

**Pre-Proposal Conference Sign-in Sheet
K22-0013-29 JAVA Analyst Engineer**

Name: <u>Alvina Babr</u> Company: <u>FAAZ Consulting LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Small Business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Veteran Owned: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Veteran Owned Small Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Name: <u>Vineetha Pillai, Ajith J Prakesh</u> Company: <u>Clarus Tec, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Small Business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Veteran Owned: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Veteran Owned Small Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Name: <u>Jennifer Wilkopp</u> Company: <u>3Di, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Small Business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Veteran Owned: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Veteran Owned Small Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Name: <u>Priyanka Sutnave, Rachita Thaldi</u> Company: <u>COGENT Infotech Corp.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="checkbox"/> No <input type="checkbox"/> Small Business: Yes <input type="checkbox"/> No <input type="checkbox"/> Veteran Owned: Yes <input type="checkbox"/> No <input type="checkbox"/> Veteran Owned Small Business: Yes <input type="checkbox"/> No <input type="checkbox"/>

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Name: <u>Reginald Henry, Carolyn Cross</u> Company: <u>J-I-Solutions, 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: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Satish Sealem</u> Company: <u>Dizinsys, Inc</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: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Emaan Kashfipour</u> Company: <u>Informatics Corporation</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: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Kristen Sykes</u> Company: <u>Joint Enterprise Technologies</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input checked="" type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No

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<p>Name: <u>Kenneth Ndeh</u></p> <p>Company: <u>The Avant Guard Group, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Small Business: Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p>
<p>Name: <u>Seema Sharanaapa Kanjia</u></p> <p>Company: <u>Prasad Beesabathuni</u></p> <p>Address: _____</p> <p>City: <u>Intellibee, Inc.</u></p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No <input type="radio"/></p> <p>Small Business: Yes <input type="radio"/> No <input type="radio"/></p> <p>Veteran Owned: Yes <input type="radio"/> No <input type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input type="radio"/></p>
<p>Name: <u>Srini Bhopal, Gopi Krishna</u></p> <p>Company: <u>Source Consulting, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p>
<p>Name: <u>Vignesh Jugadeesan, Abirani Radhakrishnan</u></p> <p>Company: <u>Intellectyx, Inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p>

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<p>Name: <u>Elizabeth Jackson, Kenya Sabbat</u> Company: <u>HP Ventures</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Crystal Cooper, Sundeep Harjani</u> Company: <u>Superjini, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Name: <u>Amrita Gautam, Rusy</u> Company: <u>2nd Century Technologies, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: <input type="radio"/> Yes <input checked="" type="radio"/> No Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Drew Bates, Dinkar Karumuri</u> Company: <u>Maven Solve, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>

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<p>Name: <u>Smit Kamli</u></p> <p>Company: <u>OLAN Associate, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>
<p>Name: <u>Priyanka Suttrave, Kshita Thaldar</u></p> <p>Company: <u>COGENT Infotech Corp</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>
<p>Name: <u>Gary Kizer</u></p> <p>Company: <u>Viva Inform</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <u>No</u></p> <p>Small Business: <u>Yes</u> No</p> <p>Veteran Owned: Yes <u>No</u></p> <p>Veteran Owned Small Business: Yes <u>No</u></p>
<p>Name: <u>Ruchee Judge, Ravi Prasad</u></p> <p>Company: <u>Solution Finder Z</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: <u>Yes</u> No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>

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Name: <u>Sandeep Soman, Pawan Tripathi</u> Company: <u>V Group</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: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Carolina Villegas</u> Company: <u>IT Nova, 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: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Anuradha Moulis, Nanitha Rajendran</u> Company: <u>Edify Technologies</u> Address: _____ City: <u>Samiksha Talauliker</u> 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: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No
Name: <u>Minhaj Khan</u> Company: <u>13rd Solution Inc / Community Force Inc.</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: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No

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Name: <u>Dennis Ruggeri</u> Company: <u>Elicere</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 type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Mohshin Shaikh, Sajida Bardai</u> Company: <u>Cambay Consulting 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 checked="" type="radio"/> No
Name: <u>Fred Mair</u> Company: <u>DMZ</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>Pallavi Banti, Ashley Stetun & Sy</u> Company: <u>R&B Services</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

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<p>Name: <u>Eric Weissert, Marcella Stewart</u> Company: <u>Davis Unlimited Information Technologies</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No</p>
<p>Name: <u>Nick Vass, Tracy Mills</u> Company: <u>J29 Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No</p>
<p>Name: <u>Katie Rahn</u> Company: <u>WorTech Corp</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No</p>
<p>Name: <u>George Hardy, Erin Hamilton</u> Company: <u>DK Consulting</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____</p>	<p>Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No</p>

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Name: <u>Rahul Shah, Chanchalkumar Dagade</u> Company: <u>On Point Insights, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No
Name: <u>Chi Fukui</u> Company: <u>Speridian Technologies</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No
Name: <u>Mureen Shah</u> Company: <u>Accentuate Technology</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No
Name: <u>Mig Dieringer, Kelli Clark</u> Company: <u>Cambridge Federal</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No

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K22-0013-29 JAVA Analyst Engineer**

Name: <u>Sharen McKay</u> Company: <u>Mante Consulting LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <u>Yes</u> No Small Business: <u>Yes</u> No Veteran Owned: <u>Yes</u> No Veteran Owned Small Business: <u>Yes</u> No
Name: _____ Company: _____ 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: _____ Company: _____ 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: _____ Company: _____ 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