This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 26 items – indicate “N/A” if not applicable).

1. Legal name of firm: Trustees of Indiana University

2. Address: 620 Union Drive, Room 618  City: Indianapolis  State: IN  Zip Code: 46202-5167

3. Telephone #: (317) 278-3437  Fax #: (317) 274-8744  Website: www.iupui.edu/~resgrad/spon/spon_menu2.htm

4. Federal Tax Identification Number: 35-6001673

5. State/Country of domicile/incorporation: Indiana/USA

6. Location of firm’s headquarters or principal place of business: Main campus: Bloomington, Indiana

7. Name of parent company or holding company (if applicable): not applicable

8. State/Country of domicile/incorporation of company listed in #7: not applicable

9. Address of company listed in #7: not applicable

10. IN Dept. of Workforce Development (DWD) account number: 00073346

11. IN Dept. of Revenue account number: 0003123294-900

12. Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: 46,774 for 2003

13. Total number of employees per most recently completed IRS Form W-2 distribution: 47,272 for 2003

14. Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: Indiana taxable wages $’s for 2003 = $912,229,292.98

15. Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: Total taxable wage $’s for 2003 = $922,084,687.30

16. Number of Indiana resident employees reported to DWD for the latest calendar quarter: 25,334

17. Number of Indiana resident shareholders/partners (IRS pass-through entities only): Not applicable

18. Total amount of this proposal, bid, or current contract: $

19. Estimated amount of #18 to be expended for gross payroll to Indiana resident employees specifically for this proposal or contract: $

"specifically for this proposal or contract"
20. Estimated amount of #18 to be paid to subcontractors and suppliers located in Indiana specifically for this proposal or contract: $______________________________

21. List of subcontractors and suppliers totaling amount in #18:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Person</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

One or more of the following trainers:
22. Estimated amount of #18 to be paid to State of Indiana certified minority and/or women owned business enterprises (MBE/WBE) located in Indiana (consult listing at http://www.IN.gov/idoa/minority) $____________________________

23. List of State of Indiana certified MBE and WBE firms totaling amount in #22:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Person</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

24. If the contractor claims the preference as an Indiana Business described in subsection (a)(4) of Section 2 of House Enrolled Act No. 1080 please provide a description of the capital investments made in Indiana and a statement of the amount of those capital investments. (If additional space is needed please attach and note exhibit number below)

Not applicable

25. If the contractor claims the preference as an Indiana Business described in subsection (a)(5) of Section 2 of House Enrolled Act No. 1080 please provide a description of the substantial positive economic impact the contractor has on Indiana. (If additional space is needed please attach and note exhibit number below)

As an entity of the State of Indiana, Indiana University’s mission is to provide education, public service and research to and for the benefit of the residents of Indiana.

26. Affirmation by authorized official: 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: __Janice C. Froehlich, Ph.D.____________________________

Title: __Interim Vice Chancellor for Research_____________________________________

Date: _________________________________________________________________