

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**State Form 51778 (R4 / 1-06)
DEPARTMENT OF ADMINISTRATION
Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	Legal Name of firm:	Donley Safety	
2	Address/City/State/Zip Code:	5546 Elmwood Ct Indianapolis, Indiana 46203	
3	Telephone #/Fax #/Website:	317-786-2268 317-786-2532	
4	Federal Tax Identification Number:	35-1569825	
5	State/Country of domicile/incorporation:	Indiana	
6	Location of firm's headquarters or principal place of business:	5546 Elmwood Ct Indianapolis, Indiana 46203	
7	Name of parent company or holding company (if applicable):	Donley and Associates	
8	State/Country of domicile/incorporation of company listed in #7:	Indiana	
9	Address of company listed in #7:	5546 Elmwood Ct Indianapolis, Indiana 46203	
10	IN Department of Workforce Development (DWD) account number:		163443
11	IN Department of Revenue (DOR) account number:		2560208
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:		29
13	Total number of employees per most recently completed IRS Form W-2 distribution:		29
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:		859304.64
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:		859304.64
16	Total amount of this proposal, bid, or current contract:	\$	219,883.68

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	
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ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00
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19	Subcontractor Company Name:				
20	Address/Contact Person/Telephone Number/Tax ID Number:	N/A			
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22 **Affirmation by authorized official:** I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief.

Signature: 

Name of auththorized official: Jerry Johnson

Title: Sales Manager

Date: 5/15/2022