

**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:	Donley Safety
2 Address/City/State/Zip Code:	5546 Elmwood Ct Indianapolis , In 46203
3 Telephone #/Fax #/Website:	317-786-2268 317-786-2532 www.donleysafety.com
4 Federal Tax Identification Number:	35-1569825
5 State/Country of domicile/incorporation:	Indiana
6 Location of firm's headquarters or principal place of business:	5546 Elmwood Ct Indianapolis , In 46203
7 Name of parent company or holding company (if applicable):	Donley Safety
8 State/Country of domicile/incorporation of company listed in #7:	Indiana
9 Address of company listed in #7:	5546 Elmwood Ct Indianapolis , In 46203
10 IN Department of Workforce Development (DWD) account number:	163443
11 IN Department of Revenue (DOR) account number:	2560208
12 Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	29
13 Total number of employees per most recently completed IRS Form W-2 distribution:	29
14 Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	859304.64
15 Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	859304.64
16 Total amount of this proposal, bid, or current contract:	\$ 181,421.87

**ACCOUNTING OF INDIANA RESIDENT
EMPLOYEES**

Prime Contractor Company:	

18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00
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19	Subcontractor Company Name:				
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:	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:	Jerry Johnson			
	Title:	Sales Manager			
	Date:	8/16/2022			