Attachment A

Date: 5/11/22

Project/RFP Title: Elevator Consulting Services

Project/RFP ID: 11219

Respondent: Stuard & Assoc.

Address: 7500 N Blue Heron Dr
Unionville IN 12/16/29

Original Total Fee: $200/hr

Current Total Fee: $200/hr

SUBMIT with PROPOSAL					SUBMIT with EACH AMENDMENT (if applicable)		
TIER I MBE/WBE/VBE Respondent	**Responsibility**	**Certification** (MBE, WBE, VBE, etc)	**Self-performed Amount of Original Fee**	**% of Original Total Fee**	**Self-performed Amount of Current Fee**	**% of Current Total Fee**	**Amendment #**
				100%	200/hr	100	
TIER II MBE/WBE/VBE Subcontracted	**Responsibility**	**Certification** (MBE, WBE, VBE, etc)	**Subcontract Amount**	**% of Original Total Fee**	**Current Subcontract Amount**	**% of Current Total Fee**	**Amendment #**
				#VALUE!		#VALUE!	
				#VALUE!		#VALUE!	
				#VALUE!		#VALUE!	
				#VALUE!		#VALUE!	
				#VALUE!		#VALUE!	
				#VALUE!		#VALUE!	
		TOTALS	$ -	100%	200/hr	100	

Please answer the questions below and submit this form with the proposal and each amendment. Complete section above if applicable.

1) Are you a minority, women or veteran owned business enterprise firm, if so, which one?

Yes [x] No [ ]

If yes, please indicate which one:

2) Are you certified by the state of Indiana as a minority business enterprise firm?

Yes [ ] No [x] In Process

3) If you are not a minority firm, is there any minority business enterprise participation in this project through subcontractors or suppliers?

Yes [ ] No [x]

4) If there is mimority business enterprise participation in this project through subcontractors or suppliers, what percecntage of the total amount is being acomplished by minority, women or veteran owned business enterprise?

% 100