



INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS

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

Region 2

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

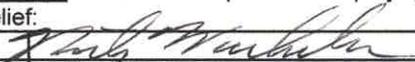
1	Legal Name of firm:	Dilgard Frozen Foods, Inc.	
2	Address/City/State/Zip Code:	P.O. Box 13369, Fort Wayne, IN 46868	
3	Telephone #/Fax #/Website:	Phone 260-422-7531 Fax 260-426-0212	
4	Federal Tax Identification Number:	35-1051993	
5	State/Country of domicile/incorporation:	Indiana, USA	
6	Location of firm's headquarters or principal place of business:	830 Hayden St, Fort Wayne, IN 46803	
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:	031470B	
11	IN Department of Revenue (DOR) account number:	0001876791 001	
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:		56
13	Total number of employees per most recently completed IRS Form W-2 distribution:		59
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:		1,647,728.08
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:		1,741,701.62
16	Total amount of this proposal, bid, or current contract:	\$	286,162.40

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	<u>Prime Contractor Company Name:</u>	Dilgard Frozen Foods, Inc.
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	3.50
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19	Subcontractor Company Name:				
20	Address/Contact Person/Telephone Number/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

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:	Nick Woehnker			
	Title:	President			
	Date:	12/14/2023			