

## Indiana Economic Impact Form, Attachment C

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### **Instructions**

**1. Complete lines 1 - 15 with the information requested about the company in the Attachment C worksheet.**

*All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form (Attachment C). The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state.*

**2. Line 16: Enter total amount of this proposal, bid, or current contract.**

*This figure is the respondent's total cost proposal to the the state (as submitted in Attachment D, Cost Proposal Template). Additionally, this total shall be utilized when completing your Attachment A, MWBE Subcontractor Commitment Form.*

**3. Lines 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on Attachment C worksheet. Respondents shall populate the yellow-shaded cells in the FTE Details worksheet.**

*The state defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.*

***Please populate the yellow-shaded cells in the FTE Details worksheet.***

**Respondents shall provide a job title for each of the FTE's proposed for The State of Indiana contract as well as the number of FTE that job title contributes to the total.**

PROJECT MANAGER - 1 FTE

*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: 10 employees working on 4 contracts (1 of them being the State of Indiana contract) - each of the 10 employees would only count as 1/4 of an FTE or .25. Therefore, the total number of FTE's for this scenario would be 2.5.*

**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	<b>Legal Name of firm:</b>	Laboratory Corporation of America Holdings
2	<b>Address/City/State/Zip Code:</b>	1440 York Court, Burlington, NC 27215
3	<b>Telephone #/Fax #/Website:</b>	Phone:336-436-7355 Fax:336-538-6572 Website:https://www.labcorp.com/
4	<b>Federal Tax Identification Number:</b>	13-3757370
5	<b>State/Country of domicile/incorporation:</b>	Delaware
6	<b>Location of firm's headquarters or principal place of business:</b>	358 South Main Street, Burlington, NC 27215
7	<b>Name of parent company or holding company (if applicable):</b>	Not applicable
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	Not applicable
9	<b>Address of company listed in #7:</b>	Not applicable
10	<b>IN Department of Workforce Development (DWD) account number:</b>	3936398
11	<b>IN Department of Revenue (DOR) account number:</b>	1995070219
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	395
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	402
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	17,074,619.23
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	17,281,341.26
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$530,725.30*

\*From Attachment D

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	<b>Prime Contractor Company Name:</b>	Laboratory Corporation of America Holdings
18	<b>Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:</b>	9.15

19	<b><u>Subcontractor Company Name:</u></b>	#1 Strategic Solutions LLC	Specimen Specialists of America, Inc.		
20	Address/Contact Person/Telephone Number/Tax ID Number:	Susan Roberson, 55 Monument Circle Ste #725, Suite 731 Indianapolis, IN 46204 317-203-4034	Christian A. Laws 2945 Bell Road #197 Auburn, CA 95603, 800-568-6808 x 1129		
21	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	3.00	4.00	0.00	0.00

22	<b><u>Affirmation by authorized official:</u></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:	Antoinette Surgeon			
	Title:	Contract Manager			
	Date:	9-Apr-23			

## 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.

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		
<b>PRIME CONTRACTOR COMPANY</b>				
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
Marjorie Loy, Account Manager	1	24	15.00%	0.15
Labcorp PCS and Other Support Staff	60	24	15.00%	9.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				9.15
<b>SUB CONTRACTOR COMPANY NAME</b>				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
Strategic Solutions LLC	3	24	100%	3.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				3.00
<b>SUB CONTRACTOR COMPANY NAME</b>				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
Specimen Specialist of America	4	24	100%	4.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				4.00
<b>SUB CONTRACTOR COMPANY NAME</b>				
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>				0.00
<b>SUB CONTRACTOR COMPANY NAME</b>				
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>				0.00