

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** that State agencies spend in the one-year period of 2023-2024. This amount is \$5,304,660 and can be found in Section 1.4.9 of the Request for Proposal document. The MBE and/or WBE Subcontractor amount and Subcontractor percentage is based on the initial term of the contract for scoring purposes only. The overall committed Subcontractor percentage shall be sustained throughout the life of the contract including any time after the initial term. The MBE and/or WBE Subcontractor amount and Subcontractor percentage is based on the initial term of the contract for scoring purposes only. The overall committed Subcontractor percentage shall be sustained throughout the life of the contract including any time after the initial term.

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)

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

BID#: 25-81328

TOTAL BID AMOUNT: \$5,304,660

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm Company Name: <i>N/A</i> Address: Sub-Contract Amount: Sub-Contract Percentage of Total Bid:	Contact Person: E-mail: Telephone Number: () Fax Number: () 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>
Provide approximate dates when Sub-Contractor will perform on this project:	

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm Company Name: <i>N/A</i> Address: Sub-Contract Amount: Sub-Contract Percentage of Total Bid:	Contact Person: E-mail: Telephone Number: () Fax Number: () 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>
Provide approximate dates when Sub-Contractor will perform on this project:	

Kelley Automotive Group, LLC
 Respondent Firm
 555 Grand National Drive
 Address
 Fort Wayne, IN 46804
 City/State/Zip Code
 Barry Jackson
 Representative
 11.21.24
 Date

260-496-6483
 Telephone Number
 Fax Number
 bjackson@kelleyauto.com
 Email Address

 Authorizing Signature
 Barry Jackson, Director Fleet and Commercial Finance
 Printed Name and Title

Please check if additional forms are attached.
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FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.