

**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).

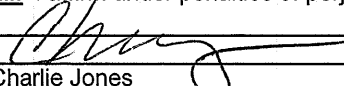
1	Legal Name of firm:	OxBow Data Management Systems, LLC
2	Address/City/State/Zip Code:	3906 Raynor Parkway, Suite 200, Bellevue, NE 68123
3	Telephone #/Fax #/Website:	531-205-2101/402-991-9331/www.oxbowdms.com
4	Federal Tax Identification Number:	27-0819235
5	State/Country of domicile/incorporation:	Nebraska/United States of America
6	Location of firm's headquarters or principal place of business:	3906 Raynor Parkway, Suite 200, Bellevue, NE 68123
7	Name of parent company or holding company (if applicable):	McCallie Associates, Inc
8	State/Country of domicile/incorporation of company listed in #7:	Nebraska/United States of America
9	Address of company listed in #7:	3906 Raynor Parkway, Suite 200, Bellevue, NE 68123
10	IN Department of Workforce Development (DWD) account number:	N/A
11	IN Department of Revenue (DOR) account number:	N/A
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	0
13	Total number of employees per most recently completed IRS Form W-2 distribution:	7
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	0
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$671,300.31
16	Total amount of this proposal, bid, or current contract:	\$ 869,400.00

ACCOUNTING OF INDIANA RESIDENT**EMPLOYEES**

17	Prime Contractor Company Name:	OxBow DMS, 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:	0.00
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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:	Charlie Jones			
	Title:	President			
	Date:	2/01/22			2/9/2022