

Not Applicable

**ATTACHMENT A  
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR  
COMMITMENT FORM**

**In accordance with 25 IAC 5-5, the respondent is expected to submit with its proposal a separate Minority & Women's Business Enterprises RFP Subcontractor Commitment Form for *each protocol* the Respondent is bidding on.** The Form must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBED) directory of certified firms located at <https://www.in.gov/idoa/mwbe/> HYPERLINK "<https://www.in.gov/idoa/mwbe/>".

If participation is met through use of vendors 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.

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MWBE Subcontractor Commitment Form.

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

- Must be listed on the IDOA Directory of Certified Firms, **on or before** the proposal due date
- Prime Contractor must include with their proposal the subcontractor's M/WBE Certification Letter provided by IDOA, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB (see section 1.22)
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement.
- **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 service only in the industry area for which it is certified as listed in the directory at <https://www.in.gov/idoa/mwbe/>.
- Must be used to provide the goods or services specific to the contract
- National Diversity Plans are generally not acceptable

**MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR  
LETTER OF COMMITMENT (MWBE)**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE 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 on this contract. The MBE and/or WBE subcontractor amount and subcontractor percentage

is only based on the initial term of the contract, unless the products and/or services are needed beyond the initial term. Any products and/or services desired after the initial term will require separate negotiations between the prime contractor and subcontractor. The State may deny evaluation points if the letter(s) is 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 regulatory processes involving the State’s M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Minority and Women’s Business Enterprises Division at (317) 232-3061 or <https://www.in.gov/idoa/mwbe/> .

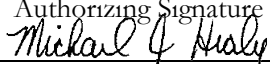
### STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

|   |
|---|
| <b>RFP#:</b> 21-67284 <b>SW-846 protocol, the Drinking Water protocol, or the Air protocol.</b> |
| <b>DUE DATE:</b> 9/1/21   |
| <b>TOTAL BID AMOUNT:</b> <b>\$6593.00</b>   |

|  |                 |   |                             |
|--|-----------------|---|-----------------------------|
| <b>MBE Firm</b>  | <b>WBE Firm</b> |   |                             |
| <b>Company Name:</b>   |                 | <b>Contact Person:</b>  |                             |
| <b>Address:</b>  |                 | <b>E-mail:</b>  |                             |
|  |                 | <b>Telephone Number:</b><br>(   )   | <b>Fax Number:</b><br>(   ) |
| <b>Sub-Contract Amount:</b>  |                 | <b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b> |                             |
| <b>Sub-Contract Percentage of Total Bid (Use two decimal places):</b>              |                 |   |                             |
| <b>Provide approximate dates when Sub-Contractor will perform on this project:</b> |                 |   |                             |

|                             |                 |   |                             |
|-----------------------------|-----------------|---|-----------------------------|
| <b>MBE Firm</b>             | <b>WBE Firm</b> |   |                             |
| <b>Company Name:</b>        |                 | <b>Contact Person:</b>  |                             |
| <b>Address:</b>             |                 | <b>E-mail:</b>  |                             |
|                             |                 | <b>Telephone Number:</b><br>(   )   | <b>Fax Number:</b><br>(   ) |
| <b>Sub-Contract Amount:</b> |                 | <b>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</b> |                             |

|   |  |
|---|--|
| Sub-Contract Percentage of Total Bid (Use two decimal places):              |  |
| Provide approximate dates when Sub-Contractor will perform on this project: |  |

|   |   |
|---|---|
| Respondent Firm<br>TestAmerica Laboratories, Inc. (dba)<br>Eurofins TestAmerica | Telephone Number<br>708-534-5200  |
| Address<br>2417 Bond Street   | Fax Number<br>708-534-5211  |
| City/State/Zip Code<br>University Park, IL 60484                                | Email Address<br>Michael.healy@eurofinset.com   |
| Representative<br>Michael J. Healy  | Authorizing Signature<br> |
| Date<br>8/31/21   | Printed Name and Title<br>Michael J. Healy, Laboratory Director   |

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