

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	Legal Name of firm:	McMahon Paper & Packaging Inc
2	Address/City/State/Zip Code:	1810 S Anthony Blvd, Fort Wayne, IN 46803
3	Telephone #/Fax #/Website:	260-422-3491, Fax 260-422-3493, mcMahonpaperandpackaging.com
4	Federal Tax Identification Number:	35-0923594
5	State/Country of domicile/incorporation:	Indiana
6	Location of firm's headquarters or principal place of business:	Fort Wayne
7	Name of parent company or holding company (if applicable):	N/A
8	State/Country of domicile/incorporation of company listed in #7:	N/A
9	Address of company listed in #7:	N/A
10	IN Department of Workforce Development (DWD) account number:	046124
11	IN Department of Revenue (DOR) account number:	
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	8
13	Total number of employees per most recently completed IRS Form W-2 distribution:	8
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	404,904
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	404,904
16	Total amount of this proposal, bid, or current contract:	117,000.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	N/A
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00
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19	Subcontractor Company Name: Address/Contact Person/Telephone Number/Tax ID Number:	N/A			
20		N/A			
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	Affirmation by authorized official: I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief:				
	Signature: <i>Max Baughman</i>				
	Name of auththorized official: <i>Max Baughman</i>				
	Title: <i>Accountant</i>				
	Date: <i>4.27.23</i>				

McMahon Paper And Packaging Inc.

1810 South Anthony Blvd.
Fort Wayne, IN 46803

QUOTATION

Quote Number: 1460

Quote Date: Apr 27, 2023

Page: 1

Voice: 260-422-3491

Fax: 260-422-3493

Quoted To:

INDIANA DNR
IDNR-VALLONIA STATE NURSERY
2782 W CO RD 540 S
VALLONIA, IN 47281

Customer ID	Good Thru	Payment Terms	Sales Rep
051020	5/27/23	1% 10, Net 30 Days	10DOFU

Quantity	Item	Item Unit	Description	Unit Price	Amount
1,200.00			PRINTED NURSERY WRAP 40" x 300'x3' 30 LBS/ROLL	97.50	117,000.00

Subtotal	117,000.00
Sales Tax	
TOTAL	117,000.00

Delivery to:	IDNR
Div. of Forestry	Vallonia Nursery
2782 W. County Road 540 S	Vallonia,
In. 47281	

Item	Description	UOM	Total Quantity
1	Laminated Nursery Wrap	TS	1,200
2	IMPORTANT: We will not accept delivery for any quantities above those requested unless the cost of the overage is included in this quotation.	Estimated Overage	10% \$11,700 ⁰⁰

Item #	Specifications	Meets Specifications Y or N	If no, list exception
1	50# West Strenth Kraft (WSF), 15# LDPE (Low density polyethylene) HS CLAF to be: 7.5 lbs/MSF 7.8 mil Strand count/2 inches to be MD 17, CD 14, 2 inch tensile in pounds to be MD 49, CD 58, 2 inch tensile elongation % to be MD 29, CD 29 WSK/MSF 16.67 LDPE, #/MSF 5.00 HS CLAF, #/MSF 7.15 Total 28.82	Y	
2	Outside sheet to be Wet Strength Kraft	Y	
3	Roll Width to be 40 inches	Y	
4	Approximate roll length to be 300 ft	Y	
5	Core size to be 3 inches	Y	
6	Approximate roll weight to be 28.82	Y	
7	Outside sheet to be printed with the following and repeated every 24 inches: A. Printing to be centered on roll B. Print color to be green or approved equivalent C. Printing to be as follows: 1. "TREES FOR TOMORROW" letters to be 1 inch in size 2. "INDIANA DEPARTMENT OF NATURAL RESOURCES" letters to be 1 inch in size 3. "THIS NURSERY STOCK HAS BEEN INSPECTED IN COMPLIANCE WITH IC 14-24-5, 14-24-10, AND 14-11" letters to be 1/2 inch high	Y	

Testing for compliances with specifications upon delivery. A sample may be requested to be sent to the testing laboratory to determine if the product meets specifictions.

UNIT PRICE	TOTAL
	\$ -
Cost of Overage	11,700 ⁰⁰
Total	\$ -

ATTACHMENT A
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 1.18](#), 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/W/IVOSB 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**, Bid Cost Template.

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/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, **on or before** the bid response due date.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB (see section 1.18).
- MWBE must have a Bidder ID
- MWBE must provide goods or service only in the industry area for which it is certified. Specify the certified code on Attachment A that applies to the contract from <https://www.in.gov/idoa/mwbe>.
- Must be used to provide the goods or services specific to the award.
- 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.

By submission of the proposal, the Respondent acknowledges and agrees to be bound by the rules and requirements of the State's Division of Supplier Diversity. Questions about those rules and requirements 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

BID#: 300-23-75450

TOTAL BID AMOUNT:

N/A

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
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:			

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
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:			

Respondent Firm

Telephone Number

Address

Fax Number

City/State/Zip Code

Email Address

Representative

Authorizing Signature

Date

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.

Attachment G

CLAIMING PURCHASING PREFERENCES

Each bidder should review the various procurement preferences allowed by State statute. A summary of the preferences can be under Programs and Preferences located at:

<https://www.in.gov/idoa/3106.htm>.

Each bidder must answer the following questions pertaining to purchasing preferences. No preference will be applied unless these questions have been answered and any required attachments included.

1. Are you claiming the U.S. Manufactured Product Preference (IC 5-22-15-21)

Yes ____ No X

This is per individual line and should be noted below

Vendor must provide information at the individual line level in regard to this preference...If yes, the bidder is certifying under penalties of perjury that each of the bidder's end products, except those listed under the Exceptions section, is a U.S.

Manufactured Product as described in IC 5-22-15-21. A product is manufactured in the United States, if the cost of its components mined, produced, or manufactured in the United States exceeds 50% of the cost of all its components. (In determining if a product is manufactured in the United States, only the product and its components shall be considered.)

Please list what line items this preference will apply to:

2. Are you claiming the Preference for Steel Products (IC 5-22-15-25)

Yes ____ No X

3. Are you claiming the Preference to Coal Mined in Indiana (IC 5-22-15-22)

Yes ____ No X

4. **Are you claiming the Indiana Business (Buy Indiana) Preference (IC 5-22-15-20.5)**

Yes ___ No X

Indicate under which provision for which you are claiming to qualify as an Indiana business, fully complete the Indiana Economic Impact Form (State Form # 51778 and include it with your bid/proposal. Vendors who wish to claim one of the Buy Indiana preferences below, must register from <https://www.in.gov/idoa/2467.htm>. Click on the Supplier Portal Login link, to register and/or update an existing registration. Indicate interest in learning if the business qualifies for Buy Indiana. Upon answering YES, look for more information via email. Respondents may only select one category as shown below. Indicate your selection by clicking the check box next to the certification paragraph. Supporting documents may be required. They should be uploaded so the certification team can review. Once this is complete, save your selection and exit your account.

Approval will be documented by a system generated notification sent to the point of contact email address provided within the Bidder Registration profile. This is to be attached as a screenshot (copied/pasted) for response evaluation. If this document cannot be provided, affirm Buy IN status in a letter, on company letterhead. Provide sufficient detail so the State can confirm approval of the entity. Buy IN must be affirmatively claimed and documentation submitted per the instructions

 (1) A business whose principal place of business is located in Indiana.

 (2) A business that pays a majority of its payroll (in dollar volume) to residents of Indiana.

 (3) A business that employs Indiana residents as a majority of its employees.

 (4) A business that makes significant capital investments in Indiana.

Any company that can demonstrate a minimum capital investment of \$5 million or more in plant and/or equipment or annual lease payments of \$2.5 million or more shall qualifies as an Indiana business under category #4.

 (5) A business that has a substantial positive economic impact on Indiana

Any company that is in the top 500 companies (adjusted) for one of the following categories: number of employees (DWD), unemployment taxes (DWD), payroll withholding taxes (DOR), or Corporate Income Taxes (DOR); qualifies as an Indiana business under category #5.

5. **Are you claiming the Indiana Manufactured Preference (IC 5-22-15-20.5)**

Yes ___ No X

This preference may only be claimed by respondents who claim the Indiana Business Preference.

Submit necessary documentation detailing a substantial amount of manufacturing, assembly, or production of the products proposed is in the State of Indiana.

6. **Are you claiming the preference for supplies that contain recycled or post-consumer materials (IC 5-22-15-16)**

Yes ___ No X

The preference does not apply when the purchase description is limited to a supply that contains recycled materials or post-consumer materials

If yes, a manufacturer's certification must be submitted for each item or group of items for which the offeror is seeking a preference, or the preference may not be considered.

CLAIMING PURCHASING PREFERENCES

1. **Are you claiming the preference for soybean oil-based ink (IC 5-22-15-18)**

Yes ___ No X

2. **Are you claiming the preference for soy diesel/bio diesel (IC 5-22-15-19)**

Yes ___ No X

3. **Are you claiming the Indiana Small Business Preference (IC 5-22-15-23)**

Yes ___ No X

If yes, bidder must indicate which category of small business concern applies:

___ Wholesale business with annual sales of four million dollars (\$4,000,000) or less during its last fiscal year. "Wholesale business means a business that derives its principal source of income (over 50% of gross revenues) from sales to retailers, other merchants, or industrial, institutional or commercial users who will use the goods for resale or business use. This definition distribution activities

___ Service business with average sales of five hundred thousand dollars (\$500,000) or less for the current and preceding three (3) fiscal years and which employs no more than twenty-five (25) persons. "Service business," means a business that derives its principal source of income

(over 50% of gross revenues) from the sale of useful artistic, educational, intellectual, literary, or scientific labor from which no necessary tangible commodity is derived.

___ Retail business or business selling services with annual sales and receipts of five hundred thousand dollars (\$500,000) or less. "Retail business," means a business that derives its principal source of income (over 50% of gross revenues) from the sale of supplies to the ultimate consumer.

___ Manufacturing business, which employs no more than one hundred (100) persons. "Manufacturing business" means a business that derives its principal source of income (over 50% of gross revenues) from the sale of goods the firm produces at its own facility made from raw, unfinished materials, as distinguished from the final product.

___ A business in any of the following sectors is not a small business if its employees more than one hundred (100) persons or if its annual sales exceed 5 million dollars (\$5,000,000):

- (A) Information Technology
- (B) Life Sciences
- (C) Transportation
- (D) Logistics

___ A business that has a current verification as a veteran owned small business as defined by IC 5-22-14-3.5(a) (1-3).

1. Are you claiming the preference for Indiana farm products (IC 5-22-15-23.5)

Yes ___ No X

2. Are you claiming the preference for foods/beverages that contain high levels of calcium (IC 5-22-15-24)

Yes ___ No X

ATTESTATION FORM **Negotiated Bid** **ATTACHMENT F**

Respondent Name:

1.0 Mandatory Submissions and Requirements: Disagreement with these items may result in the response being disqualified.

Section 1.9 Pricing	<input checked="" type="checkbox"/> Have read and meet this requirement
Section 2.2.6 Mandatory Contract Terms/Clauses	<input checked="" type="checkbox"/> Have read and understand this section
Section 2.2 Executive Summary	<input checked="" type="checkbox"/> Have completed, signed, and submitted
Section 3.2 Attachment C: Indiana Economic Impact	<input checked="" type="checkbox"/> Have read, completed, and submitted
Section 3.2 Attachment D: Bid Cost(Excel Workbook)	<input checked="" type="checkbox"/> Have completed and submitted
Section 2.4 Attachment F: Attestation Form	<input checked="" type="checkbox"/> Have completed in its entirety and submitted

2.0 Confirm mutual understanding and submission.

1.13 and 2.1 Confidential Information: The complete list of Confidential and Redacted files is specified in section 4.0 of this attachment.	<input type="checkbox"/> Have read, and submitted or <input checked="" type="checkbox"/> Have read, and does not apply to response
1.19 Attachment A: Minority and Women Business Enterprise form, IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input type="checkbox"/> Have completed, signed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
1.20 Attachment A1: Indiana Veteran Owned Small Business form IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input type="checkbox"/> Have completed, signed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
2.2.1 Ability and Desire to Supply the Required Products or Services	<input checked="" type="checkbox"/> Have read, and agree
2.2.6 Contract Terms/Clauses	<input checked="" type="checkbox"/> Confirm Respondent's Legal Representation has read and accepts Sample Contract language. or <input type="checkbox"/> Confirm Respondent's Legal Representation has read and submitted alternative language per Section

	6.0 of this attachment.
2.4.3 Attachment G: Indiana Preferences form	<input type="checkbox"/> Have completed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
2.4.4. Subcontractors (Additional subcontractors/those not submitted in Attachment A/Attachment A1)	<input type="checkbox"/> Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents or <input checked="" type="checkbox"/> Have read, and does not apply to response

3.0 Claim clarification

1.20 Respondent is IVOSB certified	<input type="checkbox"/> YES, claiming; Att A1, have completed, signed, and submitted or <input checked="" type="checkbox"/> NO, not claiming
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4.0 Confidential / Redacted File: confirm submission if applicable

More rows may be inserted if necessary

Responses must include the following required information:

- List all documents or sections of documents, for which statutory exemption to APRA;
- Specify which statutory exception of APRA applies for each document or section of the document;
- Provide a description explaining how the statutory exception to the APRA applies for each document or section of the document; and
- Provide a separate redacted or confidential, whichever is applicable, version of the document. File name should use the following format:
 - (Insert Bid #) _ (insert Att letter) _CONFIDENTIAL
 - (Insert Bid #) _ (insert Att letter) _REDACTED
- More rows may be inserted if necessary

Filename	Document Section	Document Page #	Statutory exception reference	Rationale for application of the statute	Submitted
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

5.0 Subcontractors per Bid 2.4.4 (additional subcontractors/those not submitted in Attachment A/Attachment A1)

More rows may be inserted if necessary

Subcontractor Name	Function to be performed	Document Submitted
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement

6.0 Respondent Alternative Contract Terms/Clauses per Bid Section 2.2.6.

Attachment B, Section Reference	Alternative Proposed Language

7.0 Respondent additional attachments (OPTIONAL)

More rows may be inserted if necessary

Filename	RFP Attachment Reference