**Request For Proposal 26-85248**

**Correctional Health Care**

**Attachment U**

**Pre-Proposal Network Opportunities Form**

**Instructions:** Fill in the blank cells below with the requested information. Forms should be submitted via email to [rfp@idoa.in.gov](mailto:rfp@idoa.in.gov) per RFP Section 1.24.

The subject line of the email submissions must clearly state the following:

“[**RFP 26-85248 Attachment U– [*INSERT COMPANY NAME*]**”.

***This is an optional form***.

|  |  |
| --- | --- |
| **Company Name** | Professional Management Enterprises, Inc. |
| **MBE/WBE/IVOSB (if applicable)** | MBE & SDVOSB |
| **Company Address** | 9245 N. Meridian St., Ste. 210 / Indianapolis 46260 |
| **Contact Name and Title** | Danny Portee, President/CEO  William Retherford, Vice President of Operations |
| **Contact Telephone** | Danny - 317-372-3300  Wiiliam - 317-488-7722 |
| **Contact Email** | [dportee@pme-indy.com](mailto:dportee@pme-indy.com)  [william@pme-indy.com](mailto:william@pme-indy.com) |