

RFP 24-78490
Home and Community Support Professional (HCSP) Training Services
ATTESTATION FORM
ATTACHMENT J

Respondent Name:

Syra Health Corp.

1.0 Mandatory Submissions and Requirements: Disagreement with these items may result in the response being disqualified.

Attachment J: Attestation Form	<input checked="" type="checkbox"/> Have completed in its entirety and submitted
Section 1.10 Pricing	<input checked="" type="checkbox"/> Have read and meet this requirement
Section 3.2 Executive Summary	<input checked="" type="checkbox"/> Have completed, signed, and submitted
Section 3.2 Attachment A: Minority and Women Business Enterprise form, IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input checked="" type="checkbox"/> Have completed, signed, and submitted or <input type="checkbox"/> Opting not to submit
Section 3.2 Attachment A1: Indiana Veteran Owned Small Business form IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input checked="" type="checkbox"/> Have completed, signed, and submitted or <input type="checkbox"/> Opting not to submit
Section 3.2 Attachment C: Indiana Economic Impact	<input checked="" type="checkbox"/> Have read, completed, and submitted
Section 3.2 Attachment D: Cost Proposal (Excel Workbook)	<input checked="" type="checkbox"/> Have completed and submitted
Section 3.2 Attachment E: Business Proposal	<input checked="" type="checkbox"/> Have completed and submitted
Section 3.2 Attachment F: Technical Proposal	<input checked="" type="checkbox"/> Have completed and submitted

2.0 Confirm mutual understanding and submission.

1.15 and 2.1 Confidential Information: The complete list of Confidential and Redacted files is specified in section 4.0 of this attachment.	<input checked="" type="checkbox"/> Have read, and submitted or <input type="checkbox"/> Have read, and does not apply to response
2.2.1 Ability and Desire to Supply the Required Products or Services	<input checked="" type="checkbox"/> Have read, and agree
2.3.6 Contract Terms/Clauses	<input checked="" type="checkbox"/> Confirm Respondent's Legal Representation has read and accepts Sample Contract language. or

	<input checked="" type="checkbox"/> Confirm Respondent's Legal Representation has read, and submitted alternative language per Attachment E.
2.6.4. Subcontractors (Additional subcontractors/those not submitted in Attachment A/Attachment A1)	<input checked="" type="checkbox"/> Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents or <input type="checkbox"/> Have read, and does not apply to response

3.0 Claim clarification

2.6.3 Buy Indiana Initiative/Indiana Company	<input checked="" type="checkbox"/> YES claiming (points only awarded if finalized per Buy Indiana registry) or <input type="checkbox"/> NO, not claiming
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4.0 Confidential / Redacted File: confirm submission if applicable

More rows may be inserted if necessary

Responses must include the following required information:

- List all documents or sections of documents, for which statutory exemption to APRA;
- Specify which statutory exception of APRA applies for each document or section of the document;
- Provide a description explaining how the statutory exception to the APRA applies for each document or section of the document; and
- Provide a separate redacted or confidential, whichever is applicable, version of the document. File name should use the following format:
 - (insert rfp #) _ (insert Att letter) _CONFIDENTIAL
 - (insert rfp #) _ (insert Att letter) _REDACTED
- More rows may be inserted if necessary

Filename	Document Section	Document Page #	Statutory exception reference	Rationale for application of the statute	Submitted
24-78490_-_Att_F_-_Technical_Proposal-Syra Health	3.b	13,14	Indiana Code section 24-2-3-2	Trade Secret	<input checked="" type="checkbox"/>
	5.a	18,19			<input checked="" type="checkbox"/>
	5.a	23; Para 2/3/4 Names			<input checked="" type="checkbox"/>
	6.a	26,27			<input checked="" type="checkbox"/>
	6.c	29			<input checked="" type="checkbox"/>
	8.a	35-37			<input checked="" type="checkbox"/>

	10.a	41			<input checked="" type="checkbox"/>
	12.a	48			<input checked="" type="checkbox"/>
	12.b	57			<input checked="" type="checkbox"/>
	14.a, b	65-69			<input checked="" type="checkbox"/>
	17.a	79			<input checked="" type="checkbox"/>
	20.e	94			<input checked="" type="checkbox"/>

5.0 Subcontractors per RFP 2.6.4 (additional subcontractors/those not submitted in Attachment A/Attachment A1)

More rows may be inserted if necessary

Subcontractor Name	Function to be performed	Document Submitted
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement

6.0 Respondent additional attachments (OPTIONAL)

More rows may be inserted if necessary

Filename	RFP Attachment Reference
Attachment_N_Syra Health-10Q 2023	Financial Statement for Syra Health
Attachment_O_Syra Health - SEC -S1 Filing	SEC S1-Filing for Syra Health

Attachment-P-Claim 2.6.2_Buy_Indiana_Status_Syra_Health_Corp	Buy Indiana Status – Letter
Attachment_Q_2.2_ExecutiveSummaryLetter_Syra Health	Executive Summary Letter from Syra Health
Attachment_R_Cost Proposal Narrative_Syra Health	Cost proposal narrative for all components of the RFP
Attachment_S_Cost Assumptions_ConditionsandConstraints	Cost Assumptions, Conditions and Constraints for SYRA HEALTH
Attachment_T_Vital Staff Resumes	Resumes for Vital Staff positions
Attachment_U_Sample Curriculum	Sample HCSP Curriculum
Attachment_V_Disaster Recovery	Syra Health's Disaster Recovery Plan
24-78490_Att_F_REDACTED	Attachment F Redacted