

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)
DEPARTMENT OF ADMINISTRATION
Approved by State Board of Accounts, 2006

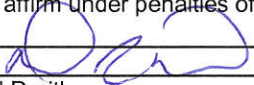
This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

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|----|---|---|
| 1 | Legal Name of firm: | Crossroads Rehabilitation Center, Inc. |
| 2 | Address/City/State/Zip Code: | 4740 Kingsway Drive, Indianapolis, IN 46205 |
| 3 | Telephone #/Fax #/Website: | 317-466-1000; 317-466-2000; www.eastersealscrossroads.org |
| 4 | Federal Tax Identification Number: | 35-0869058 |
| 5 | State/Country of domicile/incorporation: | Indiana |
| 6 | Location of firm's headquarters or principal place of business: | 4740 Kingsway Drive, Indianapolis, IN 46205 |
| 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: | 106643 |
| 11 | IN Department of Revenue (DOR) account number: | 1810081 |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: | 354 |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution: | 354 |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | \$8,590,599.43 |
| 15 | Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: | \$8,590,599.43 |
| 16 | Total amount of this proposal, bid, or current contract: | \$418,228.02 (pulled from Table 2: Purchasing Profile) |

**ACCOUNTING OF INDIANA RESIDENT
EMPLOYEES**

| | | |
|----|--|--|
| 17 | Prime Contractor Company Name: | Crossroads Rehabilitation Center, Inc. |
| 18 | Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract: | 2.50 |

| | | | | | |
|----|--|--|---|------|------|
| 19 | Subcontractor Company Name: | Favorite Part of My Day, LLC | Anointed Hands, LLC | | |
| 20 | Address/Contact Person/Telephone Number/Tax ID Number: | 4714 Branch View Way, Indianapolis, IN 46234 / Cassandra Porter / 317-434-4208 / Tax ID Number: 47-1206276 | 7251 Lesley Avenue, Indianapolis, IN 46250 / Lisa Warren / 317-850-6696 / Tax ID Number: 20-5753613 | | |
| 21 | Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract: | 0.15 | 0.20 | 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: | David Dreith |
| | Title: | President/CEO |
| | Date: | 7/14/2020 |