

**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).

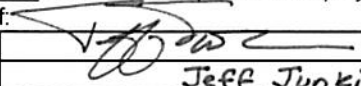
1	Legal Name of firm:	Whitley County Chevrolet, LLC
2	Address/City/State/Zip Code:	3100 E. Business Highway 30, Columbia City, IN 46725
3	Telephone #/Fax #/Website:	260-212-5563; website: gocitychevy.com
4	Federal Tax Identification Number:	27-3371372
5	State/Country of domicile/incorporation:	Domiciled in the State of Indiana, United States of America
6	Location of firm's headquarters or principal place of business:	3100 E. Business Highway 30, Columbia City, IN 46725
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:	615066
11	IN Department of Revenue (DOR) account number:	139239820
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	69
13	Total number of employees per most recently completed IRS Form W-2 distribution:	69
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	2,143,260.78
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	2,143,260.78
16	Total amount of this proposal, bid, or current contract:	\$ 286,083.00

**ACCOUNTING OF INDIANA RESIDENT  
EMPLOYEES**

17	Prime Contractor Company Name:	
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18	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.09
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19	<b>Subcontractor Company Name:</b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

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: <u>Jeff Junkin</u>				
	Title: <u>Commercial Account Manager</u>				
	Date: <u>11-4-2024</u>				

**FTE DETAILS**  
**Job Titles and Contributing FTE**

- Populate the yellow-shaded cells; with all applicable job titles and the total FTE count.  
 - Respondents may insert additional rows to account for all job titles attributing to the total FTE count.  
 Please keep in mind that the only FTEs that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: The project length of the contract is 24 months. There are 10 employees working on the contract over the 24 month contract period. 5 employees are working solely on the project for 24 months. 3 employees are working equal time on 2 projects for 24 months. 2 employees are working solely on the project for 6 months.  
 The FTEs would be calculated as follows:  
 5 employees x 24 months (24 months working solely on this project) x 1 (time spent solely on this project) = 120 months / 24 months (length of contract) = 5 FTEs  
 3 employees x 24 months x .5 (splitting time equally between 2 projects) = 36 months / 24 months = 1.5 FTEs  
 2 employees x 6 months (6 months dedicated solely to this project) x 1 (time spent solely on this project) = 12 months / 24 months = .5 FTEs  
**Column Title Definitions:**  
**Number of Employees** = Number of employees working on this State contract.  
**Duration (In Months)** = Amount of time that the employee(s) will spend on the State contract.  
**Time Spent (Percentage)** = Percentage of time the employee(s) will be working on the contract.

**Duration of Initial Contract Term (In Months)** **24** \*Number based on initial contract term

PRIME CONTRACTOR COMPANY				
EMPLOYEE JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Project Managers	5	24	100%	5.00
Example: Project Coordinators	3	24	50%	1.50
Example: Project Directors	2	6	100%	0.50
Commercial Account Manager	1	1	50.00%	0.02
General Sales Manager	1	1	50.00%	0.02
General Manager	1	1	60.00%	0.03
Chief Financial Officer	1	1	60.00%	0.03
				0.00
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.09</b>

SUB CONTRACTOR COMPANY NAME				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>

SUB CONTRACTOR COMPANY NAME				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>

SUB CONTRACTOR COMPANY NAME				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>

SUB CONTRACTOR COMPANY NAME				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>