**RFP 25-80854: Employment Alcohol and Drug Testing Services**

**Attachment J: Attestation Form**

**Indiana Department of Administration**

***Respondent Name:***

|  |
| --- |
| ***DISA Global Solutions, Inc. (DISA)*** |

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

|  |  |
| --- | --- |
| Attachment J: Attestation Form | x Have completed in its entirety and submitted |
| Section 1.10 Pricing | x Have read and meet this requirement |
| Section 2.3.6 Mandatory Contract Terms/Clauses | x Have read and understand this section |
| Section 3.2 Executive Summary | x 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. | ☐ Have completed, signed, and submitted  or  x 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. | ☐ Have completed, signed, and submitted  or  x Opting not to submit |
| Section 3.2 Attachment C: Indiana Economic Impact | x Have read, completed, and submitted |
| Section 3.2 Attachment D: Cost Proposal (Excel Workbook) | x Have completed and submitted |
| Section 3.2 Attachment E: Business Proposal | x Have completed and submitted |
| Section 3.2 Attachment F: Technical Proposal | x Have completed and submitted |
| Section 3.2 Attachment F1: Minimum Requirements | x Have completed and submitted |
| Section 3.2 Attachment M1: Collection Sites Template #1 | x Have completed and submitted |
| Section 3.2 Attachment M2: Collection Sites Template #2 | x Have completed and submitted |
| Section 3.2 Attachment N: Cloud Provider Questionnaire | x Have completed and submitted |

1. **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. | ☐ Have read, and submitted  or  x Have read, and does not apply to response |
| 2.2.1 Ability and Desire to Supply the Required Products or Services | x Have read, and agree |
| 2.3.6 Contract Terms/Clauses | x Confirm Respondent’s Legal Representation has read and accepts Sample Contract language.  or  ☐ 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) | ☐ Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents  or  x Have read, and does not apply to response |

1. **Claim clarification**

|  |  |
| --- | --- |
| 2.7 Buy Indiana Initiative/Indiana Company | ☐ YES claiming (points only awarded if finalized per Buy Indiana registry)  or  x NO, not claiming |

1. **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** |
| N/A |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |

1. **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** |
| Not applicable |  | ☐ Executed contract  or  ☐ Letter of Agreement |
|  |  | ☐ Executed contract  or  ☐ Letter of Agreement |
|  |  | ☐ Executed contract  or  ☐ Letter of Agreement |
|  |  | ☐ Executed contract  or  ☐ Letter of Agreement |
|  |  | ☐ Executed contract  or  ☐ Letter of Agreement |
|  |  | ☐ Executed contract  or  ☐ Letter of Agreement |
|  |  | ☐ Executed contract  or  ☐ Letter of Agreement |

1. **Respondent additional attachments (OPTIONAL)**

More rows may be inserted if necessary

|  |  |
| --- | --- |
| **Filename** | **RFP Attachment Reference** |
| RFP 25-80854 - DISA’s Cost Proposal Narrative (09.27.2024) | Requested document for Attachment D – Cost Proposal as instructed in main proposal (Section 2.5) |
| RFP 25-80854 - DISA’s Cost Assumptions, Conditions and Constraints (09.27.2024) | Requested document for Attachment D – Cost Proposal as instructed in main proposal (Section 2.5) |
| RFP 25-80854 – Att E. Question 2.3.2 - Certificate of Formation DGS | Requested document for Question 2.3.2 for Attachment E Business Proposal |
| RFP 25-80854 – Att E. Question 2.3.9 - DISA Letter to Confirm Authorized Signatory of Company | Requested proof under 2.3.9 Authorizing Document for Attachment E Business Proposal |
|  |  |
|  |  |
|  |  |
|  |  |