**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** | Vespa Group LLC |
| **WBE / MBE / IVOSB or NA** | IVOSB |
| **Company Address** | 201 N. Illinois St  South Tower, Suite 1600  Indianapolis, IN 46204 |
| **Contact Name and Title** | Tony Vespa, Founder |
| **Contact Telephone** | 410-533-6247 |
| **Contact Email** | vespa@vespa-group.com |