

**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).

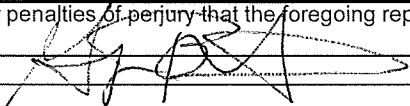
1	Legal Name of firm:	Indiana State University
2	Address/City/State/Zip Code:	200 North Seventh Street, Terre Haute, IN 47809
3	Telephone #/Fax #/Website:	(812)237-3088 / (812)237-3092/ https://www.indstate.edu
4	Federal Tax Identification Number:	35-6001670
5	State/Country of domicile/incorporation:	Indiana/USA
6	Location of firm's headquarters or principal place of business:	Terre Haute, IN
7	Name of parent company or holding company (if applicable):	N/A
8	State/Country of domicile/incorporation of company listed in #7:	N/A
9	Address of company listed in #7:	N/A
10	IN Department of Workforce Development (DWD) account number:	73345
11	IN Department of Revenue (DOR) account number:	3123286
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	3,610
13	Total number of employees per most recently completed IRS Form W-2 distribution:	4,347
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$82,556,174
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$90,946,247
16	Total amount of this proposal, bid, or current contract:	\$ 5,200,000.00

**ACCOUNTING OF INDIANA RESIDENT
EMPLOYEES**

17	Prime Contractor Company Name:	Indiana State University
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18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	16.20
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19	<u>Subcontractor Company Name:</u>	Inclusion and Beyond, Inc.	Virtuoso Education Consulting, LLC		
20	Address/Contact Person/Telephone Number/Tax ID Number:	7916 Zionsville Rd. Indianapolis, IN 46268 (812)457-8423	6929 E. 10th St, Ste 248, Indianapolis, IN (317)386-6060		
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.02	0.20	0.00	0.00

22	<u>Affirmation by authorized official:</u> 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:	Dr. Greg Bierly			
	Title:	Chief Research Officer and Dean			
	Date:				