



**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).

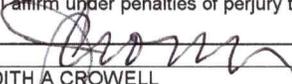
1	Legal Name of firm:	BLACKJACK UNIFORMS LEATHER
2	Address/City/State/Zip Code:	7242 KENNEDY AVENUE, HAMMOND, INDIANA 46323
3	Telephone #/Fax #/Website:	218 844 2870 219 8443511
4	Federal Tax Identification Number:	35-2152524
5	State/Country of domicile/incorporation:	INDIANA
6	Location of firm's headquarters or principal place of business:	INDIANA
7	Name of parent company or holding company (if applicable):	BLACKJACK UNIFORMS
8	State/Country of domicile/incorporation of company listed in #7:	INDIANA
9	Address of company listed in #7:	7242 KENNEDY AVENUE, HAMMOND, INDIANA 46323
10	IN Department of Workforce Development (DWD) account number:	507049
11	IN Department of Revenue (DOR) account number:	1105-79505
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	1.5
13	Total number of employees per most recently completed IRS Form W-2 distribution:	1.5
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	25,000.00
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	25,000.00
16	Total amount of this proposal, bid, or current contract:	\$706,668.75 (MAIN PRICING) \$518,865.00 (ALTERNATE) LEATHER

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	Prime Contractor Company Name:	
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	2.50

19	Subcontractor Company Name:	RAINE INC.	PRINT SOLUTIONS	LAKESIDE ADV.	
20	Address/Contact Person/Telephone Number/Tax ID Number:	6401 S MADISON AN	1744 BEACHVIEW CT CROWN PT IN 46307 219 988 4186	543 LEWIS ST HAMMOND.IN 46320 219 937 2438	

21	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.50	0.25	25.00	0.00
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22	<b>Affirmation by authorized official:</b> 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:	JUDITH A CROWELL
Title:	PRESIDENT/OWNER
Date:	1/20/2020