Email Address
Gili Veg	
Representative	Authorizing Signature
11/2/2023	Gili Veg vice president
Date	Printed Name and Title

Not Applicable for Care Appparel

❒ Please check if additional forms are attached.

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