

ATTACHMENT C:

Indiana Economic Impact forms



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:	Indiana Disability Determination Consultants
2	Address/City/State/Zip Code:	10702 Elm Ridge Court, Indianapolis, IN 46236
3	Telephone #/Fax #/Website:	(317) 490-0033
4	Federal Tax Identification Number:	35-1954877
5	State/Country of domicile/incorporation:	Indiana
6	Location of firm's headquarters or principal place of business:	10702 Elm Ridge Court, Indianapolis, IN 46236
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:	N/A
11	IN Department of Revenue (DOR) account number:	101270054
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	0-All 12 are independent consultants/contractors in a LLC who receive 1099s.
13	Total number of employees per most recently completed IRS Form W-2 distribution:	N/A
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	N/A
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	N/A
16	Total amount of this proposal, bid, or current contract:	2,700,000

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Indiana Disability Determination Consultants, LLC
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	7 FTE members and 5 FTE subcontractors

19	Subcontractor Company Name:	Real Talk Consulting	TroSannhet Enterprises
	Address/Contact Person/Telephone Number/Fax ID Number:	11763 Kittery Drive, Fishers IN 46037 (317) 501-1703	215 E. 10th Street, Indianapolis, IN 46202 (317) 979-9495

Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	26-4172548	35-4729033
	1.00	1.00

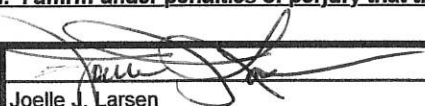
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Subcontractor Company Name:	Lovko Consulting	Amy S. Johnson Consulting
Address/Contact Person/Telephone Number/Tax ID Number:	8719 Chapel Glen Dr., Indianapolis, IN 46234 (317) 271-7691 27-2214778	9824 Plantana Blvd., Fishers IN 48038 (317) 250-6231 27-0863536
Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	1.00	1.00

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Subcontractor Company Name:	Buzz Lovko Consulting
Address/Contact Person/Telephone Number/Tax ID Number:	867 Codesa Way, Indianapolis IN 46278 (317) 627-8754 27-2275916
Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	1

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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:	Joelle J. Larsen
Title:	Chair/President
Date:	7/6/21

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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 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 / 24 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)

24 *Number based on initial contract term

PRIME CONTRACTOR COMPANY

EMPLOYEE JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Project Managers</i>	5	24	100%	5.00
<i>Example: Project Coordinators</i>	3	24	50%	1.50
<i>Example: Project Directors</i>	2	6	100%	0.50
Disability Determination Consultant/President, Joelle Larsen, Ph.D, HSPP, Psychologist	1	24	100.00%	1.00
Disability Determination Consultant/Vice President, B. Randal Horton, Psy.D, HSPP, Psychologist	1	24	100.00%	1.00
Disability Determination Consultant/Treasurer, Kenneth Neville, Ph.D, HSPP, Psychologist	1	24	100.00%	1.00
Disability Determination Consultant/Secretary, Donna Unversaw, Ph.D, HSPP, Psychologist	1	24	100.00%	1.00
Disability Determination Consultant, William Shipley, Ph.D, HSPP, Psychologist	1	24	100.00%	1.00
Disability Determination Consultant, James Gange, Ph.D, HSPP, Psychologist	1	24	100.00%	1.00
Disability Determination Consultant, Maura Clark, Ph.D, HSPP, Psychologist	1	24	100.00%	1.00
TOTAL FTE COUNT				7.00

SUB CONTRACTOR COMPANY NAME

JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.50
Disability Determination Consultant Psychologist	1	24	100%	1.00
				0.00
TOTAL FTE COUNT				1.00

SUB CONTRACTOR COMPANY NAME

JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.50
Disability Determination Consultant Psychologist	1	24	100%	1.00
				0.00
TOTAL FTE COUNT				1.00

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				0.00
TOTAL FTE COUNT				1.00

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TOTAL FTE COUNT				1.00

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Disability Determination Consultant Psychologist	1	24	100%	1.00
				0.00
TOTAL FTE COUNT				1.00