

**RFP NO. 2020HCA14 HCA Fraud and Abuse Detection Solution (FADS)**

**RESPONSE FORM 05**

**DIVERSE AND SMALL BUSINESS INCLUSION PLAN**

**Bidder Name:**

Do you anticipate using, or is your firm using, a State Certified Minority-Owned Business?

Do you anticipate using, or is your firm using, a State Certified Women’s-Owned Business?

Do you anticipate using, or is your firm using, a State Certified Veteran-Owned Business?

Do you anticipate using, or is your firm using, a State Certified Small Business?

If you answered no to all questions above, please explain:

Please list the approximate percentage of work to be accomplished by each group:

Minority      %

Women      %

Veteran      %

Small Business      %

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility:

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |
| Email: |  |