



# INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

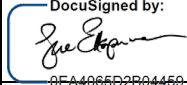
This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	<b>Legal Name of firm:</b>	Ivy Tech Community College of Indiana
2	<b>Address/City/State/Zip Code:</b>	50 W Fall Creek Parkway North Drive, Indianapolis, IN 46208
3	<b>Telephone #/Fax #/Website:</b>	317-916-7942
4	<b>Federal Tax Identification Number:</b>	351180631
5	<b>State/Country of domicile/incorporation:</b>	Indiana
6	<b>Location of firm's headquarters or principal place of business:</b>	Indiana
7	<b>Name of parent company or holding company (if applicable):</b>	N/A
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	N/A
9	<b>Address of company listed in #7:</b>	N/A
10	<b>IN Department of Workforce Development (DWD) account number:</b>	0000016109
11	<b>IN Department of Revenue (DOR) account number:</b>	0002021412001
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	9,285
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	9,618
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	\$227,563,968.65
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	\$229,254,446.99
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$39,291,768.00

## ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	<b>Prime Contractor Company Name:</b>	
18	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	95.00

19	<b>Subcontractor Company Name:</b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:	N/A			
21	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	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:				
	<div> <div>DocuSigned by:</div>  </div>				
	Signature:	05A4065D2B04460...			
	Name of auththorized official:	Sue Ellspermann, PhD			
	Title:	President			
	Date:	04/23/2021			