

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)  
DEPARTMENT OF ADMINISTRATION  
Approved by State Board of Accounts, 2006

**INSTRUCTIONS**

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:	Automated Doors And Access
2	Address/City/State/Zip Code:	6334 E 32nd Court/ Indianapolis/Indiana/46219
3	Telephone #/Fax #/Website:	317-4727450/317-472-7451/ www.adausa.com
4	Federal Tax Identification Number:	71-1031287
5	State/Country of domicile/incorporation:	Indiana/Marion
6	Location of firm's headquarters or principal place of business:	6334 E 32nd Court/ Indianapolis/Indiana/46219
7	Name of parent company or holding company (if applicable):	
8	State/Country of domicile/incorporation of company listed in #7:	
9	Address of company listed in #7:	
10	IN Department of Workforce Development (DWD) account number:	572090
11	IN Department of Revenue (DOR) account number:	0127726.349-001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	19
13	Total number of employees per most recently completed IRS Form W-2 distribution:	34
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	999,703.78
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	1,497,490.52
16	Total amount of this proposal, bid, or current contract:	

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	Prime Contractor Company Name:	Automated Doors and Access
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18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	13.00
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19	<u>Subcontractor Company Name:</u>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
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:				
	Name of authorized official: <u>JOHN GAMBRIL</u>				
	Title: <u>MANAGER</u>				
	Date: <u>2-6-2020</u>				