

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 24-78769

TOTAL BID AMOUNT:

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
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 <u>how this is a Valuable Scope Contribution of the Contract.</u> <u>Include the applicable 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:		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 <u>how this is a Valuable Scope Contribution of the Contract.</u>	
Provide approximate dates when Sub-Contractor will perform on this project:			

Respondent Firm

Address

City/State/Zip Code

Representative

Date

Telephone Number

Fax Number

Email Address

Authorizing Signature

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.