

Indiana Economic Impact Form, Attachment C

Instructions

1. Complete lines 1 - 15 with the information requested about the company in the Attachment C worksheet.

All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form (Attachment C). The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state.

2. Line 16: Enter total amount of this proposal, bid, or current contract.

This figure is the respondent's total cost proposal to the the state (as submitted in Attachment D, Cost Proposal Template). Additionally, this total shall be utilized when completing your Attachment A, MWBE Subcontractor Commitment Form.

3. Lines 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on Attachment C worksheet. Respondents shall populate the yellow-shaded cells in the FTE Details worksheet.

The State defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.

Please populate the blue-shaded cells in the FTE Details worksheet.

Respondents shall provide a job title for each of the FTE's proposed for The State of Indiana contract as well as the number of FTE that job title contributes to the total.

PROJECT MANAGER - 1 FTE

Please keep in mind that the only FTE's that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: 10 employees working on 4 contracts (1 of them being the State of Indiana contract) - each of the 10 employees would only count as 1/4 of an FTE or .25. Therefore, the total number of FTE's for this scenario would be 2.5.



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:	Emergency Radio Service, LLC dba ERS Wireless
2	Address/City/State/Zip Code:	PO Box 110 Ligonier, IN 46767
3	Telephone #/Fax #/Website:	260-894-4145 / 260-894-7581 / www.erswireless.com
4	Federal Tax Identification Number:	35.1186341
5	State/Country of domicile/incorporation:	Indiana/US
6	Location of firm's headquarters or principal place of business:	PO Box 110 Ligonier, IN 46767
7	Name of parent company or holding company (if applicable):	NA
8	State/Country of domicile/incorporation of company listed in #7:	NA
9	Address of company listed in #7:	NA
10	IN Department of Workforce Development (DWD) account number:	686843
11	IN Department of Revenue (DOR) account number:	2030780001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	117
13	Total number of employees per most recently completed IRS Form W-2 distribution:	133
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$6,224,663.20
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$7,005,482.90
16	Total amount of this proposal, bid, or current contract:	\$91,676.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Emergency Radio Service, LLC
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.20

19	Subcontractor Company Name:	(Enter Company Name Here)					
20(A)	Address						
20(B)	Contact Person						
20(C)	Telephone Number						
20(D)	Tax ID Number						
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	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 authorized official:	Ken Hartsough	
	Title:	Risk Manager	
	Date:	8/23/2023	23-Aug-23

TOTAL FTE COUNT				0.00
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<i>(Enter Company Name Here)</i>				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	<i>2</i>	<i>6</i>	<i>100%</i>	<i>0.20</i>
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

<i>(Enter Company Name Here)</i>				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	<i>2</i>	<i>6</i>	<i>100%</i>	<i>0.20</i>
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00