

**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:	Sirchie Acquisition Company ,LLC
2	Address/City/State/Zip Code:	100 Hunter Place Youngsville NC 27596
3	Telephone #/Fax #/Website:	800-356-7311/800-899-8181/www.sirchie.com
4	Federal Tax Identification Number:	26-1186682
5	State/Country of domicile/incorporation:	North Carolina/ USA/Delaware
6	Location of firm's headquarters or principal place of business:	100 Hunter Place Youngsville NC 27596
7	Name of parent company or holding company (if applicable):	Firefox Financial Holding, LLC
8	State/Country of domicile/incorporation of company listed in #7:	North Carolina/ USA/Delaware
9	Address of company listed in #7:	100 Hunter Place Youngsville NC 27596
10	IN Department of Workforce Development (DWD) account number:	3173 973 080 129
11	IN Department of Revenue (DOR) account number:	n/a
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	n/a
13	Total number of employees per most recently completed IRS Form W-2 distribution:	145 145
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	n/a
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	1255
16	Total amount of this proposal, bid, or current contract:	\$ 71621.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	N/A
----	--------------------------------	-----

18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	N/a
----	--	-----

19	Subcontractor Company Name:	N/A			
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:	N/A	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:	Dan O'Neil			
	Title:	Bid Specialist			
	Date:	11/11/22			11/9/2022