

ATTACHMENT A1
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR COMMITMENT FORM¹

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 amount entered in the **Attachment D**, Cost Proposal Template (Cost Proposal Tab cell L32). The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term. 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 at <https://www.in.gov/idoa/mwbe>.

If the Respondent to the solicitation is an IVOSB certified entity, the letter confirming same should be submitted with their response. Therefore, the Respondent has the responsibility to alert IDOA of their certification. The IVOSB Respondent will receive the total points for the IVOSB evaluation criteria per section 3.2.7. Additional IVOSB subcontractors must be included if the IVOSB Respondent is seeking the additional bonus point.

The IVOSB respondent must list their **company contact information only** on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department will verify all information included on the IVOSB Subcontractor Commitment Form.

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

- Must be listed on Federal Center for Veterans Business Enterprise VetCert at <https://veterans.certify.sba.gov/> under INDIANA, or listed at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, **on or before** the proposal due date.
- Prime Contractor must include with their proposal the subcontractor’s veteran business Certification Letter provided by either IDOA or Federal Govt. VetCert at <https://veterans.certify.sba.gov/> to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB
- IVOSB must have a Bidder ID (see [Section 2.3.8](#) - Department of Administration, Procurement Division).
- A Prime Contractor who is an IVOSB **can** count their own workforce or companies to meet this requirement, (see IAC 25-9-4-1 (c))
- **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 as listed in the VetCert federal registry, at <https://veterans.certify.sba.gov/> under INDIANA or at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>. Must be used to provide the goods or services specific to the contract.

INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the IVOSB(s) must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB 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

¹ The Indiana Veteran Business Program is governed by IC 5-22-14 and 25 IAC 9.

on this contract. For scoring purposes only, the IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term.

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 by the rules and requirements of the State’s IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at indianaveteranspreference@idoa.in.gov, (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 25-79309

TOTAL BID AMOUNT: \$422,410

Company Name: Allied Business Solutions, LLC	Contact Person: Kevin Johnson	
Address: 1449 N. Pennsylvania Street. Indianapolis, IN 46202	E-mail: kljohnson@alliedbusinesssolutionsllc.com	
Sub-Contract Amount: \$12,672	Telephone Number: (317) 712-7455	Fax Number: N/A
Sub-Contract Percentage of Total Bid: 3.0%	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract: Allied Business Solutions, LLC, will be providing project management and report writing support services.	
Note: Certification documentation can be provided upon award of finalist.		
Provide approximate dates when Sub-Contractor will perform on this project: 9/1/2024 through 8/31/2026		

Company Name:	Contact Person:	
Address:	E-mail:	
Sub-Contract Amount:	Telephone Number: ()	Fax Number: ()
Sub-Contract Percentage of Total Bid:	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:	
Provide approximate dates when Sub-Contractor will perform on this project:		

Respondent Firm
Health Management Associates, Inc.

Address
2501 Woodlake Circle, Suite 100

City/State/Zip Code
Okemos, Michigan 48864

Representative
Kelly Johnson, Chief Administrative Officer

Date
8/8/2024

Telephone Number
517-482-9236

Fax Number
517-482-0920

Email Address
Proposals@healthmanagement.com

Authorizing Signature 

Printed Name and Title
Kelly Johnson, Chief Administrative Officer

☐ Please check if additional forms are attached.
Page _____ of _____

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.



August 08, 2024

Kelly Johnson
Chief Administrative Officer
Health Management Associates, Inc.
2501 Woodlake Circle, Suite 100,
Okemos, Michigan 48864

Subject: Indiana Department of Administration, Workforce Capacity and Programs Evaluation,
RFP#:25-78986

Dear Ms. Johnson:

Allied Business Solutions, LLC is pleased to submit this letter of commitment to Health Management Associates, Inc.

If HMA is selected for this work, Allied Business Solutions, LLC, is committed to supporting the Indiana Department of Administration by providing project management and report writing support.

It is anticipated that Allied Business Solutions, LLC will perform 3% of the \$422,410 of the work, participating on the project from 9/1/2024 to 8/31/2026. We understand there is no commitment for work by HMA unless the RFP activity results in a contract award with the Indiana Department of Administration.

HMA will serve as the primary contact for this engagement.

Allied Business Solutions, LLC looks forward to the opportunity to work with the HMA team and the Indiana Department of Administration.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin L. Johnson". The signature is fluid and cursive, with a long horizontal line extending to the right.

Kevin L. Johnson, CEO

kjohnson@alliedbusinesssolutionsllc.com

317-712-7455

www.alliedbusinesssolutionsllc.com