

**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>	Pace Analytical Services, LLC
2	<b>Address/City/State/Zip Code:</b>	1241 Bellevue Street, Suite 9, Green Bay WI 54302
3	<b>Telephone #/Fax #/Website:</b>	920-469-2436/ 920-469-6/ www.pacelabs.com
4	<b>Federal Tax Identification Number:</b>	41-1821617
5	<b>State/Country of domicile/incorporation:</b>	Indiana/ USA
6	<b>Location of firm's headquarters or principal place of business:</b>	Minneapolis, MN
7	<b>Name of parent company or holding company (if applicable):</b>	Pace Analytical Services, Inc.
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	Minnesota/ USA
9	<b>Address of company listed in #7:</b>	1800 Elm Street SE, Minneapolis, MN 55414
10	<b>IN Department of Workforce Development (DWD) account number:</b>	WC 2078325984
11	<b>IN Department of Revenue (DOR) account number:</b>	0100618855-001-3
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	162
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	3,928
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	\$6,572,607
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	\$153,099,096
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$291,930

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	<b>Prime Contractor Company Name:</b>	
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18	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	9.00
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19	<b><u>Subcontractor Company Name:</u></b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	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:				
	Nils Melberg				
	Title: GM				
	Date: 03/24/21	See Appendix E6 for the signed copy of the form			