

ATTACHMENT A1
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR
COMMITMENT FORM¹

In accordance with IC 5-22-14 and 25 IAC 9, it has been determined that there is a reasonable expectation of Indiana Veteran Owned Small Business subcontracting opportunities under this solicitation. The IVOSB Subcontractor Commitment Form is to be submitted alongside the Respondent's proposal. The entity must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>.

If participation is proposed through the use of Subcontractors, the Respondent must provide the scope of work of the products and/or services to be provided by the Subcontractor(s). This must include explanation of whether the products and/or services are to be utilized directly by the Respondent and/or directly by the State, a description of the process through which the products/services will be received and applied to the benefit of the award, the deliverable requirements as agreed upon between the Contractor and Subcontractor, the certified UNSPSC that applies to the award, and the cost of supplies being utilized by the Respondent 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**, Bid Cost Template, Cell D21.

If the Respondent to the solicitation is an IVOSB certified entity, the Respondent may indicate this on Attachment F, Attestation Form.

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

Failure to address these subcontracting opportunities will not impact the evaluation of your Proposal. The Department will verify certification 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 VETBIZ 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. VETBIZ 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 VETBIZ 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.

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

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 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

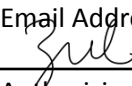
RFP#: 25-80910 - Indiana Department of Education (IDOE) High Quality Curriculum Grant Funding Distribution

TOTAL BID AMOUNT: \$206,250.00

Company Name: Bravia Services	Contact Person: Douglas Heath	
Address: 9465 Counselors Row, Suite 200 Indianapolis, IN 46240	E-mail: doug.heath@braviaservices.com	
Sub-Contract Amount: \$10,312.50	Telephone Number: (317) 590-3684	Fax Number: ()
Sub-Contract Percentage of Total Bid: %5	Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract. Include the applicable certified UNSPSC that applies to this commitment. Bravia Services will provide effective staffing to support the process for quality funds disbursement for IDOE Office. The following UNSPSC apply to this commitment: 80000000	
Provide approximate dates when Sub-Contractor will perform on this project: Beginning with the project initiation and continuing as needed through the term of the contract.		

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:		

Prism Holistic Care Ltd DBA Prism Health Lab
 Respondent Firm
 33 W Grand Ave, Suite 500
 Address
 Chicago, IL 60654
 City/State/Zip Code
 John Kolozak
 Representative
 10/16/24
 Date

(800) 325-1812
 Telephone Number
 (773) 920-3322
 Fax Number
 johnk@prismhealthlab.com
 Email Address

 Authorizing Signature
 Zul Kapadia, President
 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.