

Request for Quote

INDIANA DEPARTMENT OF EDUCATION

Solicitation For:

RFQ #0000086342

Chronic Disease Year 3: Asthma - Resources

Proposal Submission Due Date and Time:

TBD January 9th, 2026 @ 4:00PM ET

Ian Skinnari, Vendor Specialist
DOEProcurement@doe.in.gov
Indiana Department of Education
100 N Senate Ave., 9th FL
Indianapolis, Indiana 46204

Key Solicitation Dates

Activity	Date
Issue of Solicitation	December 3, 2025
Deadline to Submit Written Questions	December 23, 2025 by 4:00 PM ET
IDOE Respond to Written Questions	January 6, 2026
Proposal Due Date	January 9, 2026 by 4:00 PM ET
Notification of Award	February 17, 2026

Question / Inquiry Process

All questions/inquiries regarding this solicitation must be submitted by the deadline outlined in the Key Solicitation Dates table above.

Questions/Inquiries may be submitted via email to *iskinnari@doe.in.gov* and must be received by the time and date indicated in the Key Solicitation Dates table above.

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

“(RFQ#0000086342 *Chronic Disease Year 3: Asthma - Resources*)
Questions/Inquiries – [INSERT COMPANY NAME]”.

After the question/inquiry deadline, IDOE will compile a list of the questions/inquiries submitted by all Respondents, redacting the name of the company who submitted the question. The responses will be emailed to all potential Respondents according to the Key Solicitation Dates table above.

Proposal Due Date and Format

All proposals must be submitted via email to *iskinnari@doe.in.gov* and must be received by the deadline indicated in the Key Solicitation Dates table above.

Proposals received after the due date and time **will not** be considered.

Modifications to proposals received after the due date **will not** be considered.

Proposals submitted by mail or fax **will not** be considered.

Proposals must provide a clear, concise description of the vendor’s capabilities to meet the requirements of the scope of work (SOW).

The proposal shall provide a detailed technical approach for completing each of the tasks listed within the SOW and the associated deliverables.

Price / Cost: Pricing on this solicitation must be firm and remain valid for a period of not less than one hundred eighty (180 days) from the date of award issuance. Any attempt to manipulate cost, including conditions to pricing, or submit pricing that deviates from the requested deliverables will put your proposal at risk of being removed from consideration.

All costs must be inclusive.

Secretary of State Registration

If awarded the contract, the Respondent will be required to register with, and be in good standing with, the Secretary of State. The registration requirement applies to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations, and limited liability companies. Information regarding registration with the Secretary of State may be obtained by contacting:

Secretary of State of Indiana
Corporation Division
402 West Washington Street, E018
Indianapolis, IN 46204
(317) 232-6576
www.in.gov/sos

State of Indiana Bidder Registration

To move forward with a contract award, the Respondent must be registered as a bidder with the Indiana Department of Administration (IDOA), Procurement Division.

To complete the online Bidder registration, visit the Bidder Profile Registration website at <https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration>

Completion of the Bidder registration will add your name to the IDOA Bidder Database for email notification.

The Bidder registration requires general business information, the types of goods and services you can offer the State of Indiana, and location(s) within the state that you can supply or service.

There is no fee to be included in the IDOA Procurement Division's Bidder Database.

Compliance Certification

Responses to this solicitation represent that the Respondent has no current or outstanding criminal, civil, or enforcement actions initiated by the State, and that it will immediately notify the State of any such actions. The Respondent also certifies that neither it nor its principals are in arrears on taxes, permit fees or other statutory, regulatory, or judicially required payments to the State. The Respondent agrees that the State may confirm, at any time, that no such liabilities exist, and, if such liabilities are discovered, that State may bar the Respondent from contracting with the State, cancel existing contracts, withhold payments to offset such obligations, and withhold further payments or purchases until the entity is current in its payments on its liability to the State and has submitted proof of such payment to the State.

Confidential Information

Access to Public Records Act

Respondents are advised that proposal materials are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq., and, after the contract award, may be viewed and copied by any member of the public, including news agencies and competitors. Responses are deemed "public records" unless specifically protected from disclosure under IC 5-14-3 protects it from disclosure. It is the Respondent's responsibility to notify IDOE if any part of the proposal is considered confidential under APRA.

Family Educational Rights and Privacy Act

If chosen for award, the Respondent understands that in performing the duties of the contract, it may be required to obtain personally identifiable student information protected under the Family Educational Rights and Privacy Act (FERPA) (20 USC §1232g, 34 CFR Part 99.) The Respondent agrees to fully comply with all requirements of FERPA and the requirements set forth herein.



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Scope of Work Chronic Disease Year 3 – Asthma Contractor

Background/Purpose

Background – The Indiana Department of Education (IDOE) has collaborated with the Indiana Department of Health (IDOH) to provide chronic disease resources for Indiana school nurses. This collaboration is a component of a five-year grant which runs from 2023 – 2028. The work for year three (the subject of this solicitation) will focus on reviewing the chronic disease resources for school nurses, with a major emphasis on creating and updating the resources related to the care of students with asthma.

Purpose – The purpose of this project is to update and enhance chronic disease resources available to Indiana school nurses, with a primary emphasis on asthma. The selected contractor will be responsible for reviewing and revising the Chronic Disease section of the School Nurse Community within the Indiana Department of Education (IDOE) Moodle platform, updating the Care of Students with Asthma online course for school nurses, and developing a new asthma resource document to support evidence-based practice in school health settings.

Contractor Responsibilities/Deliverables

1. Update the Chronic Disease section of the School Nurse Community

Overview

Review current literature related to evidenced-based best practices for school nurses managing students with diabetes, asthma, seizures, and severe allergies.

Tasks

- Review folders within the Chronic Disease section of the School Nurse Community in IDOE's Moodle platform. These folders include:
 - Asthma
 - Diabetes
 - Seizures
 - Severe Allergies
 - Chronic Disease Management – Role of the School Nurse
 - Creating IHPs
 - Other Chronic Conditions and Procedures
- Create a Word or Google document for each of the chronic disease folders listed above.
- Review all existing links and documents within each folder (approximately 25 links/documents per folder) to determine which should be retained or deleted.

- Identify and include new or replacement links/documents for broken or outdated links/documents within each folder on the Word or Google document.
- Submit proposed updates to IDOE via the Word or Google document for review and approval.
- Upon receiving IDOE approval, implement all approved edits, deletions, and postings within the IDOE Moodle platform using the School Nurse Community format.

Deliverables to be submitted to IDOE as follows:

- Draft of proposed edits and replacements for each resource within the seven (7) folders listed above sent to IDOE via a Word or Google document for review and approval.
- All approved edits, deletions, and postings completed using the School Nurse Community format for each of the seven (7) Chronic Disease folders within the IDOE Moodle platform.

2. Update the online Care of Students with Asthma Course for School Nurses

Overview

Review and update all videos (each video averages approximately 10 minutes) and presentations in the Care of Students with Asthma Course for School Nurses, as well as review all associated handouts and create a new course assessment.

Tasks

- Create a Word or Google document of the current online course content.
- Review each video (11 videos) and make notes related to specific words, slides, or verbal statements requiring an update. The 11 videos include the following topics:
 - Introduction to Course
 - Introduction to Asthma
 - Asthma Causes and Triggers
 - Diagnosing Asthma: Common Signs and Symptoms
 - Asthma Medications: Current Treatment Protocols
 - Correctly Administering Asthma Medications
 - Monitoring Asthma
 - Asthma Action Plans
 - Individual Healthcare Plans and Emergency Care Plans
 - Indoor Air Quality and Asthma Friendly Schools
 - Indiana Law Applicable to the Care of Students with Asthma
- Review handouts for each video section and determine whether to retain, delete, replace, revise, or create new handouts as appropriate (average of 5 handouts for each video section).

- Coordinate with IDOE to schedule asthma healthcare providers from Riley Hospital to record at least two (2) new videos addressing current asthma treatment protocols and medications.
- Meet with IDOE to review findings and develop a plan for revising all sections, including course videos, PowerPoint presentations, and handouts.
- Revise or create new PowerPoint or Google slide presentations for each section per the plan.
- Retain, revise, delete, replace, or create resources and handouts for each section per the plan.
- Following completion of each section (revised or new PowerPoint or Google slide presentation, along with updated resources), submit to IDOE for review and approval.
- Complete the recordings of at least two (2) videos with Riley Hospital asthma healthcare providers addressing current asthma treatment protocols and medications.
- Record new videos for each section required per the plan.
- Develop a new course assessment consisting of 60 questions (six true/false or multiple-choice questions per section across 10 sections).
- Submit the draft of test questions to IDOE for review and approval.
- Update course by revising or creating new PowerPoint or Google slide presentations, recording new videos, updating resources, and developing corresponding test questions.
- Gather all materials into one document for submission via email to IDOE.

Deliverables to be submitted to IDOE as follows:

- PowerPoint slide presentations via email attachment or Google Slide link. (11 in total.)
- Test questions via Word or Google Document. (60 in total.)
- Videos in MP4 format. (Number determined per plan.)
- Established resources as links or PDF documents and newly created or revised resources as Word or Google documents.
- All components combined into one comprehensive document/course sent to IDOE via email or Google link.

3. Create a new asthma resource page (front and back) for school nurses

Overview

Research, review, and consolidate existing materials to produce a new “Additional Resources” document by combining the three resource documents currently available within the course.

Tasks

- Review three (3) documents currently posted in the “Additional Resources” section of the asthma course.
- Review additional resources to identify relevant and current content.
- Develop a new one-page asthma resource document for school nurses incorporating the existing or updated materials as appropriate.
- Submit the new draft resource page to IDOE as a Word or Google document for review and approval.
- Create new asthma resource page.

Deliverables to be submitted to IDOE as follows:

- One page of additional asthma resources in Word or Google format.

Project Meetings

Project Kickoff Meeting: a kickoff meeting is required for project initiation. The purpose of the kickoff meeting is to introduce key stakeholders, points of contact for the project, address vendor or IDOE questions/concerns, provide an update on the contract status, and discuss next steps for project implementation .

- The contractor shall schedule and facilitate one project kickoff meeting.
- The kickoff meeting can be virtual (Microsoft Teams is preferred but not required; if the vendor opts for another platform, it must be available via web browser at no additional cost and with no additional software or plugins required).
- The contractor will draft a meeting agenda and provide it to IDOE at least 72 hours in advance of the meeting. The contractor must provide meeting minutes for IDOE’s review and approval within 24 hours of the meeting completion.

Project Status Meetings: Project status meetings are critical for monitoring progress on project deliverables and ensuring the project remains on time and track to completion.

- The contractor will establish and facilitate weekly project status meetings or on a schedule agreed upon by both parties.
- Meetings will be virtual (unless otherwise agreed to between IDOE and vendor) and should be hosted by the vendor using virtual conferencing software (Microsoft Teams is preferred but not required; if the vendor opts for another platform, it must be available via web browser at no additional cost and with no additional software or plugins required). If IDOE and the vendor agree to in-person status meetings, the vendor will provide the number of staff attending the status meetings, and the vendor must follow State of Indiana travel guidelines for allowable expenses and reimbursement.
- The contractor will draft a meeting agenda and provide IDOE at least 24 hours in advance of each meeting. The contractor will provide meeting minutes for IDOE’s review and approval within 24 hours of the meeting completion.

Timeline for Project

<i>Deliverable</i>	<i>Format</i>	<i>Anticipated Start</i>	<i>Anticipated Completion</i>
Update the Chronic Disease folders of the School Nurse Community	<ul style="list-style-type: none"> • <i>A list of links and documents with recommendations for each folder in a Word or Google document submitted to IDOE for review and approval of proposed updates</i> • <i>Final updates within the Chronic Disease folders of the IDOE Moodle School Nurse Community following the established format</i> 	<i>February 1, 2026</i>	<i>February 15, 2026</i>
Review and make proposed revisions to the online Care of Students with Asthma Course for School Nurses	<i>A list of revisions for each of the 11 sections of the course, including videos, presentations, and resources in a Word or Google document submitted to IDOE for review and approval</i>	<i>February 15, 2026</i>	<i>March 15, 2026</i>
Meet with IDOE to review findings and develop a plan for revising all sections, including course videos, PowerPoint presentations, and resources.	<i>In-person meeting</i>	<i>March 16, 2026</i>	<i>March 16, 2026</i>
Schedule and record at least two (2) new video presentations with Riley Hospital healthcare providers	<i>Videos in an MP4 format</i>	<i>February 15, 2026</i>	<i>March 31, 2026</i>
Update the first six	<i>Each section sent in an</i>	<i>March 16, 2026</i>	<i>April 30, 2026</i>

sections of the online Care of Students with Asthma Course for School Nurses	<i>individual email including the presentation in PPP (Word) or Google slides, the video in an MP4 format, and the documents as links or PDF documents titled using the format of the School Nurse Community</i>		
Update the remaining five sections of the online Care of Students with Asthma Course for School Nurses	<i>Each section sent in an individual email including the presentation in PPP (Word) or Google slides, the video in an MP4 format, and the documents as links or PDF documents titled using the format of the School Nurse Community</i>	<i>May 1, 2026</i>	<i>May 31, 2026</i>
Develop a new course assessment consisting of 60 questions (six true/false or multiple-choice questions per section across 10 sections).	<ul style="list-style-type: none"> <i>Draft sent via a Word or Google document for review and approval</i> <i>Final course assessment sent via a Word or Google document</i> 	<i>April 30, 2026</i>	<i>May 31, 2026</i>
Create a new asthma resource page (front and back) for school nurses	<i>A one-page (front and back) Word or Google document</i>	<i>June 1, 2026</i>	<i>June 19, 2026</i>

Staff Qualifications

- Minimum of two years' experience as a school nurse (RN).
- Knowledgeable about school nursing scope of practice.
- Knowledgeable about the management and care of students with asthma in schools.

Detailed Quote/Proposal Requirements

Contractor's quote/proposal must include the following:

- Description of Contractor's background and experience with similar projects;

- Description of Contractor's ability to meet all of the requirements detailed in the "Contractor Responsibilities/Deliverables" section of this Scope of Work.
 - Each task/deliverable must be included in the description.
- Description of Contractor's ability to meet all of the requirements detailed in the "Project Meetings" section of this Scope of Work.
 - Each type of meeting and its related requirements must be included in the description.
- Description of Contractor's ability to meet all of the requirements detailed in the "Timeline for Project" section of this Scope of Work.
 - Each task/deliverable and its related deadline must be included in the description.
- Description of Contractor's staff qualifications based on IDOE staff qualification requirements (i.e., education background and related work experience relevant to this project).
 - Contractor must include resumes highlighting key qualifications of all staff that will be involved in this project.
- Detailed & Itemized Cost Summary
 - Ensure costs for all logistics (meetings, work time, etc.) are included in Contractor's detailed cost summary.
 - Must include line-item costs as well as the total cost for work related to this project.

The following pages must be completed and returned with your proposal.

STATE OF INDIANA

Request for Quotation

SOLICITATION NO: 0000086342

REQUEST FOR: Chronic Disease Year 3: Asthma -Resources

REQUESTED BY: IDOE

REQUESTOR: Ian Skinnari

PHONE: 317-232-0520

Email: DOEProcurement@doe.in.gov

YOUR RESPONSE MUST BE RECEIVED BY: 01/09/2026

GENERAL INFORMATION

The information below is provided to assist you in completing this request. Please note that these instructions may not contain all applicable requirements. Careful reading of this request is imperative. Failure to follow these instructions or those printed throughout this package could lead to rejection of your quotation. It is not necessary to return this page with your response.

- Type or print legibly in black ink all requested information, including prices and extensions, as well as accurate information.
- Manually sign the Signature Page and Contract if applicable.
- Fax or mail your response to the Requestor listed above.
- Do not add any contractual or payment terms and conditions. Terms and conditions of the award will be those listed in this request package and the resulting Purchase Order only.
- If you are not eligible to claim the Recycled Preference but are offering recycled content products, please list the percentage of content for EACH LINE ITEM and provide manufacturer certification.
- If you are not willing to accept a split award (partial order), your response must include the statement, "Bidding all or none."
- Your response must be received by the requested date and time indicated.
- If you have questions regarding this request, contact the requestor listed above.

Bidders are not required to be registered with the Procurement Division to respond to a solicitation. If your quotation is recommended for an award, you will be notified of the registration requirements. You will have five (5) days from the date of notification to complete the registration requirements, or the recommended award will be canceled. To register electronically, visit <https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/>.

Event Details

Solicitation #0000086342

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00700-0000086342	Buy	RFx	1
Event Round	Version		
1	1		
Event Name			
Chronic Disease Year 3: Asthma - Resources			
Start Time		Finish Time	
12/03/2025 16:00:00 EST		01/09/2026 16:00:00 EST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Education

Contact: IN Department of Education
Accounting Dept.
100 N Senate Ave FL 9
INDIANAPOLIS IN 46204 United
States
Anna Marie Ferguson - 00700

Email: DOEProcurement@doe.in.gov

Event Description

Sourcing event 007000000086342 is for obtaining bids for Chronic Disease Year 3: Asthma - Resources

Questions can be emailed to Ian Skinnari, Vendor Specialist
DOEProcurement@doe.in.gov

Indiana Department of Education 100 N
Senate Ave., 9th FL Indianapolis, Indiana
46204

Completed bids must be emailed to Indiana Department of Education at DOEProcurement@doe.in.gov
Indiana Department of Education
Attn: Ian Skinnari, Vendor Specialist.

A completed bid package MUST be submitted by the due 01/09/2026 4:00pm. The bid package is available for download through the Bid Documents link in the Event Name column. This bid is not eligible for electronic bid through the Supplier Portal.

Event Details (cont.)

Solicitation #0000086342

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00700-0000086342	Buy	RFx	2
Event Round	Version		
1	1		
Event Name			
Chronic Disease Year 3: Asthma - Resources			
Start Time		Finish Time	
12/03/2025 16:00:00 EST		01/09/2026 16:00:00 EST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Education

Contact: IN Department of Education
Accounting Dept.
100 N Senate Ave FL 9
INDIANAPOLIS IN 46204 United States
Anna Marie Ferguson - 00700

Email: DOEProcurement@doe.in.gov

Line Details

					No Bid:	<input type="text"/>
Line: 1	Item ID:	Line Qty: 1	UOM: Month		Bid Qty:	<input type="text" value="1"/>
Required: No Reserve Price: No						
Description: RFQ Chronic Disease Year 3 - Asthma						
Question		UOM	Best	Worst	Response	
What is your quote/bid price?					<input type="text"/>	
Required: Yes Mandatory Response: No						

Response Comments

Event Details (cont.)

Solicitation #0000086342

State of Indiana Request for Quotation

Event ID	Format	Type	Page		
00700-0000086342	Buy	RFx	3		
Event Round	Version				
1	1				
Event Name					
Chronic Disease Year 3: Asthma - Resources					
Start Time		Finish Time			
12/03/2025 16:00:00 EST		01/09/2026 16:00:00 EST			

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Education

Contact: IN Department of Education
Accounting Dept.
100 N Senate Ave FL 9
INDIANAPOLIS IN 46204 United States
Anna Marie Ferguson - 00700

Email: DOEProcurement@doe.in.gov

Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		

TERMS AND CONDITIONS

1. **ACKNOWLEDGMENT:** This Agreement contains the complete and final Agreement between the State and the Contractor and no other Agreement in any way modifying any of said terms and conditions will be binding upon the State or the Contractor unless made in writing and signed by the State's and the Contractor's authorized representative.
2. **PRICING:** Unit price must be entered and extended, and the total price of the solicitation must be shown. If there is an error between the unit price and total price, the unit price shall prevail. Awarded Prices: Prices listed for each item are firm and cannot be changed. Any revision in price may be rejected at the discretion of the IN Dept. of Administration, and may result in cancellation of the Purchase Order without recourse on the part of the awarded Contractor.
3. **TERMINATION FOR CONVENIENCE:** This Agreement may be terminated, in whole or in part, by the State whenever, for any reason, the State determines that such termination is in the best interest of the State. Termination shall be affected by delivery to the Contractor of a Termination Notice at least thirty (30) days prior to termination effective date, specifying the extent to which performance of services under which such termination becomes effective. The Contractor shall be compensated for performance prior to the notice date of termination but in no case shall total payment made to Contractor exceed the original Agreement price due on Agreement. No price increase shall be allowed on individual line items if canceled only in part.
4. **FUNDING CANCELLATION:** When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Agreement, this Agreement shall be canceled. A determination by the Budget Director that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.
5. **INSURANCE:** If this Agreement provides for work to be performed by the Contractor for the State, the Contractor shall be responsible for providing all necessary unemployment and workers' compensation, insurance for the Contractor's employees and liability and property/casualty insurance, as required by the State.. Upon request, the Contractor shall furnish a certificate of insurance showing coverage acceptable to the State.
6. **DELIVERY:** Delivery must be made at time agreed upon. If any indicated or actual delays arise, the using agency must be notified immediately, in writing, with the cause for such delay stated. If any goods are not delivered within the time specified on the Purchase Order, or within a reasonable time not exceeding 30 days after receipt of a Purchase Order if no time is specified, the using agency may refuse to accept such goods, and this Agreement may be cancelled. Each package shall be numbered and labeled with the State's Purchase Order number, contents and weight, and shall contain an itemized packing slip and be properly packed for shipment.
7. **QUANTITY:** Goods shipped in excess of quantity designated in the Purchase Order may be returned at the Contractor's expense.
8. **COMPLIANCE WITH SPECIFICATIONS:** The goods and/or services shall conform strictly to the specifications, drawings, or samples specified or furnished in connection with the bid/quote, all of which are incorporated herein. The Contractor warrants all goods and/or services delivered to be free from defects of material or workmanship. This warranty shall survive any inspection, delivery, acceptance, or payment by the State of the goods and/or services. Inspections shall be on the State's premises unless otherwise specified. The State shall have the right to reject and return at the Contractor's expense, or to require at the Contractor's expense, the correction or replacement of materials, workmanship, or services which are defective or do not conform to the requirements of the Purchase Order.
9. **WARRANTY:** The Contractor will furnish all parts and maintenance at no charge for a period of at least 90 days or the manufacturer's standard warranty, whichever is longer, provided that such maintenance and parts are not required because of accident, neglect, misuse, or force majeure event. Contractor shall be responsible for removal and/or disposal of all replaced parts. Prior to the expiration of the warranty period, whenever equipment is shipped for a mechanical replacement purpose, the Contractor shall bear all cost of such shipment including, but not limited to, cost of packing, transportation, rigging drayage, and insurance. All replacements shall be covered by a new warranty.
10. **INTELLECTUAL PROPERTY DEFENSE:** The Contractor shall, at its own expense, defend, indemnify and hold harmless the State with respect to any claims that the goods and/or services furnished under this Agreement violates any third party intellectual property rights including, but not limited to, patents, copyrights, trademarks and trade secrets
11. **PAYMENTS:** All payments shall be made in arrears in conformance with State fiscal policies and procedures and, as required by IC4-13-2-14.8, by electronic funds transfer to the financial institution designated by the Contractor in writing unless a specific waiver has been obtained from the Auditor of State. No payments will be made in advance of receipt of the goods or services that are the subject of this Agreement except as permitted by IC 4-13-2-20.
12. **COMPLIANCE WITH LAWS:** The Contractor agrees to comply with all applicable federal, state, and local laws, rules, regulations, or ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment of any state or federal statute or the promulgation of regulations thereunder after execution of this Agreement shall be reviewed by the State and the Contractor to determine whether the provisions of this Agreement require formal modification.
13. **COMPLIANCE WITH TELEPHONE SOLICITATIONS ACT:** As required by IC 5-22-3-7, the Contractor and any principals for the Contractor certify that (A) the Contractor, except for de minimis and nonsystematic violations, has not violated the terms of (i) IC 24-4-7 [Telephone Solicitation of Consumers], (ii) IC 24-5-12 [Telephone Solicitations], or (iii) IC 24-5-14 [Regulation of Automatic Dialing Machines] in the previous three hundred sixty-five (365) days, even if IC 24-4-7 is preempted by federal law; and (B) the Contractor will not violate the terms of IC 24-4-7 for the duration of the Agreement, even if IC 24-4-7 is preempted by federal law. The Contractor and any principals of the Contractor certify that an affiliate or principal of the Contractor and any agent acting on behalf of the Contractor or on behalf of an affiliate or principal of the Contractor: (A) except for de minimis and nonsystematic violations, has not violated the terms of IC 24-4-7 in the previous three hundred sixty-five (365) days, even if IC 24-4-7 is preempted by federal law; and (B) will not violate the terms of IC 24-4-7 for the duration of the Agreement, even if IC 24-4-7 is preempted by federal law.
14. **NONDISCRIMINATION:** Pursuant to IC 22-9-1-10 and Civil Rights Act of 1964, the Contractor and its Agents, if any, shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Agreement, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, religion, sex, disability, national origin, ancestry or status as a veteran. The Contractor, and its subcontractor(s), if any, shall comply with all applicable affirmative action reporting requirements. Breach of this covenant may be regarded as a material breach of this Agreement. The Contractor shall comply with Section 202 of Executive Order 11246, as amended, 41 CFR 60-250, and 41 CFR 60-741, as amended.
15. **DRUG-FREE WORKPLACE CERTIFICATION:** As required by Executive Order No. 90-5, the Contractor hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. The Contractor will give written notice to the State within ten (10) days after receiving actual notice that the Contractor or an employee of the Contractor in Indiana has been convicted of a criminal drug violation occurring in the Contractor's workplace.
16. **TAXES:** Prices listed on an invoice submitted by the Contractor for payment is not to include any tax for which the State is exempt. The State will furnish a tax exempt certificate, if requested by the Contractor. The State will not be responsible for any taxes levied on the Contractor as a result of this Agreement.
17. **FORCE MAJEURE:** In the event that either party is unable to perform any of its obligations under this Agreement, or to enjoy any of its benefits, because of natural disaster or decrees of governmental bodies not the fault of the affected party ("Force Majeure Event"), the party who has been so affected shall immediately give notice to the other party and shall do everything possible to resume performance. Upon receipt of such notice, all obligations under this Agreement shall be immediately suspended. If the period of nonperformance exceeds thirty (30) days from the receipt of notice of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Agreement.
18. **GOVERNING LAWS:** This Agreement shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.
19. **INFORMATION TECHNOLOGY ENTERPRISE ARCHITECTURE REQUIREMENTS:** If Contractor provides any information technology related products or services to the State, Contractor shall comply with all Indiana Office of Technology (IOT) standards, policies, and guidelines, which are online at <http://iot.in.gov/architecture/>. Contractor specifically agrees that all hardware, software, and services provided to or purchased by the State shall be compatible with the principles and goals contained in the electronic and information technology accessibility standards adopted under Section 508 of the Federal Rehabilitation Act of 1973 (29 U.S.C. 794d) and IC 4-13-1.3. Any deviation from these architecture requirements must be approved in writing by IOT in advance. The State may terminate this Agreement for default if Contractor fails to cure a breach of this provision within a commercially reasonable time.

CLAIMING PURCHASING PREFERENCES

Each bidder should review the various procurement preferences allowed by State statute. A summary of the preferences can be found under Programs and Preferences located at: <https://www.in.gov/idoa/procurement/supplier-resource-center/programs-and-preferences/>

Each bidder must answer the following questions pertaining to purchasing preferences. No preference will be applied unless these questions have been answered and any required attachments included.

1. Are you claiming the U.S. Manufactured Product Preference (IC 5-22-15-21)?

This is per individual line and should be noted below

Yes ____ No ____

If claiming the U.S. Manufactured preference, Respondents must clearly specify the items qualified for the preference, at the individual line level, on the lines provided below. A product is manufactured in the United States, if the cost of its components mined, produced, or manufactured in the United States exceeds 50% of the cost of all its components. (In determining if a product is manufactured in the United States, only the product and its components shall be considered.) This preference can only be applied to the items the State is actually purchasing.

Additionally, Respondents must include a letter on **company (manufacturer) letterhead** confirming the cost of the product or its components exceed 50% of the cost of all components.

If claiming this preference, the bidder is certifying under penalties of perjury that each of the bidder's end products claimed is a U.S. Manufactured Product as described in IC 5-22-15-21. **Failure to indicate individual line items claimed under this preference or failing to include a letter may affect the evaluation of the bid.**

Please list what line items this preference will apply to:

2. Are you claiming the Preference for Steel Products (IC 5-22-15-25)

Yes ____ No ____

3. Are you claiming the Preference to Coal Mined in Indiana (IC 5-22-15-22)

Yes ____ No ____

4. Are you claiming the Indiana Business Preference also called Buy Indiana (IC 5-22-15-20.5)?

Yes ____ No ____

Indicate under which provision for which you are claiming to qualify as an Indiana business, fully complete the Indiana Economic Impact Form (State Form # 51778), and include it with your bid/proposal. Vendors who wish to claim one of the Buy Indiana preferences below, can include the email confirmation of their status provided by buyindianainvest@idoa.in.gov. Or you **MUST** be certified on the State's website (<https://www.in.gov/idoa/procurement/supplier-resource-center/programs-and-preferences/buy-indiana/>)

____ (1) A business whose principal place of business is located in Indiana.

____ (2) A business that pays a majority of its payroll (in dollar volume) to residents of Indiana.

____ (3) A business that employs Indiana residents as a majority of its employees.

____ (4) A business that makes significant capital investments in Indiana.

Any company that can demonstrate a minimum capital investment of \$5 million or more in plant and/or equipment or annual lease payments of \$2.5 million or more shall qualifies as an Indiana business under category #4.

____ (5) A business that has a substantial positive economic impact on Indiana.

Any company that is in the top 500 companies (adjusted) for one of the following categories: number of employees (DWD), unemployment taxes (DWD), payroll withholding taxes (DOR), or Corporate Income Taxes (DOR); qualifies as an Indiana business under category #5.

5. Are you claiming the Indiana Manufactured Preference (IC 5-22-15-20.5)

Yes ____ No ____

This preference may only be claimed by respondents who claim the Indiana Business Preference.

Submit necessary documentation detailing a substantial amount of manufacturing, assembly, or production of the products proposed is in the State of Indiana.

6. Are you claiming the preference for supplies that contain recycled or post-consumer materials (IC 5-22-15-16)

Yes ____ No ____

The preference does not apply when the purchase description is limited to a supply that contains recycled materials or post-consumer materials

If yes, a manufacturer's certification must be submitted for each item or group of items for which the offeror is seeking a preference or the preference may not be considered.

CLAIMING PURCHASING PREFERENCES

7. Are you claiming the preference for soybean oil based ink (IC 5-22-15-18) Yes ___ No ___

8. Are you claiming the preference for soy diesel/bio diesel (IC 5-22-15-19) Yes ___ No ___

9. Are you claiming the Indiana Small Business Preference (IC 5-22-15-23) Yes ___ No ___

To be eligible to claim the Indiana Small Business Preference, the bidder must be an Indiana business (as defined above in the Indiana Business Preference section) and qualify in at least one of the following categories:

___ Wholesale business with annual sales of four million dollars (\$4,000,000) or less during its last fiscal year. "Wholesale business, means a business that derives its principal source of income (over 50% of gross revenues) from sales to retailers, other merchants, or industrial, institutional or commercial users who will use the goods for resale or business use. This definition distribution activities.

___ Service business with average sales of five hundred thousand dollars (\$500,000) or less for the current and preceding three (3) fiscal years and which employs no more than twenty-five (25) persons. "Service business, " means a business that derives its principal source of income (over 50% of gross revenues) from the sale of useful artistic, educational, intellectual, literary, or scientific labor from which no necessary tangible commodity is derived.

___ Retail business or business selling services with annual sales and receipts of five hundred thousand dollars (\$500,000) or less. "Retail business," means a business that derives its principal source of income (over 50% of gross revenues) from the sale of supplies to the ultimate consumer.

___ Manufacturing business, which employs no more than one hundred (100) persons. "Manufacturing business" means a business that derives its principal source of income (over 50% of gross revenues) from the sale of goods the firm produces at its own facility made from raw, unfinished materials, as distinguished from the final product.

___ A business in any of the following sectors is not a small business if it employees more than one hundred (100) persons or if its annual sales exceed 5 Million dollars (\$5,000,000):
 (A) Information Technology
 (B) Life Sciences
 (C) Transportation
 (D) Logistics

___ A business that has a current verification as a veteran owned small business as defined by IC 5-22-14-3.5(a) (1-3).

10. Are you claiming the preference for Indiana farm products (IC 5-22-15-23.5) Yes ___ No ___

11. Are you claiming the preference for foods/beverages that contain high levels of calcium (IC 5-22-15-24)
 Yes ___ No ___

SF47895 (ELEC2/06)

MINORITY & WOMEN'S BUSINESS ENTERPRISES SUBCONTRACTOR COMMITMENT FORM

Indiana Code 4-13-16.5 and 25 IAC 5 governs the Division of Supplier Diversity program as it relates to the certification, oversight, and responsibilities around the certified Indiana Minority and/or Women Business Enterprises (MWBE). There is a commitment goal for this solicitation. The MWBE Subcontractor Commitment Form is to be submitted as a part of 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 utilizing 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 contract, the deliverable requirements as agreed upon between the Contractor and subcontractor, 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 Bid List Template ("Bid List" tab; Cell M65). The MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The overall committed subcontractor percentage shall be sustained throughout the life of the contract including any time after the initial term.

The Department reserves the right to verify all information included on the MWBE Subcontractor Commitment Form.

Prime Contractors must ensure that the proposed subcontractors meet the following criteria:

- Must be on the 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 MWBE Certification Letter provided by IDOA to show current status of certification
- Each firm may only serve as one classification – MBE, WBE, or IVOSB
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement. (See 25 IAC 5-6-2(d))
- **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 service only in the industry area for which it is certified
- Must be used to provide the goods or services specific to the contract
- National Diversity Plans are generally not acceptable

MINORITY & WOMEN'S BUSINESS ENTERPRISES SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE 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. The MBE and/or WBE subcontractor amount and subcontractor percentage is only 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.

By submission of the proposal, the Respondent acknowledges and agrees to be bound by the rules and requirements of the State's Division of Supplier Diversity. Questions about those rules and requirements should be directed to: Division of Supplier Diversity at (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

MINORITY & WOMEN'S BUSINESS COMPLIANCE (MWBE)

If awarded the contract with MWBE subcontractor participation, the Respondent will be required to report payments made to Division of Supplier Diversity certified subcontractors under the Contract monthly using the online audit tool, commonly referred to as "Pay Audit." The Contractor should also notify subcontractors that they must confirm payments received from Contractor in Pay Audit. The Pay Audit system can be accessed on the [IDOA Pay Audit System webpage at https://www.in.gov/idoa/mwbe/payaudit.htm](https://www.in.gov/idoa/mwbe/payaudit.htm).

Further, a copy of each subcontractor agreement must be submitted to IDOA's Division of Supplier Diversity within thirty (30) days of the effective date of this contract. The contracts may be uploaded into Pay Audit, emailed to MWBECompliance@idoa.IN.gov; or mailed to Division of Supplier Diversity Compliance 402 W. Washington Street, Indianapolis IN 46204. Failure to provide a copy of any subcontractor agreement or failure to meet these commitments could be considered a material breach of this contract and result in sanctions per 25 IAC 5.

Any changes to this information during the term of the contract must be approved by MWBE Compliance at MWBECompliance@idoa.IN.gov.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

Solicitation #0000086342

Quote/Bid
DUE DATE:
TOTAL Quote/ 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:	
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:	
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.
Page _____ of _____

IF PARTICIPATION EXISTS, THIS FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.

INDIANA VETERAN OWNED SMALL BUSINESS ENTERPRISE SUBCONTRACTOR COMMITMENT FORM

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 on a contract awarded under this solicitation. The IVOSB Subcontractor Commitment Form is to be submitted as a part of 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 met 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 an 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 contract, the deliverable requirements as agreed upon between the Contractor and subcontractor, 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 **Bid List** Template ("Bid List" tab; Cell M65). The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The overall committed subcontractor percentage shall be sustained throughout the life of the contract including any time after the initial term.

If the Respondent to the bid is an IVOSB certified entity, the letter confirming same should be submitted with their response. The Respondent has the responsibility to alert IDOA of their certification.

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

The Department may verify all information included on the IVOSB Subcontractor Commitment Form.

Prime Contractors must ensure that the proposed subcontractors meet the following criteria:

- Must be listed on Federal Center for Veterans Business Enterprise VETBIZ at <https://www.vetbiz.va.gov/vip/> 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://www.vetbiz.va.gov/vip/>, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB
- IVOSB must have a Bidder ID
- 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://www.vetbiz.va.gov/vip/> 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

INDIANA VETERANS' BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the IVOSB 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. The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract. The overall committed subcontractor percentage shall be sustained throughout the life of the contract including any time after the initial term.

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 about those rules and requirements 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

Solicitation #0000086342

BID#

DUE DATE:

TOTAL BID AMOUNT: \$

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:	
Provide approximate dates when Sub-Contractor will perform on this project:			

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:	
Provide approximate dates when Sub-Contractor will perform on this project:			

Respondent Firm

Telephone Number

Address

Fax Number

City/State/Zip Code

Email Address

Representative

Authorizing Signature

Date

Printed Name and Title

☐ Please check if additional forms are attached.

Page _____ of _____

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.



INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS

Solicitation #0000086342

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	Legal Name of firm:	
2	Address/City/State/Zip Code:	
3	Telephone #/Fax #/Website:	
4	Federal Tax Identification Number:	
5	State/Country of domicile/incorporation:	
6	Location of firm's headquarters or principal place of business:	
7	Name of parent company or holding company (if applicable):	
8	State/Country of domicile/incorporation of company listed in #7:	
9	Address of company listed in #7:	
10	IN Department of Workforce Development (DWD) account number:	
11	IN Department of Revenue (DOR) account number:	
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	
13	Total number of employees per most recently completed IRS Form W-2 distribution:	
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	
16	Total amount of this proposal, bid, or current contract:	

ACCOUNTING OF INDIANA RESIDENT

Solicitation #0000086342

17	<u>Prime Contractor Company</u> <u>Name:</u>	
18	<u>Number of Full Time</u> <u>Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	

19	<u>Subcontractor Company</u> <u>Name:</u>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	<u>Number of Full Time</u> <u>Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:				

22	<u>Affirmation by authorized official:</u> I affirm under penalties of perjury that the foregoing representations are true to be the				
	Signature:				
	Name of auththorized official:				
	Title:				
	Date:				

DRUG-FREE WORKPLACE CERTIFICATION

The Contractor hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. The Contractor will give written notice to the State within ten (10) days after receiving actual notice that the Contractor or an employee of the Contractor in the State of Indiana has been convicted of a criminal drug violation occurring in the workplace. False certification or violation of this certification may result in sanctions including, but not limited to, suspension of contract payments, termination of this Contract and/or debarment of contracting opportunities with the State for up to three (3) years.

This certification is required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana. Pursuant to its delegated authority, the Indiana Department of Administration is requiring the inclusion of this certification in all contracts with and grants from the State of Indiana in excess of \$25,000. No award of a contract or grant shall be made, and no contract, purchase order or agreement, the total amount of which exceeds \$25,000, shall be valid unless and until this certification has been fully executed by the Vendor and attached to the contract or agreement as part of the contract documents. False certification or violation of the certification may result in sanctions, including, but not limited to, suspension of contract payments, termination of the contract or agreement and/or debarment of contracting opportunities with the State for up to three (3) years.

The Contractor/Grantee certifies and agrees that it will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the Contractor's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace;
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment, the employee will: (1) abide by the terms of the statement; and (2) notify the Contractor of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- D. Notifying the State in writing within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction;
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) taking appropriate personnel action against the employee, up to and including termination; or (2) requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

SECRETARY OF STATE REGISTRATION

In accordance with IC 5-22-16-4, an offeror or subcontractor desiring to perform any portion of the work described by this bid/quote that is a business required to register with the Secretary of State. The registration requirement is applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies.

Information concerning registration with the Secretary of State may be obtained by contacting:

Indiana Secretary of State of Indiana
Corporation Section
302 W. Washington St. Rom E018
Indianapolis, IN 46204
(317) 232-6576

COMPLIANCE CERTIFICATION

Responses to this bid solicitation serve as a warrant that the responding entity has properly registered as required by law with the Secretary of State and that it has no current or outstanding criminal, civil, or enforcement actions initiated by the State of Indiana, and it agrees that it will immediately notify the State of any such actions. The respondent also certifies that neither it nor its principals are presently in arrears in payment of its taxes, permit fees or other statutory, regulatory or judicially required payments to the State of Indiana. Any respondent agrees that the State may confirm, at any time, that no such liabilities exist, and, if such liabilities are discovered, that State may bar the respondent from contracting with the State, cancel existing contracts, withhold payments to setoff such obligations, and withhold further payments or purchases until the entity is current in its payments on its liability to the State and has submitted proof of such payment to the State.

ETHICS OBLIGATIONS

Solicitation #0000086342

The contractor and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State, as set forth in Indiana Code § 4-2-6 et seq. and Indiana Code 4.2.7, the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. If the contractor is not familiar with these ethical requirements, the contractor should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at <http://www.in.gov/ig/commission.html>. If the contractor or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this contract immediately upon notice to the contractor. In addition, the Contractor may be subject to penalties under Indiana Code § 4-2-6-12 and 4.2.7.

PRICING

Unit price must be entered and extended, and the total price of the bid must be shown. Unit prices are to be bid on the basis of the unit specified. If there is an error between the unit price and total price, the unit price shall prevail. **Awarded Prices: Prices listed for each item are firm and cannot be changed.**

F.O.B. DESTINATION

The State requires all bids to be submitted on the basis of F.O.B. destination.

OPEN COMPETITION

The specifications are intended to be nonrestrictive. Although at times brand names and model numbers may be used, they are merely intended to be guidelines to establish criteria and quality for competitive bidding. Unless otherwise stated, alternate bids will be evaluated and may be acceptable as long as they can be verified as equal or better than specified as determined by the State. All bidders with alternate products shall submit detailed specifications with their bid.

CREATION OF BINDING AGREEMENT

A binding Agreement will be created only by the issuance of a Purchase Order at any time within the period stated on the Request for Quotation/Invitation to Bid form. The Binding Agreement will be governed by the terms and conditions included in this bid package. The Contractor shall make no deliveries on verbal orders except from the Using Agency on purchases less than \$5,000 and only with written approval on purchases greater than \$5,000 from the Indiana Department of Administration, Procurement Division.

EXCEPTIONS

_____ PLEASE CHECK IF APPLICABLE

Alternative requests must be equal or better than those specified as determined by the Indiana Department of Administration, and bidders deviating from specified items should provide, with his or her request, a listing of all areas in which his or her product deviates and fully explain and justify this alternative.

ANY EXCEPTIONS ARE TO BE NOTED BELOW AND LISTED BY LINE ITEM NUMBER.

EMPLOYMENT ELIGIBILITY VERIFICATION

As required by IC §22-5-1.7, the Contractor swears or affirms under the penalties of perjury that:

1. The Contractor does not knowingly employ an unauthorized alien.
2. The Contractor shall enroll in and verify the work eligibility status of all his/her/its newly hired employees through the E-Verify program as defined in IC §22-5-1.7-3. The Contractor is not required to participate should the E-Verify program cease to exist. Additionally, the Contractor is not required to participate if the Contractor is self-employed and does not employ any employees.
3. The Contractor shall not knowingly employ or contract with an unauthorized alien. The Contractor shall not retain an employee or contract with a person that the Contractor subsequently learns is an unauthorized alien.
4. The Contractor shall require his/her/its subcontractors who perform work under this Contract to certify to the Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and that the subcontractor has enrolled and is participating in the E-Verify program. The Contractor agrees to maintain this certification throughout the duration of the term of a contract with a subcontractor.

The State may terminate for default if the Contractor fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

NON-COLLUSION CERTIFICATION

This is to certify that the Bidder, being duly affirmed under oath says, that he or she is the contracting party; that he or she has not, nor has any other employee of the company represented by him or her, directly or indirectly, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he or she has not received or paid, any sum of money or other consideration for the execution of the annexed contract other than that which appears upon the face of the contract.

SIGNATURE

This is to certify that the bidder or any person on his or her behalf has examined and understands and agrees to the specifications, including General and Special conditions of this document.

BIDDER _____ FEDERAL ID NUMBER _____ (Please circle to indicate if your FIN is a TIN or SSN)

ORDERING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

REMITTANCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TYPE OF BUSINESS (i.e., Corporation, Sole Proprietor, LLC, etc.) _____

TELEPHONE NUMBER (_____) _____

E-Mail address: _____

If awarded a contract, the bidder will provide supplies, equipment, and/or services to the State of Indiana in accordance with the general conditions, specifications, certifications and other documents of this solicitation.

I, _____, the undersigned _____
(Signature) (Print Office Held)

of the above named bidder under penalties of perjury this _____ day of _____, _____, certify that I hold the aforementioned Office in the above bidder and that the representations are true and accurate.