



INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

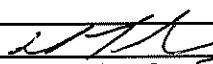
This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	Legal Name of firm:	Anthony Wayne Rehabilitation Center for Handicapped and Blind, Inc. d/b/a AWRC
2	Address/City/State/Zip Code:	8515 Bluffton Road, Fort Wayne, IN 46809
3	Telephone #/Fax #/Website:	(phone) 260-744-6145 (fax) 260-444-0006 (website) benchmarkhs.com & awrcusa.com
4	Federal Tax Identification Number:	35-1049596
5	State/Country of domicile/incorporation:	Indiana, USA
6	Location of firm's headquarters or principal place of business:	8515 Bluffton Road, Fort Wayne, IN 46809
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:	AWRC does not have a DWD account number - Employees are leased from A.W. Holdings, LLC (whose DWD account number is 574088)
11	IN Department of Revenue (DOR) account number:	0001874705 001 0 (IN DOR for AWRC) 0128554967 001 8 (IN DOR for A.W. Holdings, LLC)
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	237 clients paid by AWRC 265 employees paid by A.W. Holdings, LLC that are leased to AWRC
13	Total number of employees per most recently completed IRS Form W-2 distribution:	237 clients paid by AWRC 391 employees paid by A.W. Holdings, LLC that are leased to AWRC
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$265,380.46 paid to clients by AWRC \$5,653,753.85 paid to leased employees by A.W. Holdings, LLC
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$265,380.46 paid to clients by AWRC \$9,166,482.09 paid to leased employees by A.W. Holdings, LLC
16	Total amount of this proposal, bid, or current contract:	\$904,750

**ACCOUNTING OF INDIANA RESIDENT
EMPLOYEES**

17	<u>Prime Contractor Company Name:</u>	Anthony Wayne Rehabilitation Center for Handicapped and Blind, Inc.
18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	9

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:	n/a			

22	<u>Affirmation by authorized official:</u> I affirm under penalties of perjury that the foregoing representations are true to the best of my knowledge and belief:				
	Signature:				
	Name of authorized official:	MARK T. FLEDGE			
	Title:	MANAGER			
	Date:	2/23/22			