

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT

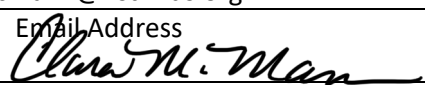
FORM RFP#: 23-73695 FOR CLUSTER [C]

TOTAL BID AMOUNT: \$2,665,469.00

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

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

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.