



# STATE OF INDIANA

Eric J. Holcomb, Governor

## DEPARTMENT OF ADMINISTRATION Division of Supplier Diversity

Indiana Government Center South  
402 West Washington Street, Room W469  
Indianapolis, IN 46204  
(317) 232 - 3061

November 9, 2020

Ms. Sherrie Matthews  
Print Solutions of Indiana, Inc. dba PrintSolutions  
1744 Beachview Ct  
Crown Point, IN 46307

Subject: Application for WBE Certification

Dear Ms. Matthews,

**Congratulations!** The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that **Print Solutions of Indiana, Inc. dba PrintSolutions** is hereby certified as a Women's Business Enterprise (WBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Women's Business Enterprise participation:

### UNSPSC CODE(S)

Code	Description
80101706	Professional procurement services
82101800	Advertising agency services
82121503	Digital printing
82140000	Graphic design

On September 13, 2010, the Governor's Commission on Minority and Women's Business Enterprises approved the department's effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company's file and recertification documents. We have approved your recertification and it is valid through **November 30, 2023**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time to certified companies.

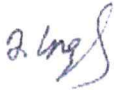
Although your certification is valid for a three-year period, you are required to submit an annual *Affidavit of Continued Eligibility (ACE)* form, located at [www.in.gov/idoa/mwbe/files/ACE\\_Form.pdf](http://www.in.gov/idoa/mwbe/files/ACE_Form.pdf). Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership and control.

We encourage you to visit IDOA's procurement website, [www.in.gov/idoa/2464.htm](http://www.in.gov/idoa/2464.htm), and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit [www.in.gov/idoa/mwbe/2743.htm](http://www.in.gov/idoa/mwbe/2743.htm) to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact our office at (317) 232-3061 or [mwbe@idoa.in.gov](mailto:mwbe@idoa.in.gov) if you have any questions or concerns about your letter.

Sincerely,



Maia Siprashvili, Deputy Commissioner  
Indiana Department of Administration  
Division of Supplier Diversity

MS/vc



3/18/2021

To Whom It May Concern,

We have been asked by Blackjack Uniforms to provide additional services to them.

We agree to partner with Blackjack Uniforms for this project. The projected project start date will begin August 1, 2021 for a 2 year contract period with an estimated subcontractor amount of \$7,783.60, which represents 8% of the Accessory Category.

We are a Certified WBE in the State of Indiana as well as nationally. We have an office currently in Crown Point, Indiana and service the State.

We have a continued relationship with Blackjack Uniforms and look forward to working with them on this project.

Thank you,

*Sherrie Matthews*

Sherrie Matthews

President

sherrie@printsolutions11.com

PrintSolutions of Indiana, Inc.



3/18/2021

To Whom It May Concern,

We have been asked by Blackjack Uniforms to provide additional services to them.

We agree to partner with Blackjack Uniforms for this project. The projected project start date will begin August 1, 2021 for a 2 year contract period with an estimated subcontractor amount of \$30,819.20, which represents 8% of the Related Category.

We are a Certified WBE in the State of Indiana as well as nationally. We have an office currently in Crown Point, Indiana and service the State.

We have a continued relationship with Blackjack Uniforms and look forward to working with them on this project.

Thank you,

*Sherrie Matthews*

Sherrie Matthews

President

sherrie@printsolutions11.com

PrintSolutions of Indiana, Inc.



# STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406

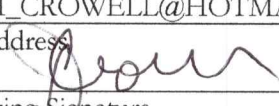
DUE DATE: 03/31/2021

TOTAL BID AMOUNT: RELATED \$385,240.00 (STD SIZE) \$24,350.00 (EQUIV SIZE)

<input checked="" type="checkbox"/> XX MBE Firm <input type="checkbox"/> WBE Firm	
<b>Company Name:</b> LAKESIDE SPECIALTIES	<b>Contact Person:</b> EMMA HAYES
<b>Address:</b> 543 LEWIS STREET HAMMOND, IN 46323	<b>E-mail:</b> N/A
<b>Sub-Contract Amount:</b> \$30,819.20	<b>Telephone Number:</b> ( 219 ) 937-2438
<b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b> 8.00%	<b>Fax Number:</b> ( 219 ) 9373511
<b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b> <u>T SHIRTS, HATS, SWEATSHIRTS, JACKETS, KNIT HATS, SHOES</u>	
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21 – 08/01/23	

<input type="checkbox"/> MBE Firm      XX <input type="checkbox"/> WBE Firm	
<b>Company Name:</b> PRINT SOLUTIONS	<b>Contact Person:</b> SHERRIE MATTHEWS
<b>Address:</b> 1744 BEACHVIEW COURT CROWN POINT, IN 46307	<b>E-mail:</b> SHERRIE@PRINTSOLUTIONS11.COM
<b>Sub-Contract Amount:</b> \$30,819.20	<b>Telephone Number:</b> ( 219 988-4186 )
<b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b> 8.00%	<b>Fax Number:</b> ( ) N/A
<b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b> <u>T SHIRTS, HATS, SWEATS, JACKETS, HATS, SHOES</u>	
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21-08/01/23	

BLACKJACK UNIFORMS  
 Respondent Firm  
 7242 KENNEDY AVENUE  
 Address  
 HAMMOND, IN 46323  
 City/State/Zip Code  
 JUDITH A CROWELL  
 Representative  
 03/18/21  
 Date

219 844 2870  
 Telephone Number  
 219 844 3511  
 Fax Number  
 JUDITH\_CROWELL@HOTMAIL.COM  
 Email Address  
  
 Authorizing Signature  
 JUDITH A CROWELL, PRESIDENT  
 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.**

# STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406

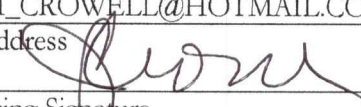
DUE DATE: 03/31/2021

TOTAL BID AMOUNT: ACCESSORY \$97,265.95 (STD SIZE) \$7,900.00 (EQUIV SIZE)

<input type="checkbox"/> XX MBE Firm <input type="checkbox"/> WBE Firm	
<b>Company Name:</b> LAKESIDE SPECIALTIES	<b>Contact Person:</b> EMMA HAYES
<b>Address:</b> 543 LEWIS STREET HAMMOND, IN 46323	<b>E-mail:</b> N/A
<b>Sub-Contract Amount:</b> \$7,783.60	<b>Telephone Number:</b> ( 219 ) 937-2438
<b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b> 8.00%	<b>Fax Number:</b> ( 219 ) 9373511
<b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b> <u>T SHIRTS, HATS, SWEATSHIRTS, JACKETS, KNIT HATS, SHOES</u>	
Provide approximate dates when Sub-Contractor will perform on this project: 08/01/21 – 08/01/23	

<input type="checkbox"/> MBE Firm      XX <input type="checkbox"/> WBE Firm	
<b>Company Name:</b> PRINT SOLUTIONS	<b>Contact Person:</b> SHERRIE MATTHEWS
<b>Address:</b> 1744 BEACHVIEW COURT CROWN POINT, IN 46307	<b>E-mail:</b> SHERRIE@PRINTSOLUTIONS11.COM
<b>Sub-Contract Amount:</b> \$7,783.60	<b>Telephone Number:</b> ( 219 988-4186 )
<b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b> 8.00%	<b>Fax Number:</b> ( ) N/A
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 7242 KENNEDY AVENUE  
 Address  
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 City/State/Zip Code  
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# STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-66406

DUE DATE: 03/31/2021

TOTAL BID AMOUNT: PRIMARY - NO BID

<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 (Use two decimal places):	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:	

<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 (Use two decimal places):	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:	

BLACKJACK UNIFORMS

Respondent Firm

7242 KENNEDY AVENUE

Address

HAMMOND, IN 46323

City/State/Zip Code

JUDITH A CROWELL

Representative

03/18/21

Date

219 844 2870

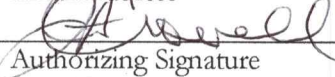
Telephone Number

219 844 3522

Fax Number

JUDITH\_CROWELL@HOTMAIL.COM

Email Address

  
 Authorizing Signature

JUDITH A CROWELL, PRESIDENT

Printed Name and Title

☐ Please check if additional forms are attached.

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