

**Pre-Proposal Conference Sign-in Sheet**  
**K21-0032-26 – People’s Law Library Hosting, Maintenance & Support Services**

Name: <u>Chris</u> Company: <u>Promet</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/> Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/> Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/>
Name: <u>Pat Pathade</u> Company: <u>Fantail Consulting</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No <input type="radio"/> Small Business: Yes <input checked="" type="radio"/> No <input type="radio"/> Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/>
Name: <u>Varad Kamini</u> Company: <u>Datamatics Global Service</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/> Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/> Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/>
Name: <u>Erva</u> Company: <u>Charles River Webst Platform</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/> Small Business: Yes <input checked="" type="radio"/> No <input type="radio"/> Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/>

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Name: <u>G. DeLeon</u> Company: <u>Ignition 72</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: <input checked="" type="radio"/> Yes No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Chris Moore / Ehras</u> Company: <u>Motiv Services</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes No Small Business: <input checked="" type="radio"/> Yes No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Prashant Kautilya</u> Company: <u>Cyfuture, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Bobby Toe</u> Company: <u>Talteam</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes No Small Business: <input checked="" type="radio"/> Yes No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No

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Name: <u>Jessica Farinholt</u> Company: <u>AP Ventures</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 checked="" type="radio"/> No
Name: <u>Sandeep Harjani</u> Company: <u>Intojini</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input checked="" type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Robin Jenkins</u> Company: <u>Blue Water Media, 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>Brian Gagnon</u> Company: <u>Acquia, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No



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Name: <u>Christina Jugel</u> Company: <u>Mindgrub Technologies</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" 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
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
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