

**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).

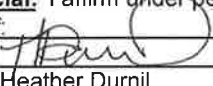
1	Legal Name of firm:	Aging & Community Services of South Central Indiana, Inc. dBa Thrive Alliance
2	Address/City/State/Zip Code:	1531 13th. Street Ste G900, Columbus, IN 47201
3	Telephone #/Fax #/Website:	(812) 372-6918 / (812)376-9458 / www.thrive-alliance.org
4	Federal Tax Identification Number:	31-1017271
5	State/Country of domicile/incorporation:	Indiana, United States
6	Location of firm's headquarters or principal place of business:	Indiana
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:	476557
11	IN Department of Revenue (DOR) account number:	1429361
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	126
13	Total number of employees per most recently completed IRS Form W-2 distribution:	126
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	3,987,569.11
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	3,987,569.11
16	Total amount of this proposal, bid, or current contract:	\$ 3,886,629.01

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	N/A
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18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.00
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19	<u>Subcontractor Company Name:</u>	N/A			
20	Address/Contact Person/Telephone Number/Tax ID Number:	N/A			
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	<u>Affirmation by authorized official:</u> 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:	Heather Durnil			
	Title:	Finance Director			
	Date:	12/8/2022			