

Indiana Economic Impact Form, Attachment C

Instructions

1. Complete lines 1 - 15 with the information requested about the company in the Attachment C worksheet.

All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form (Attachment C). The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state.

2. Line 16: Enter total amount of this proposal, bid, or current contract.

This figure is the respondent's total cost proposal to the the state based on the five-year spend totals found in the Current Purchasing Profile (as stated in Section 1.4.2 of the RFP).

3. Lines 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on Attachment C worksheet. Respondents shall populate the yellow-shaded cells in the FTE Details worksheet.

The state defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.

Please populate the yellow-shaded cells in the FTE Details worksheet.

Respondents shall provide a job title for each of the FTE's proposed for The State of Indiana contract as well as the number of FTE that job title contributes to the total.

PROJECT MANAGER - 1 FTE

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: 10 employees working on 4 contracts (1 of them being the State of Indiana contract) - each of the 10 employees would only count as 1/4 of an FTE or .25. Therefore, the total number of FTE's for this scenario would be 2.5.

**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).

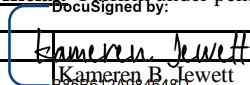
1	Legal Name of firm:	McKesson Medical-Surgical Government Solutions LLC.
2	Address/City/State/Zip Code:	9954 Mayland Drive, Suite 5176 Henrico, VA 23233
3	Telephone #/Fax #/Website:	(833) 343-2700 / (800) 944-6667 / www.McKesson.com
4	Federal Tax Identification Number:	20-2046702
5	State/Country of domicile/incorporation:	Delaware, USA
6	Location of firm's headquarters or principal place of business:	9954 Mayland Drive, Suite 5176 Henrico, VA 23233
7	Name of parent company or holding company (if applicable):	McKesson Medical-Surgical Government Solutions LLC is a wholly-owned subsidiary of McKesson Medical-Surgical Inc., which is a wholly owned subsidiary of McKesson Medical-Surgical Holdings Inc., which is a wholly owned subsidiary of McKesson Medical-Surgical Top Holdings Inc., which is a wholly-owned subsidiary of McKesson Corporation.
8	State/Country of domicile/incorporation of company listed in #7:	McKesson Corporation: Virginia, USA
9	Address of company listed in #7:	McKesson Corporation: 6555 State Highway 161 Irving, TX 75039
10	IN Department of Workforce Development (DWD) account number:	596325
11	IN Department of Revenue (DOR) account number:	122560868002
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	40 (Number of McKesson Medical-Surgical Inc., <i>parent company</i> , employees)
13	Total number of employees per most recently completed IRS Form W-2 distribution:	11,320 (Number of McKesson Medical-Surgical Inc., <i>parent company</i> , employees)
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$4,486,190.32
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$757,143,525.77
16	Total amount of this proposal, bid, or current contract:	\$124,418.77

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	McKesson Medical-Surgical Government Solutions LLC.
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.19
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19	Subcontractor Company Name:				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	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:				
	Signed by: 				
	Signature:				
	Name of authorized official: Kameron B. Jewett				
	Title: Senior Contracts Compliance Manager				
	Date: 11/10/2021				

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 24 months. There are 10 employees working on the contract over the 24 month contract period. 5 employees are working solely on the project for 24 months. 3 employees are working equal time on 2 projects for 24 months. 2 employees are working solely on the project for 12 months.
The FTEs would be calculated as follows:
5 employees x 24 months (24 months working solely on this project) x 1 (time spent solely on this project) = 120 months / 24 months (length of contract) = 5 FTEs
3 employees x 24 months x .5 (splitting time equally between 2 projects) = 36 months / 24 months = 1.5 FTEs
2 employees x 6 months (12 months dedicated solely to this project) x 1 (time spent solely on this project) = 12 months / 24 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.

Duration of Initial Contract Term (In Months)	24	*Number based on initial contract term		
PRIME CONTRACTOR COMPANY				
EMPLOYEE JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
DB - Bulk Truck	5	24	1%	0.05
DP, Parcel Van	7	24	1%	0.05
DP, Lead	1	24	2%	0.02
Supervisor, Transportation	1	24	2%	0.02
Sr. Field Sales Rep	1	24	1%	0.01
Strategic/Key Account Manager	2	24	1%	0.03
Strategic/Key Account Rep	1	24	1%	0.01
				0.00
TOTAL FTE COUNT				0.19
SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00
SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00
SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00
SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
Example: Developer	2	6	100%	0.50
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00