



INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS
State Form 51778 (04/1-06)
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:	Porter-Starke Services, Inc.
2	Address/City/State/Zip Code:	801 Wall Street, Valparaiso, IN 46383
3	Telephone #/Fax #/Website:	219-631-3599 / 219-476-4693 / https://www.porterstarke.org/
4	Federal Tax Identification Number:	35-1330771
5	State/Country of domicile/incorporation:	Indiana
6	Location of firm's headquarters or principal place of business:	801 Wall Street, Valparaiso, IN 46383
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:	123155
11	IN Department of Revenue (DOR) account number:	2123683
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	403
13	Total number of employees per most recently completed IRS Form W-2 distribution:	406
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	16297688
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	16512311
16	Total amount of this proposal, bid, or current contract:	\$ 898,052.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Porter-Starke Services, Inc.
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	11.00

19	Subcontractor Company Name:	Group7even	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)
20(A)	Address:	1461 Northland Drive, Suite D, Valparaiso, IN 46386					
20(B)	Contact Person:	Michelle Andres					
20(C)	Telephone Number:	219-476-3704					
20(D)	Tax ID Number:	26-2437876					
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.25	0.00	0.00	0.00	0.00	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 authorized official:	Matthew J. Burden, PhD
	Title:	President/Chief Executive Officer
	Date:	2/15/22