

RFP- 23-72675

RFP 23-72675 ATTACHMENT A MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR COMMITMENT FORM

In accordance with IC 4-13-16.5 and 25 IAC 5, it has been determined that there is a reasonable expectation of Minority and/or Women Business Enterprise subcontracting opportunities on a contract awarded under this RFP. The MWBE Subcontractor Commitment form is **Attachment A**. The MWBE Subcontractor Commitment Form is to be submitted as a part of the Respondent's proposal. In order for the subcontractor commitment to result in evaluation points for the Respondent, the entity must be on the [State of Indiana Certified M/W/IVOSB list](#).

If participation is met through use of respondents who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in "**TOTAL BID AMOUNT**" should match the sum of the amounts entered in the "4. Cost Proposal Summary" tab, cell C7 of **Attachment D.1** and **Attachment D.2** -- Cost Proposal Template, respectively, depending on if the subcontractors identified on this form are supporting Scope A or Scope B. 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.

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MBE/WBE Subcontractor Commitment Form.

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

- Must be on the [State of Indiana Certified MBE/WBE/IVOSB list](#), **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, WBE, or IVOSB (see section 1.22)
- 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

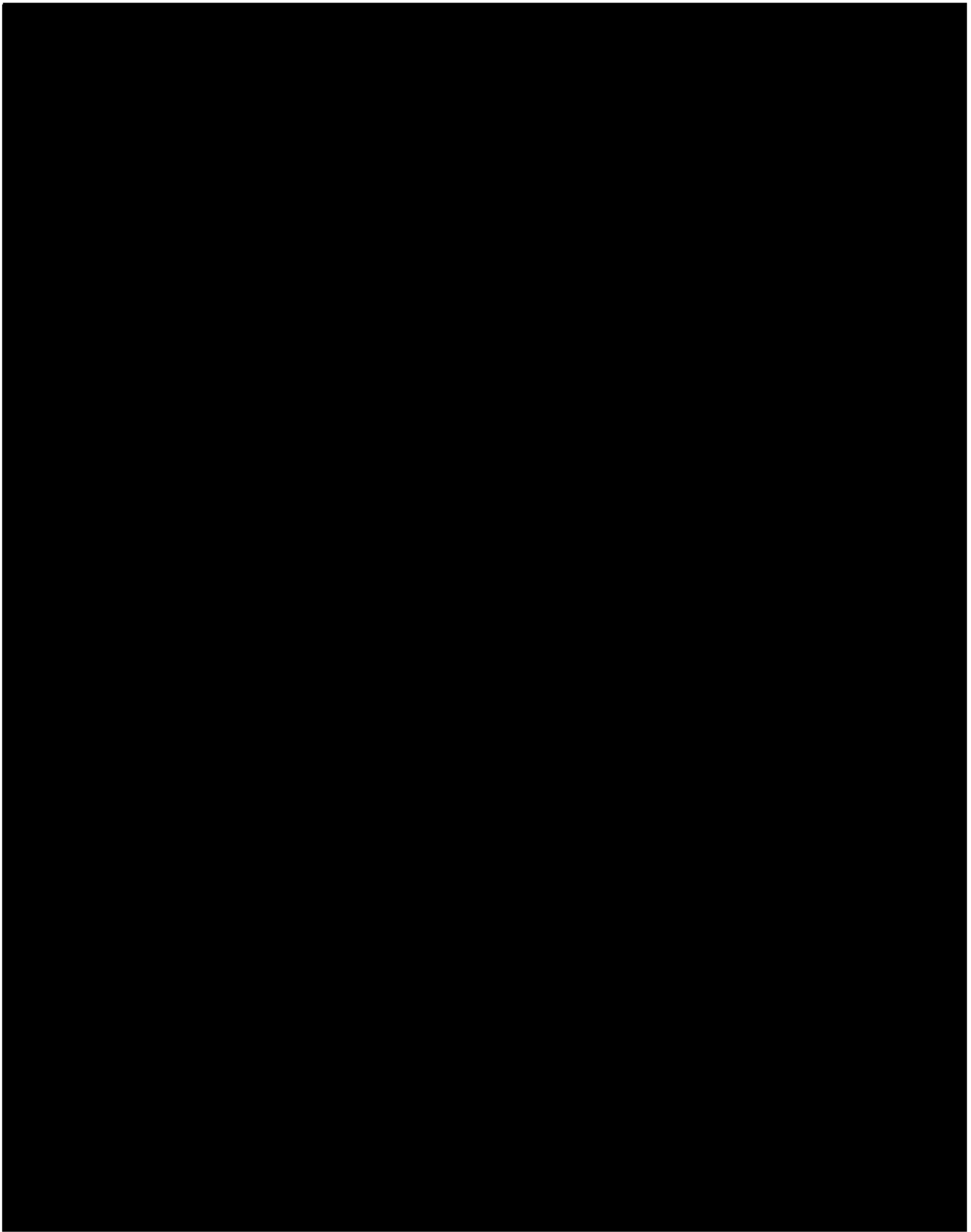
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF COMMITMENT (MWBE)

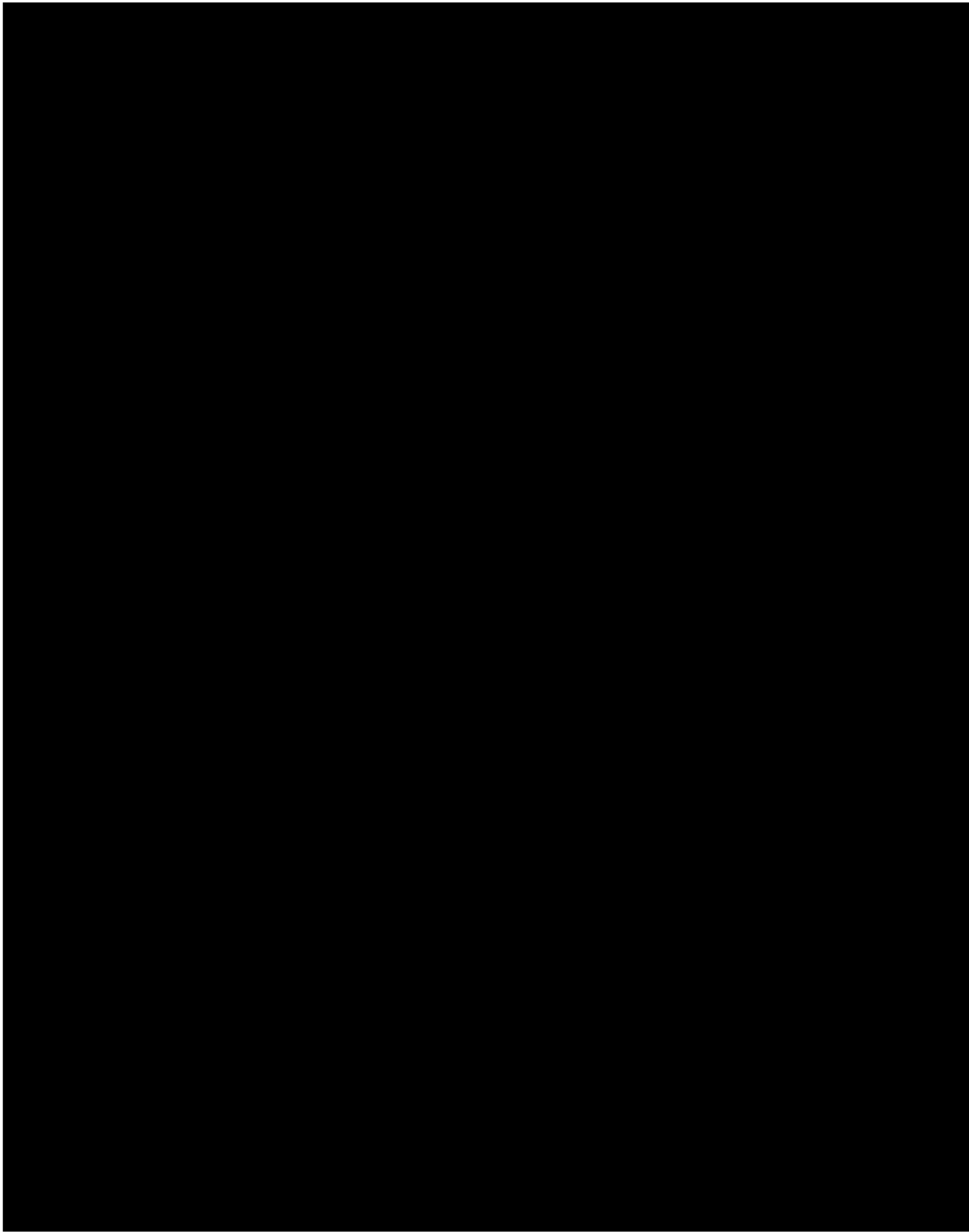
A signed letter(s), on company letterhead, from the MBE(s) and/or WBE(s) must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE of its subcontract amount, a description of products and/or services to be provided on this 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.

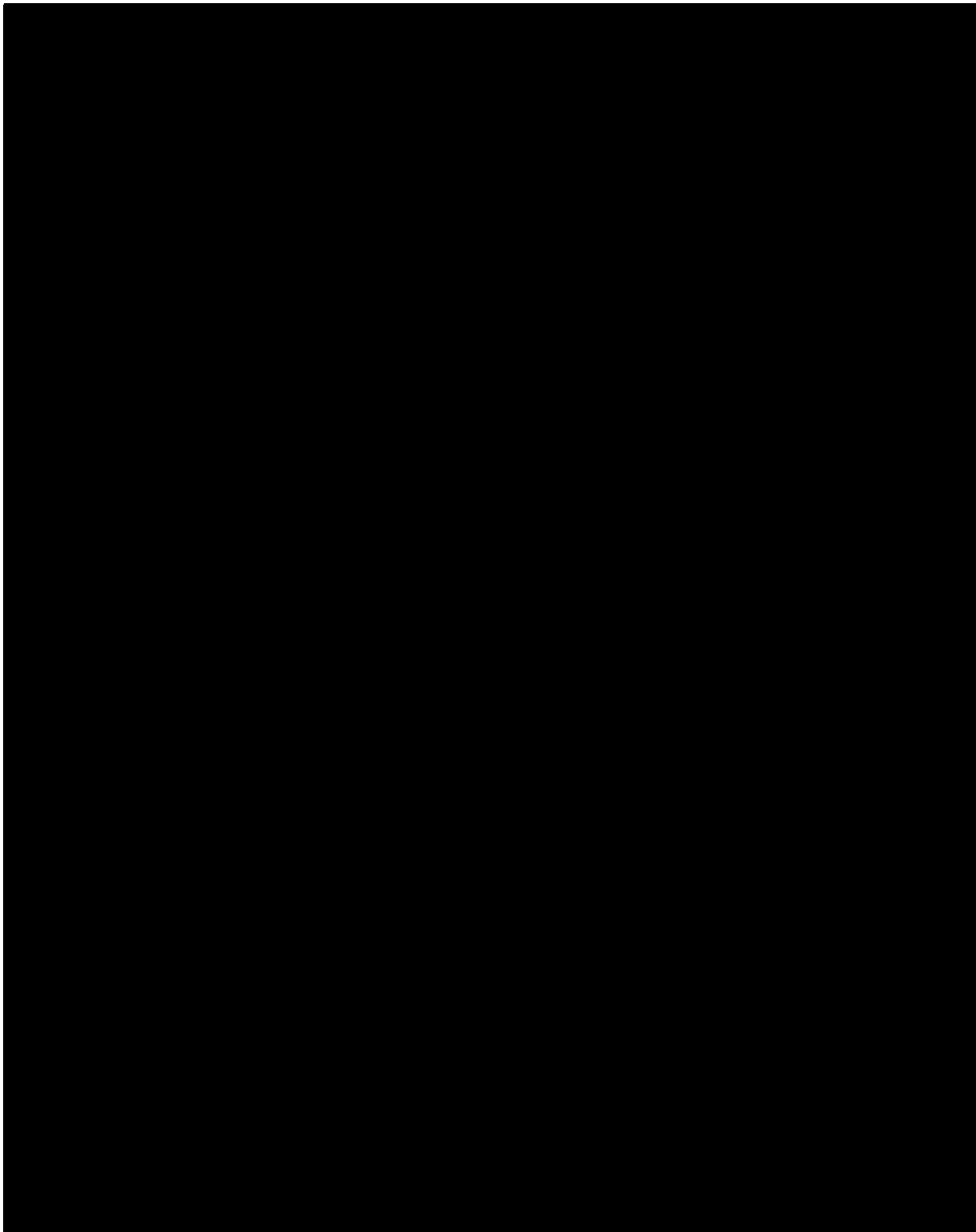
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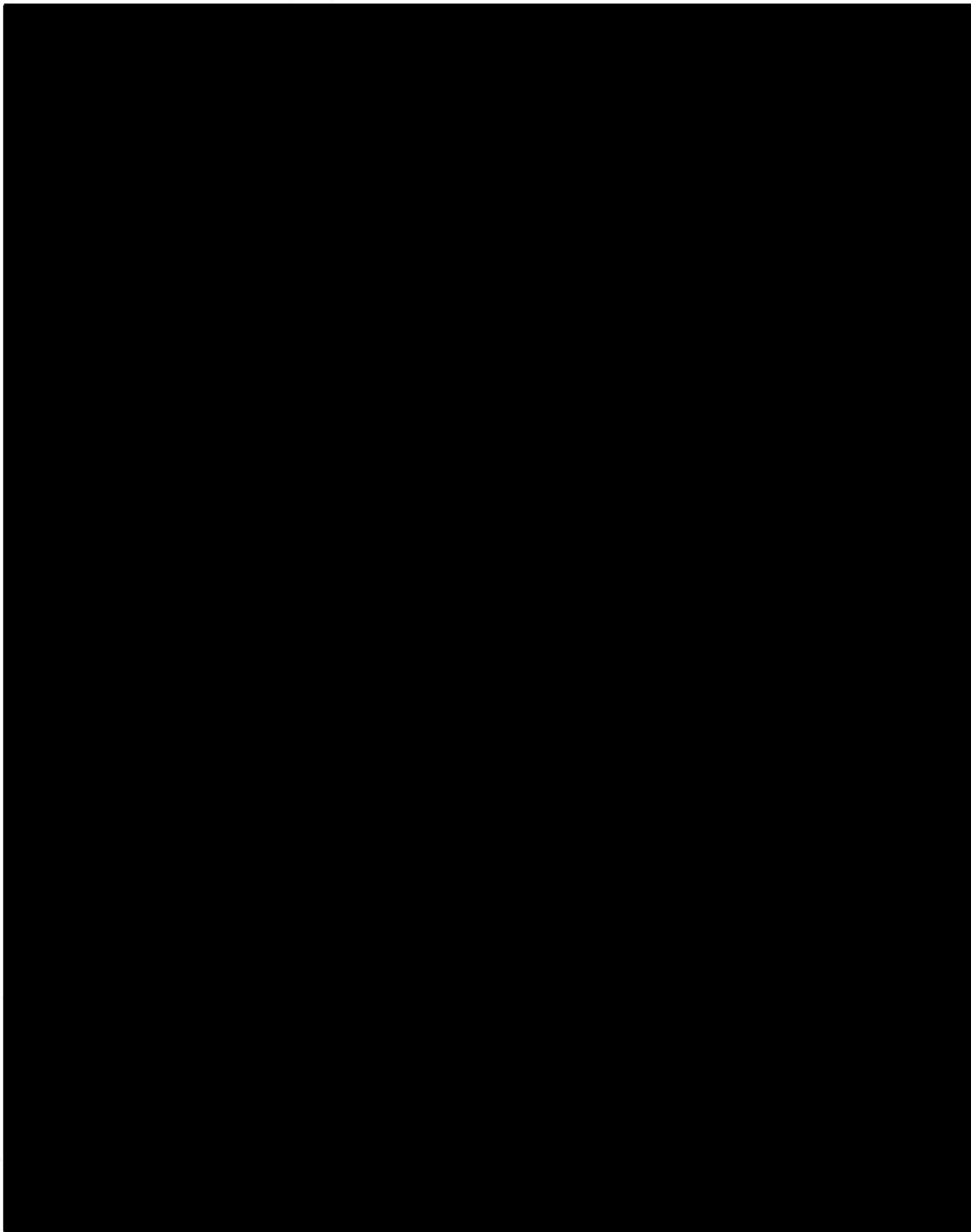
The State may deny evaluation points if the letter(s) is/are not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the **“TOTAL BID AMOUNT”** and the anticipated period that the Subcontractor will perform work for this solicitation.

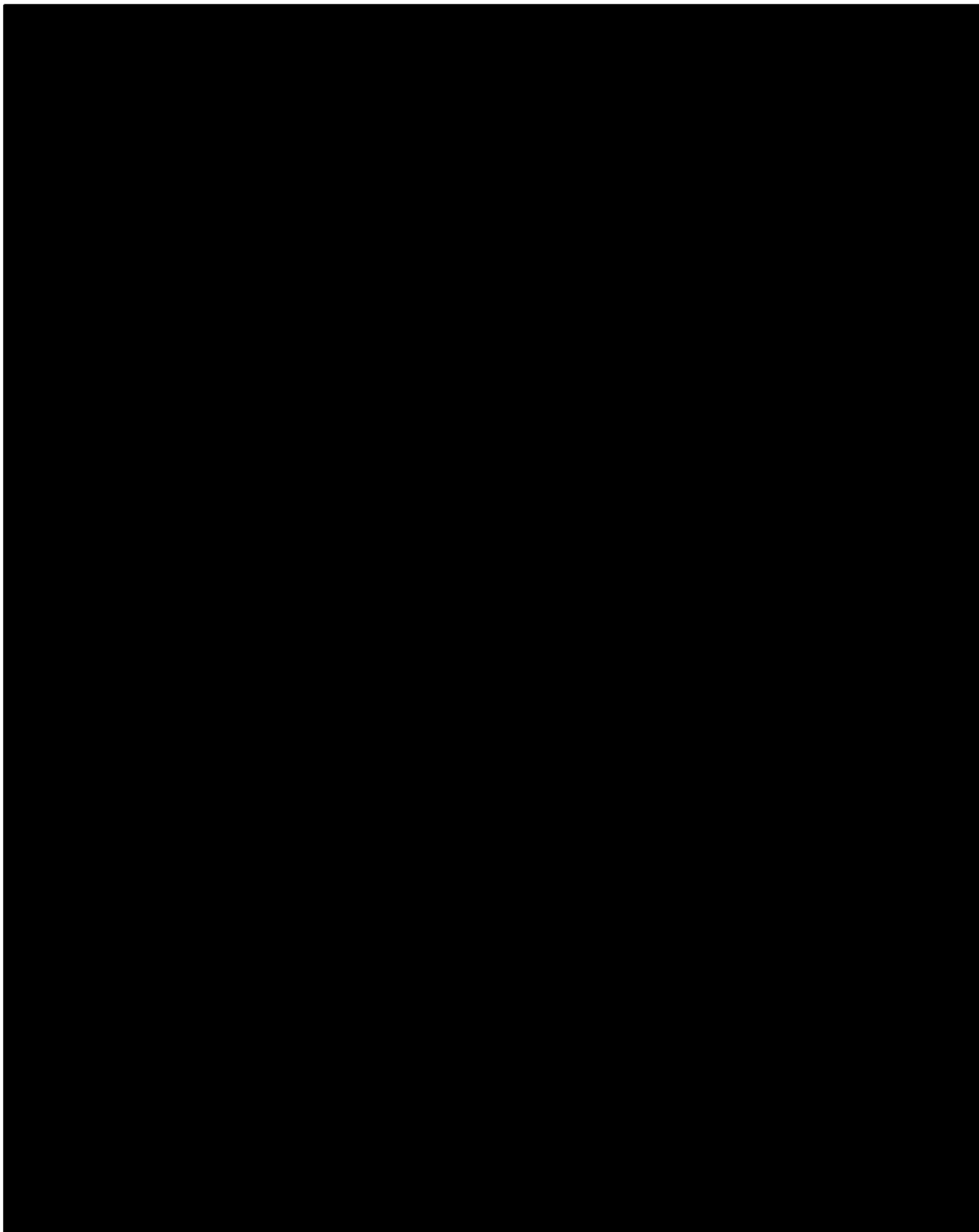
By submission of the Proposal, the Respondent acknowledges and agrees to be bound the rules and requirements of the State's M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at (317) 232-3061 or [the Supplier Diversity website](#).

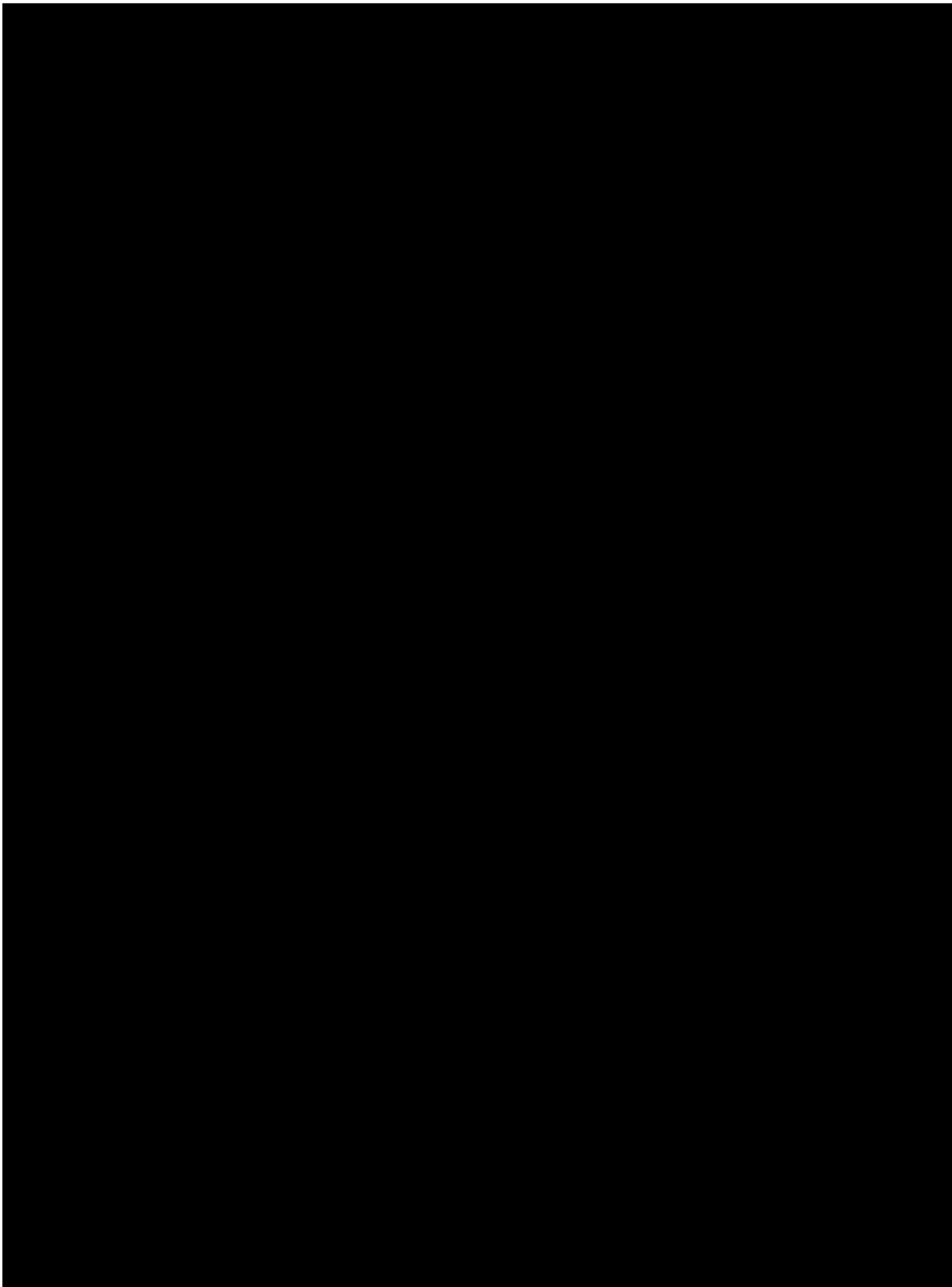


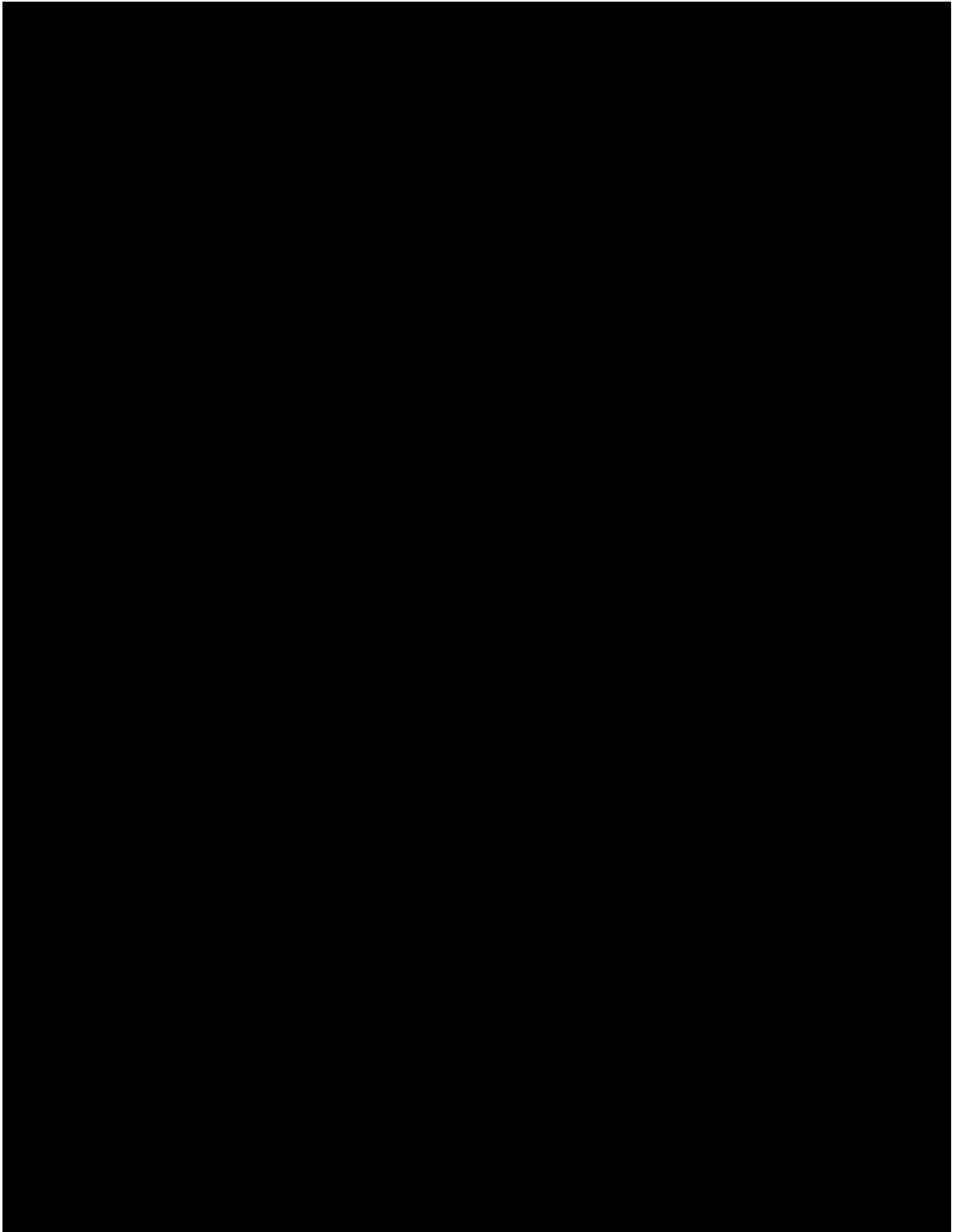












the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 200 million to 350 million. The number of people aged 15–64 years has increased from 1.5 billion to 2.0 billion.

There are a number of factors that have contributed to the increase in the number of people in the world who are under 15 years of age. These factors include a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The decline in the death rate has been the most significant factor in the increase in the number of people in the world who are under 15 years of age. This decline has been due to a number of factors, including improvements in medical care, a decline in the incidence of infectious diseases, and a decline in the incidence of violence.

The decline in the birth rate has also contributed to the increase in the number of people in the world who are under 15 years of age. This decline has been due to a number of factors, including a decline in the number of children born to women, a decline in the number of children born to men, and a decline in the number of children born to couples.

The decline in the rate of migration has also contributed to the increase in the number of people in the world who are under 15 years of age. This decline has been due to a number of factors, including a decline in the number of people who are migrating from one country to another, a decline in the number of people who are migrating from one region to another, and a decline in the number of people who are migrating from one social class to another.

The increase in the number of people in the world who are under 15 years of age has a number of implications. One implication is that there will be a need for more resources to support the growth of the world's population. Another implication is that there will be a need for more resources to support the development of the world's population.

The increase in the number of people in the world who are under 15 years of age has also led to a number of challenges. One challenge is that there is a need for more resources to support the growth of the world's population. Another challenge is that there is a need for more resources to support the development of the world's population.

The increase in the number of people in the world who are under 15 years of age has also led to a number of opportunities. One opportunity is that there is a need for more resources to support the growth of the world's population. Another opportunity is that there is a need for more resources to support the development of the world's population.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the public sector who are employed in the health sector has increased by 1.2 million (from 1.3 million in 1980 to 2.5 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care provided in the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out the framework for the regulation of health care providers. The Act requires health care providers to register with the Health Care Commission, which is responsible for monitoring and improving the quality of care provided. The Act also requires health care providers to publish information about the quality of care provided, and to allow patients to choose the provider of their care.

The Health Care Act 1999 also sets out the framework for the regulation of health care professionals. The Act requires health care professionals to register with the Health Professions Regulation and Reform Act 2002, which is responsible for monitoring and improving the quality of care provided by health care professionals. The Act also requires health care professionals to publish information about the quality of care provided, and to allow patients to choose the provider of their care.

The Health Care Act 1999 also sets out the framework for the regulation of health care services. The Act requires health care services to be provided in a way that is safe, effective, and of high quality. The Act also requires health care services to be provided in a way that is accessible to all patients, and to be provided in a way that is cost-effective. The Act also requires health care services to be provided in a way that is responsive to the needs of patients, and to be provided in a way that is respectful of patients' rights.

The Health Care Act 1999 also sets out the framework for the regulation of health care research. The Act requires health care research to be conducted in a way that is safe, effective, and of high quality. The Act also requires health care research to be conducted in a way that is accessible to all patients, and to be conducted in a way that is cost-effective. The Act also requires health care research to be conducted in a way that is responsive to the needs of patients, and to be conducted in a way that is respectful of patients' rights.

The Health Care Act 1999 also sets out the framework for the regulation of health care education. The Act requires health care education to be provided in a way that is safe, effective, and of high quality. The Act also requires health care education to be provided in a way that is accessible to all students, and to be provided in a way that is cost-effective. The Act also requires health care education to be provided in a way that is responsive to the needs of students, and to be provided in a way that is respectful of students' rights.

The Health Care Act 1999 also sets out the framework for the regulation of health care practice. The Act requires health care practice to be conducted in a way that is safe, effective, and of high quality. The Act also requires health care practice to be conducted in a way that is accessible to all patients, and to be conducted in a way that is cost-effective. The Act also requires health care practice to be conducted in a way that is responsive to the needs of patients, and to be conducted in a way that is respectful of patients' rights.

The Health Care Act 1999 also sets out the framework for the regulation of health care management. The Act requires health care management to be conducted in a way that is safe, effective, and of high quality. The Act also requires health care management to be conducted in a way that is accessible to all patients, and to be conducted in a way that is cost-effective. The Act also requires health care management to be conducted in a way that is responsive to the needs of patients, and to be conducted in a way that is respectful of patients' rights.

The Health Care Act 1999 also sets out the framework for the regulation of health care finance. The Act requires health care finance to be managed in a way that is safe, effective, and of high quality. The Act also requires health care finance to be managed in a way that is accessible to all patients, and to be managed in a way that is cost-effective. The Act also requires health care finance to be managed in a way that is responsive to the needs of patients, and to be managed in a way that is respectful of patients' rights.