

Pre-Proposal Conference Sign-in Sheet
K21-0030-25U Problem Solving Court Technical Consultant

Name: <u>Jonathan Willis</u> Company: <u>Novelli Software</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: <input checked="" type="radio"/> Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: <u>Franklin Techouate, ^{Somashekar} Krishna Murthy</u> Company: <u>DSK Consulting, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: <input checked="" type="radio"/> Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: <u>Ashley Stefan Hsu, Pallavi Ganti</u> Company: <u>R&B Services</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: <u>Raymond Mathis</u> Company: <u>Rmathis Technical Solutions</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: <input checked="" type="radio"/> Yes No

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Name: <u>Dionne M. Smith</u> Company: <u>DSTC, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Jason Gilchrist, Paul Warkell</u> Company: <u>63 Innovative Solutions, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Paul Embley, Patti Smelly, Jannet Okazaki</u> Company: <u>NCSC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No