

**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).

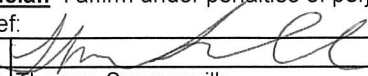
1	Legal Name of firm:	The Arc of Northeast Indiana Inc. D.B.A. Easterseals Arc of Northeast Indiana
2	Address/City/State/Zip Code:	4919 Coldwater Road, Fort Wayne, IN 46825-5532
3	Telephone #/Fax #/Website:	260.456.4534/ https://www.eastersealsnei.org/
4	Federal Tax Identification Number:	35-0998711
5	State/Country of domicile/incorporation:	Indiana
6	Location of firm's headquarters or principal place of business:	4919 Coldwater Road, Fort Wayne, IN 46825-5532
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:	78322
11	IN Department of Revenue (DOR) account number:	1851403001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	1,135
13	Total number of employees per most recently completed IRS Form W-2 distribution:	1,152
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$22,440,186.37
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$22,970,718.28
16	Total amount of this proposal, bid, or current contract:	\$4,000,000

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	The Arc of Northeast Indiana dba. Easterseals Arc of Northeast Indiana
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	22.13
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19	Subcontractor Company Name:	Cardinal Services			
20	Address/Contact Person/Telephone Number/Tax ID Number:	504 N. Bay Drive Warsaw, IN 46580 Vickie Lootens/ 574-267-3823/			
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	8.00	0.10	0.13	0.00

22	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:	Thomas Summerville			
	Title:	President of operations			
	Date:	1/15/2024			