

**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:	Fairfax Imaging, Inc. (dba Fairfax Software)
2	Address/City/State/Zip Code:	2005 Pan Am Circle, Suite 110, Tampa, FL 33607
3	Telephone #/Fax #/Website:	Ph: 877-627-8325 Fax: 813-881-1600 web: www.fairfaxsoftware.com
4	Federal Tax Identification Number:	54-1701382
5	State/Country of domicile/incorporation:	State of Virginia, U.S.
6	Location of firm's headquarters or principal place of business:	2005 Pan Am Circle, Suite 110, Tampa, FL 33607
7	Name of parent company or holding company (if applicable):	not applicable
8	State/Country of domicile/incorporation of company listed in #7:	not applicable
9	Address of company listed in #7:	not applicable
10	IN Department of Workforce Development (DWD) account number:	777759
11	IN Department of Revenue (DOR) account number:	0126440824-001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	1
13	Total number of employees per most recently completed IRS Form W-2 distribution:	90
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	7163
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$6,161,888
16	Total amount of this proposal, bid, or current contract:	\$733,771

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	Prime Contractor Company Name:	Fairfax Imaging, Inc. (dba Fairfax Software)
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18	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.48
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19	<b>Subcontractor Company Name:</b>	AimHire IT	Ryan Consulting Group	Vespa Group	
20	Address/Contact Person/Telephone Number/Tax ID Number:	18677 Wychwood Place, Noblesville, IN 46062 Contact: Stacia Schoeneman 317-506-1055 FEIN: 82-1226419	7914 N. Shadeland Ave., Suite 200 Indianapolis, IN 46250 Contact: Darrell Street 317-679-2132 FEIN: 35-2152984	201 N. Illinois St. South Tower 1600 Indianapolis, IN 46204 Contact: Tony Vespa 410-533-6247 FEIN: 46-4438676	
21	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.05	0.05	0.05	0.00

22	<b>Affirmation by authorized official:</b> I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief.				
	Signature:	<i>Michael D. Minter</i>			
	Name of auththorized official:	Michael D. Minter			
	Title:	VP, Sales and Marketing			
	Date:	8-5-2020			



**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 (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)** **60** \*Number based on initial contract term

PRIME CONTRACTOR COMPANY		Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
EMPLOYEE JOB TITLE					
	Project Manager	1	13	100.00%	0.22
	Business Analyst	1	13	50.00%	0.11
	Lead Engineer	1	13	50.00%	0.11
	Production Support Manager	1	60	5.00%	0.05
					0.00
					0.00
					0.00
					0.00
TOTAL FTE COUNT					0.48

SUB CONTRACTOR COMPANY NAME		Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
JOB TITLE					
	Business Analyst/Consultant	1	13	25%	0.05
					0.00
					0.00
TOTAL FTE COUNT					0.05

SUB CONTRACTOR COMPANY NAME		Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
JOB TITLE					
	Senior Business/Quality Analyst	1	13	25%	0.05
					0.00
					0.00

TOTAL FTE COUNT					0.05
SUB CONTRACTOR COMPANY NAME					
JOB TITLE		Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Developer/Report Writer					
TOTAL FTE COUNT					0.05
SUB CONTRACTOR COMPANY NAME					
JOB TITLE		Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
TOTAL FTE COUNT					0.00

(Enter Company Name Here)					
JOB TITLE		Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
TOTAL FTE COUNT					0.00