

# STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT

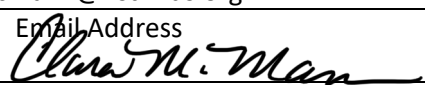
**FORM RFP#: 23-73695 FOR CLUSTER [D]**

**TOTAL BID AMOUNT: \$1,884,296.000**

<b>Company Name:</b>  <b>Address:</b>  <b>Sub-Contract Amount: \$0</b> <b>Sub-Contract Percentage of Total Bid: 0%</b> 		<b>Contact Person:</b>  <b>E-mail:</b>  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Telephone Number:</b></td> <td style="width: 50%;"><b>Fax Number:</b></td> </tr> </table> <b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>  	<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>			
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>				

<b>Company Name:</b>  <b>Address:</b>  <b>Sub-Contract Amount:</b> <b>Sub-Contract Percentage of Total Bid:</b> 		<b>Contact Person:</b>  <b>E-mail:</b>  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Telephone Number:</b> (   )</td> <td style="width: 50%;"><b>Fax Number:</b> (   )</td> </tr> </table> <b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>  	<b>Telephone Number:</b> (   )	<b>Fax Number:</b> (   )
<b>Telephone Number:</b> (   )	<b>Fax Number:</b> (   )			
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>				

1st Kids, Inc.  
 Respondent Firm  
 11045 Broadway, Suite F  
 Address  
 Crown Point, IN 46307  
 City/State/Zip Code  
 Clara M. Mann  
 Representative  
 12/7/2021  
 Date

(219)662-7790  
 Telephone Number  
 (219)662-7510  
 Fax Number  
 cmann@1st-Kids.org  
 Email Address  
  
 Authorizing Signature  
 Clara M. Mann, Executive Director  
 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.**