


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:	The EMS Training School, LLC
2	Address/City/State/Zip Code:	115 Jordan Plaza Blvd, Ste 200 Tyler, Texas 75704
3	Telephone #/Fax #/Website:	Phone: (888) 390-5081 Email: https://www.schoolofems.org
4	Federal Tax Identification Number:	82-4257933
5	State/Country of domicile/incorporation:	Delaware / United States
6	Location of firm's headquarters or principal place of business:	115 Jordan Plaza Blvd, Ste 200 Tyler, Texas 75704
7	Name of parent company or holding company (if applicable):	Paramedics Logistics Holding Company, LLC
8	State/Country of domicile/incorporation of company listed in #7:	Delaware / United States
9	Address of company listed in #7:	115 Jordan Plaza Blvd, Ste 200 Tyler, Texas 75704
10	IN Department of Workforce Development (DWD) account number:	589479
11	IN Department of Revenue (DOR) account number:	168730847
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	9
13	Total number of employees per most recently completed IRS Form W-2 distribution:	262
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	27,125
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$3,545,378.34
16	Total amount of this proposal, bid, or current contract:	\$4,120,000.00 = 4 year total from Att D Bid Cost

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	The EMS Training School, LLC
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18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	3.50
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19	<u>Subcontractor Company Name:</u>	N/A	N/A	N/A	N/A
20	Address/Contact Person/Telephone Number/Tax ID Number:	N/A	N/A	N/A	N/A
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	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:	<i>Herman Schwarz</i>			
	Name of auththorized official:	Herman M. Schwarz			
	Title:	Chief Executive Officer			
	Date:	15-Jan-24			