

## Indiana Economic Impact Form, Attachment C

### **Instructions**

1. Complete items 1 - 15 with the information requested about the company in the Attachment C tab.

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

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

**3. Items 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on the 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 FTEs 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 FTEs for this scenario would be 2.5 (10 employees \* .25 FTE).*



## 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>	Technical Resource Management, LLC dba Cordant Health Solutions
2	<b>Address/City/State/Zip Code:</b>	12015 E 46th Avenue, Suite 220, Denver, CO 80239
3	<b>Telephone #/Fax #/Website:</b>	Phone: 800.348.4422 / Website: <a href="https://cordantsolutions.com/">https://cordantsolutions.com/</a>
4	<b>Federal Tax Identification Number:</b>	35-2523383
5	<b>State/Country of Domicile/Incorporation:</b>	LLC was formed in Delaware, U.S.
6	<b>Location of Firm's Headquarters or Principal Place of Business:</b>	12015 E 46th Avenue, Suite 220, Denver, CO 80239
7	<b>Name of Parent Company or Holding Company (if applicable):</b>	Technical Resource Management is jointly owned by Sterling Healthcare Opco, LLC and Technical Resource Management Holdings, Inc. Sterling Healthcare Opco, LLC also owns Regional Toxicology Services, LLC dba Cordant Health Solutions, American Forensic Toxicology Services, LLC dba Cordant Health Solutions and Secon of New England, LLC dba Cordant Health Solutions.
8	<b>State/Country of Domicile/Incorporation of Company listed in #7:</b>	Sterling Healthcare Opco, LLC and Technical Resource Management Holdings, Inc., American Forensic Toxicology Services, LLC and Secon of New England, LLC were all formed in the state of Delaware, U.S. Regional Toxicology Services, LLC was formed in the state of Washington.
9	<b>Address of Company listed in #7:</b>	12015 E 46th Avenue, Suite 220, Denver, CO 80239 - for all entities
10	<b>IN Department of Workforce Development (DWD) Account Number:</b>	633231
11	<b>IN Department of Revenue (DOR) Account Number:</b>	01047735696 001
12	<b>Number of Indiana Resident Employees per most recently completed IRS Form W-2 Distribution:</b>	2019 W-2 - 25
13	<b>Total Number of Employees per most recently completed IRS Form W-2 Distribution:</b>	2019 W-2 - 953

14	<b>Total amount of Payroll Paid to Indiana Resident Employees per most recently completed IRS Form W-2 Distribution:</b>	2019 W-2 - \$632,523.33
15	<b>Total amount of Payroll Paid to all Employees per the most recently completed IRS Form W-2 Distribution:</b>	2019 W-2 - 37,127,699.00
16	<b>Total amount of this Proposal, Bid, or Current Contract:</b>	\$31,763,160

#### **ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	<b><u>Prime Contractor Company Name:</u></b>	Technical Resource Management, LLC dba Cordant Health Solutions
18	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	26.50

19	<b><u>Subcontractor Company Name:</u></b>	See Note below.			
20	<b><u>Address/Contact Person/Telephone Number/Tax ID Number:</u></b>				
21	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	Unknown			

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 authorized official:	Jason Roeder			
	Title:	Chief Financial Officer			
	Date:	9-Sep-20			

**Note:** Cordant is utilizing many subcontractors in the performance of this contract, but we are unable to estimate the number of FTEs at each these sites.

**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 FTEs 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 36 months. There are 10 employees working on the contract over the 36 month contract period. 5 employees are working solely on the project for 36 months. 3 employees are working equal time on 2 projects for 36 months. 2 employees are working solely on the project for 6 months.  
The FTEs would be calculated as follows:  
5 employees x 36 months (36 months working solely on this project) x 1 (time spent solely on this project) = 180 months / 36 months (length of contract) = 5 FTEs  
3 employees x 36 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 / 36 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.

<b>Duration of Initial Contract Term (In Months)</b>	<b>48</b>	*Number based on initial contract term
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<u>PRIME CONTRACTOR COMPANY</u>				
EMPLOYEE JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Regional Lead	2	48	100.00%	2.00
Laboratory Collection Specialists	4	48	100.00%	4.00
Laboratory Collection Specialists	29	48	50.00%	14.50
Laboratory Technicians	4	48	100%	4.00
Screening Analyst	1	48	100%	1.00
Laboratory Manager	1	48	100%	1.00
				0.00
				0.00
TOTAL FTE COUNT				26.50

<u>SUBCONTRACTOR COMPANY NAME</u>				
(Enter Company Name Here)				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

<u>SUBCONTRACTOR COMPANY NAME</u>				
(Enter Company Name Here)				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

<u>SUBCONTRACTOR COMPANY NAME</u>				
(Enter Company Name Here)				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

<u>SUBCONTRACTOR COMPANY NAME</u>				
(Enter Company Name Here)				
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE

				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

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