

**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:	ProKids, Inc.
2	Address/City/State/Zip Code:	1776 N. Meridian Street, Suite 300, Indianapolis, IN 46202
3	Telephone #/Fax #/Website:	
4	Federal Tax Identification Number:	35-2066072
5	State/Country of domicile/incorporation:	Indiana/USA
6	Location of firm's headquarters or principal place of business:	1776 N. Meridian Street, Suite 300, Indianapolis, IN 46202
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:	673268
11	IN Department of Revenue (DOR) account number:	10406335100
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	116
13	Total number of employees per most recently completed IRS Form W-2 distribution:	116
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$4,042,774.96
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$4,042,774.96
16	Total amount of this proposal, bid, or current contract:	\$15,379,599

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	Prime Contractor Company Name:	ProKids, Inc.
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18	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	100.00
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19	<b>Subcontractor Company Name:</b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
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:				
	Signature:	<i>Debbi Davis</i>			
	Name of authorized official:	Debbi Davis			
	Title:	Executive Director			
	Date:	12/8/2022			

**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 FTE's 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 36 months. There are 10 employees working on the contract over the 36 month contract period. 5 employees are working solely on the project for 36 months. 3 employees are working equal time on 2 projects for 36 months. 2 employees are working solely on the project for 6 months.  
The FTEs would be calculated as follows:  
5 employees x 36 months (36 months working solely on this project) x 1 (time spent solely on this project) = 180 months / 36 months (length of contract) = 5 FTEs  
3 employees x 36 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 / 36 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.

<b>Duration of Initial Contract Term (In Months)</b>	<b>24</b>	*Number based on initial contract term		
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<b>PRIME CONTRACTOR COMPANY</b>				
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
SPOE Managers	9	24	100.00%	9.00
LPCC Coordinators	3	24	100.00%	3.00
Service Coordinators	90.5	24	100.00%	90.50
Support Staff	3.75	24	100.00%	3.75
SPOE Administration	2.25	24	100.00%	2.25
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>108.50</b>

  

<b>SUB CONTRACTOR COMPANY NAME</b>				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>

  

<b>SUB CONTRACTOR COMPANY NAME</b>				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>

  

<b>SUB CONTRACTOR COMPANY NAME</b>				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>

  

<b>SUB CONTRACTOR COMPANY NAME</b>				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.50
				0.00
				0.00
				0.00
<b>TOTAL FTE COUNT</b>				<b>0.00</b>