

**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).

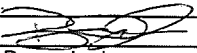
1	Legal Name of firm:	Kelley Automotive Group, LLC
2	Address/City/State/Zip Code:	555 Grand National Drive, Fort Wayne, IN 46804
3	Telephone #/Fax #/Website:	260-434-4750 / www.drivekelley.com
4	Federal Tax Identification Number:	27-2098643
5	State/Country of domicile/incorporation:	Indiana / United States
6	Location of firm's headquarters or principal place of business:	555 Grand National Drive, Fort Wayne, IN 46804
7	Name of parent company or holding company (if applicable):	Kelley Automotive Group, LLC
8	State/Country of domicile/incorporation of company listed in #7:	Indiana / United States
9	Address of company listed in #7:	555 Grand National Drive, Fort Wayne, IN 46804
10	IN Department of Workforce Development (DWD) account number:	597109
11	IN Department of Revenue (DOR) account number:	0137861940 (individual dealership entities are subsets of this with location ID's)
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	726
13	Total number of employees per most recently completed IRS Form W-2 distribution:	743
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	36,928,947.66
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	37,534,480.19
16	Total amount of this proposal, bid, or current contract:	Varies depending on how many vehicles ordered. Per Attachment D Bid Cost, \$750,188 is (1) of each vehicle is ordered.

ACCOUNTING OF INDIANA RESIDENT**EMPLOYEES**

17	Prime Contractor Company Name:	Kelley Automotive Group, LLC
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18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	450.00
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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 auththorized official: Barry Jackson				
	Title: Director - Fleet Sales & Commercial Finance				
	Date: 11/8/2024				

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 FTE's 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. 5 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) 12 *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%	10.00
Example: Project Coordinators	3	24	50%	3.00
Example: Project Directors	2	6	100%	1.00
Fleet Director	1	12	25.00%	0.25
Fleet Sales	1	12	25.00%	0.25
Municipal Sales	1	12	50.00%	0.50
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				1.00

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%	1.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

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%	1.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

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%	1.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

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%	1.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00