

**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).

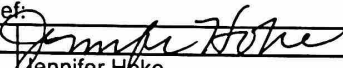
1	Legal Name of firm:	Imagine SLP Consultants LLC
2	Address/City/State/Zip Code:	6218 Carrington Drive/Indianapolis/Indiana/46236
3	Telephone #/Fax #/Website:	317-908-2443
4	Federal Tax Identification Number:	27-4030352
5	State/Country of domicile/incorporation:	Indiana/USA
6	Location of firm's headquarters or principal place of business:	6218 Carrington Drive/Indianapolis/Indiana/46236
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:	623703
11	IN Department of Revenue (DOR) account number:	143107100
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	2
13	Total number of employees per most recently completed IRS Form W-2 distribution:	2
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	100%
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	100%
16	Total amount of this proposal, bid, or current contract:	\$ 565,760.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Imagine SLP Consultants LLC
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	2.00
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19	Subcontractor Company Name:	TLS LLC			
20	Address/Contact Person/Telephone Number/Tax ID Number:	Tiffany Schutt/5273 Chickasaw Ct/Carmel/IN/46033			
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.25	#REF!	#REF!	#REF!

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:	Jennifer Hoke			
	Title:	President			
	Date:	12/17/2022			
		12/17/2022			