



FY 2021 – Purchase of Service
Health Promotion/Caregiver Training
Bid Proposal
Checklist & Instructions

Thank you for your interest in providing Training/Support, Evidence Based Health Promotion/Caregiver trainings for seniors and eligible persons in Muskegon, Oceana, and Ottawa Counties during FY'2021 (10/1/2020 – 9/30/2021).

For your convenience, attached is a checklist of required documents for submission with the Bid Proposal. These items, if your Bid is approved, will become part of the Agreement. Be sure that you have thoroughly read and understand the Minimum Operating and Service Standards before applying. **Please note that if any required documentation is missing, your bid may be denied or will be pended until complete. Complete bids are due no later than 4 pm, Monday, August 24, 2020.** If your Bid Proposal is approved, a Service Bid Agreement will be sent to your agency stating what model(s), approved amounts, and how many sessions have been approved for the fiscal year. The agreement will require signature and return to us.

Bid Proposal Forms Required:

<input type="checkbox"/>	Provider Information Form
<input type="checkbox"/>	Bid Proposal Form
<input type="checkbox"/>	Assurances & Compliance Agreement
<input type="checkbox"/>	Business Associate Agreement (if a new provider)
<input type="checkbox"/>	IRS Form W-9

Agency Documentation Required:

Attach COPIES of the following: (for insurance coverage verification, include copy of policy declaration page only)

<input type="checkbox"/>	Facility and/or contents insurance (for facilities where sessions to be held)
<input type="checkbox"/>	Fidelity bonding (for persons handling cash)
<input type="checkbox"/>	General Liability Insurance
<input type="checkbox"/>	Professional Malpractice Insurance, if applicable
<input type="checkbox"/>	No-Fault Vehicle Insurance (for agency owned vehicles, if providing transportation to participants)
<input type="checkbox"/>	Workers Compensation Insurance
<input type="checkbox"/>	Proof of Unemployment Insurance
<input type="checkbox"/>	Program Brochure/Promotional materials, etc. sample

Please attach all required forms with appropriate signatures and requested documentation and submit either by email with scanned signature or by postal mail with original signature to arrive no later than 4 pm, Monday, August 24, 2020, to:

**Karla Betten, Grant Services Manager
Senior Resources of West Michigan
560 W. Seminole Road.
Norton Shores, MI 49444
Email: Kbetten@srwmi.org**

Bid Proposal Forms Description/Instruction:

- Provider Information Form:** This form provides us with current information on your organization and people we may need to contact. **Please be sure to fill in all blank spaces. Return to Senior Resources.**
- Bid Proposal Form:** This is an opportunity for your agency to bid on programs you might like to provide and the reimbursement rates desired. Please use separate bid proposal forms if submitting for more than one program model (session) and indicate the capacity (number of sessions) your agency/organization will be able to provide during fiscal year 2021. ***Bid proposal amounts submitted should include coverage for all support and operations costs*** to conduct one full program model session. ***Support and operations costs are defined as:***
 - Costs incurred to conduct a class/workshop session (for however many weeks a session runs) including room rental fees, refreshments and purchase of supplies
 - Transportation of seniors to the location where the program is being conducted, if included as part of the program service
 - Costs incurred to conduct a leader training, if applicable
 - Costs incurred to maintain current leadership/instructor credentials
 - Payment of stipends to staff/others to monitor fidelity of sessions
 - Payment of stipends to instructors/coaches
 - Recruitment: marketing, publicity, printing of materials for sessions
 - Payment of class or leader materials such as books, tapes, hand weights, or other supplies required to teach the class
 - Indirect costs (accounting, payroll, data reporting)

Have the appropriate person sign and date the bidding form(s) and return to Senior Resources.

- Assurances & Compliance Agreement:** This document assures that the applying provider has read, understands and is going to comply with the Michigan State Office on Aging minimum operations and service standards as well as Section 504 of the Rehabilitation Act of 1973, as Amended, and the National and State Civil Rights Acts and other Federal/State applicable acts. *Please be sure to read thoroughly the Minimum Operations and Service Standards included in the packet.* **Complete name of agency, fill in the name of each service your agency is applying for and sign at the bottom. Return to Senior Resources.**
- Business Associate Agreement:** Senior Resources is a covered entity according to standards set forth by the Federal Government's Health Insurance Portability and Accountability Act of 1996. It is necessary for each new service provider under contract agreement with Senior Resources to sign a Business Associate Agreement or submit a Covered Entity Acknowledgement Form. Enclosed is the Business Associate Agreement form. **If your agency is a new provider, please fill in the name of your agency on the first page and have appropriate person sign, and return this form to Senior Resources.** If your agency is a Covered Entity or has already signed an agreement with Senior Resources, please enclose a written acknowledgement stating that fact.
- IRS W-9:** This tax form is required by our Finance Department annually for issuance of payments, to verify tax withholding exemption and/or issuance of IRS 1099. The form must be filled out by all applicant agencies. **Have the appropriate person sign and date and return to Senior Resources.**
- Upon Acceptance of the Bid Proposal, a Service Bid Agreement will be executed** which will outline the terms of the contract that your agency will hold with Senior Resources.



PROVIDER INFORMATION FORM

Agreement Period: October 1, 2020- September 30, 2021

Agency: _____

Fed Tax ID #: _____ DUNS #: _____

Corporate Status: Public Private Non-Profit For-Profit Corp Other(describe)_____

Program Contact and Phone to Request Services: _____

		Name/Title	Phone	
Mailing Address: _____	Street Address	City	State	Zip

Main Phone: _____ Toll Free Phone: _____ Fax #: _____

Email: _____@_____

Website: **http://www.**_____

Fiscal/Billing Dept. Contact: _____ Billing Phone: _____

County/Area Your Agency Will Provide Services For: Muskegon Ottawa Oceana

Specify geographic limitations:

Certifications/Accreditation's as pertain to proposed Evidence Based program (Be specific):

- If you have multiple offices that will be serving our region, please attach a list of those offices making sure to include the correct mailing address, contact person(s), fax and phone numbers.**

- Please attach copies of your agency's program brochure or promotional materials, if available.**



**BID PROPOSAL to Provide EVIDENCE BASED PROGRAMS /CAREGIVER EDUCATION
(Health Promotion/Disease Prevention and Caregiver Training sessions)**

Effective Date of Bid Agreement: October 1, 2020 through September 30, 2021

Applicant:		
PROPOSED EVIDENCE BASED/CAREGIVER EDUCATION MODEL <i>(identify below)</i>	COST per SESSION^:	
	\$	
No. of Model Sessions (Capacity) for FY2021 :		

^ Proposed bid amount submitted should include coverage for all support and operations costs to conduct one full program model session. Support and operations costs are defined as:

- Costs incurred to conduct a class/workshop session such as room rental, refreshments and supplies
- Transportation to the location where the program is being conducted
- Costs incurred to conduct a leader training or obtain certification, if applicable
- Costs incurred to maintain current leadership/instructor credentials
- Payment of stipends to staff/others to monitor fidelity of sessions
- Payment of stipends to instructors/coaches
- Recruitment, marketing, publicity, printing of materials for sessions
- Needed materials (leader or client): books, recordings, weights, mats or supplies required for program model
- Indirect costs (accounting, payroll, data reporting)

Agency agrees to the following conditions:

- Agency must agree to follow outline of program as designed by development institute to maintain fidelity of mode
- Agency must notify Senior Resources 45 days prior to the beginning of the first session.
- Agency must notify & bill Senior Resources 10 days after the session has been completion.
- Agency must agree to file all required reporting will submit final billing no later than October 10, 2021.
- Agency certifies that it will provide appropriate staff with training on all applicable minimum service
- Agency certifies that it will provide 10% local match for the program and shall maintain records to document local match for audit purposes. Match may be in-kind (bookkeeping costs, payroll costs, office space, supervisory visits, etc.) or cash support with other than Federal funds (i.e. United Way).

CERTIFICATION of BID

Authorized Signature for Applicant

Printed Name and Title

Dated: _____

For Senior Resources Use Only

ACCEPTANCE of BID

_____ by Karla Betten, Grant Services Manager
Authorized Signature/SENIOR RESOURCES

Dated: _____

Funding Source: ___ Federal IIID ___ Federal IIIE



AGREEMENT AND ASSURANCES
BETWEEN SUB-RECIPIENT AGENCY
AND
SENIOR RESOURCES OF WEST MICHIGAN

The Sub-recipient Agency, _____ (Contractor),
HEREBY ASSURES that all persons involved in implementing the contract for aging services with Senior Resources of West Michigan (Senior Resources) has read the Michigan Adult & Aging Services Agency’s minimum standards (including the general standards and specific service standards) for each of the following funded services (list):

FURTHERMORE, the Contractor assures that it has educated appropriate staff on compliance with the minimum standards, and **AFFIRMS** it understands and agrees that the following provisions are part of the binding contract.

The Contractor agrees:

1. That the program service(s) will be carried-out in accordance with the policies and procedures established by Senior Resources and agrees to cooperate with Senior Resources in its efforts toward developing a comprehensive and coordinated system of services for the elderly and/or caregivers, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
2. That the granted funds will be used to provide services in the project area only to those who are age 60 and over (kinship caregiving to those age 55 and over), with preference given to those in greatest economic and social need with attention to low-income minority individuals. That a means test will not be used to determine eligibility, deny or limit service to older persons.
3. That the Contractor does, in fact, have the capacity to collect and maintain both program and financial records, and can comply with the deadlines established by Senior Resources for the submission of required information and reports, including but not limited to:
 - a. Quarterly financial and program reports due by the 10th day of the month following the quarter end (Jan. 10, Apr. 10, July 10 and Oct. 10)
 - b. Participant registration and service units reports for the National Aging Program Information System (NAPIS) no less than by the 10th of each month following the quarter end (Jan. 10, Apr. 10, July 10 and Oct. 10)
4. That where Contractor utilizes subcontractors for the operation of one or more of the program services, the Contractor agency retains full and complete responsibility for the operation of that program in keeping with the policies and procedures established by Senior Resources and will ensure that all expenditures incurred by the Contractor will be in accordance with federal law and standards.
5. To work cooperatively with all Senior Resources funded organizations to connect seniors to available funded activities and services through referral process, information sharing and outreach efforts.
6. To establish and implement procedures for obtaining views of participants about the services they receive.
7. To engage in service promotion through the various publications and media and will acknowledge the sponsorship of Senior Resources on all publications or media announcements for the funded program.
8. To continue to seek support from private sources and other public organizations for services funded.
9. To provide each older person with a free and voluntary opportunity to contribute to the cost of the service; protect the privacy of each older person with respect to his or her contribution; establish appropriate procedures to safeguard and account for all contributions; and agrees to use all contributions to expand the services funded.
10. That no participant will be denied service because they will not or cannot contribute to the cost of the service.

11. To actively seek qualified older persons for paid positions and to make provision for volunteer opportunities for older persons.
12. That a personnel policy manual and code of ethics policy exists, and copies are distributed to all staff. Further that the manual is in compliance with state and federal employment and labor laws.
13. To provide for or participate in such training as may be necessary to enable paid and volunteer personnel to perform more effectively.
14. To maintain accounts and documents that will permit determination at any time of the status of funds within the award, including the disposition of monies received from Senior Resources, and the nature and amount of charges claimed against those monies.
15. To cooperate, allow access to records, and assist in efforts undertaken by Senior Resources, the Adult & Aging Services Agency, Health & Human Services/Community Living Services, or any other agency or organization duly authorized by any of the preceding to assess, monitor or evaluate the effectiveness, feasibility, and costs of the project.
16. **To maintain the security and privacy of all protected health information obtained from an individual in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA)** and that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form which identifies an individual without the written and informed consent of the individual concerned.
17. Agrees to sign a Business Associates Agreement for HIPAA compliance with Senior Resources and when applicable will provide participants with a copy of Senior Resources' Notice of Privacy Practices.
18. **To comply with: 1) Title VI of the Civil Rights Act of 1964; Elliott-Larsen Civil Rights Act, P.A. 1976 453, as amended; 2) Americans with Disabilities Act (P. Law 101-336) of 1990; 3) Michigan Handicappers Civil Rights Act, P.A. 1976 as amended; 4) Federal Rehabilitation Act of 1973, P.A. 98-112, 87 Stat. 394, Section 504.** That Contractor agency has no commitments or obligations which are inconsistent with compliance of these and any other pertinent Federal regulations and policies and that any other agency, organization, or part which participates in this project shall have no such commitments or obligations.
19. **To comply with the Drug-Free Workplace Act of 1988, Public Law 100-690; and 45 CFR Part 76**, which prohibits the manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace.
20. **That the applicant agency and/or any of its principles is not debarred and/or suspended from receiving federal funds and the applicant agency and all its principles will comply with 45 C.F.R. §74.13** by certifying that the applicant agency and its principals ARE NOT debarred and/or suspended from receiving federal funds.
21. **To comply with the Non-Utilization of Federal Funds for Match Purposes, Section 21.8f (1) and (2) of the Older Americans Act of 1965** as amended, which states:
 - a. Non-federal resources used to match other Federal funds may not be used to match Title III funds.
 - b. Federal cash or Federal in-kind resources acquired during current or prior years may not be used to match funds provided under Title III unless otherwise specifically authorized by Federal Statute. Furthermore, Section 22.6c (2)(f) indicates: Non-federal resources shall be accepted as part of the grantee's match or cost sharing only when they are not borne by the Federal government directly under any other program.
22. **Assures that all persons involved** will be trained on and become familiar with Michigan Adult & Aging Services Agency's minimum standards (including the general standards and specific service standards) for each of the proposed services.

I hereby covenant that this Contractor will comply with all the above stated requirements (Items 1-19). I recognize and agree that any approved financial assistance will be extended based on agreements made herein and that Senior Resources of West Michigan shall have the right to seek enforcement of this agreement.

Agency Director/CEO

Date

Program Coordinator/Director

Date

**BUSINESS
ASSOCIATE
AGREEMENT**

This Agreement is entered into by the SENIOR RESOURCES, an Area Agency on Aging & a Covered Entity; And _____ (PROVIDER); to set forth the terms and conditions under which Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Regulations enacted thereunder, created or received by PROVIDER on behalf of SENIOR RESOURCES may be used or disclosed.

This Agreement begins on _____ and its obligations continue as long as PROVIDER uses, discloses, creates or otherwise possesses any PHI and until all PHI is destroyed or returned to SENIOR RESOURCES pursuant to this Agreement.

1) **Allowed use:**

- a. Completing and submitting client assessments, service authorizations, plans of care and service billings;
- b. Matching a staff with a client;
- c. Planning for emergencies and contingencies;
- d. Making aging network referrals;
- e. Providing services;
- f. Other uses as approved through explicit written consent by SENIOR RESOURCES.

2) **Allowed Disclosure:**

- a. For the management and administration of PROVIDER's legal responsibilities.
- b. As required by law.
- c. When PROVIDER obtains reasonable assurances from the person to whom the PHI is disclosed that:
 - i. the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person.
 - ii. PROVIDER will be notified of any instances of which the person is aware in which confidentiality of the informed is breached.
- d. Other disclosures as approved through explicit written consent by SENIOR RESOURCES.

3) **Protections:**

- a. PROVIDER agrees to comply with all applicable provisions of the HIPAA Privacy and Security rules, as amended.
- b. PROVIDER agrees to maintain the security and privacy of all PHI in a manner consistent with all applicable Michigan and federal laws and regulations. PROVIDER will not store client private information stored on mobile devices or portable media except where sensitive data has been encrypted in compliance with Michigan Dept. of Technology Standard 1340.00.07 (addendum A).
- c. PROVIDER agrees not to use or disclose PHI except as expressly permitted by this Agreement, applicable law, or for the purpose of managing PROVIDER's own internal business processes consistent with this Agreement.
- d. PROVIDER shall not disclose PHI to any member of its workforce unless PROVIDER has advised such person of its privacy and security obligations under this Agreement, including the consequences for violation of such obligations. PROVIDER shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in violation of this Agreement and applicable law.
- e. PROVIDER shall not disclose PHI to a person, including any agent or subcontractor of PROVIDER but not including a member of PROVIDER's own workforce, until such person agrees in writing to be bound by the provisions of this Agreement and applicable Michigan or federal law.
 - i. PROVIDER shall enter into Business Associate Agreements with all subcontractors that create, receive, maintain, or transmit PHI on behalf of PROVIDER. Minimally, such agreement shall

obligate the subcontractor to all terms and requirements as set forth in this agreement with PROVIDER.

- f. PROVIDER agrees to use appropriate safeguards to prevent use or disclosure of PHI not permitted by this Agreement or applicable law, and will restrict use of PHI to individuals whose job duties require it and/or permission has been granted for a finite duration as needed to fulfill the specific functions required to perform a specific job.
- 4) **Records:** PROVIDER agrees to maintain a record of all disclosures of PHI as required by HIPAA as amended. The record shall include the date of the disclosure, the name and, if known, the address of the recipient of the PHI, the name of the individual who is the subject of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure. PROVIDER shall make the record available to an individual who is the subject of such information or SENIOR RESOURCES within five (5) days of a request and shall include disclosures made on or after the date which is six (6) years prior to the request or April 15, 2003, whichever is later. PROVIDER shall make electronic copies of such records available in the format requested if such records are readily reproducible in the format requested, or in an alternative format that is readily reproducible and is agreed to by the requesting party.
- 5) **Reporting Unauthorized use/disclosure/breach:**
- a. PROVIDER agrees to immediately report to SENIOR RESOURCES any unauthorized use or disclosure of PHI by PROVIDER or its workforce or subcontractors. PROVIDER agrees to work with SENIOR RESOURCES to provide notification to all individuals whose PHI was breached, and to develop remedial plans. All actions taken and results of remedies shall be provided to SENIOR RESOURCES on an ongoing basis.
 - b. PROVIDER agrees to report to SENIOR RESOURCES any instance of PHI or client private information (including that stored on a mobile device or portable media -encrypted or unencrypted) being lost, misplaced, stolen, or where there is reasonable belief that an unauthorized person may have acquired the data.
 - i. Initial notification of discovered breach must be reported immediately to the Privacy Officer at Senior Resources. Such initial notice must contain at a minimum the date of the breach, contact information for designated liaison of PROVIDER, and minimal details as to the nature of the breach.
 - ii. A detailed report including data presumed to be lost or stolen, clients affected, evidence of breach, date of breach, and remedial actions undertaken must be reported within seventy-two (72) hours of discovery of the breach to the Privacy Officer at Senior Resources.
 - c. PROVIDER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the United States Department of Health and Human Services, for purposes of determining the Covered Entity's compliance with HIPAA.
 - d. Within thirty (30) days of a written request by SENIOR RESOURCES, PROVIDER shall allow a person who is the subject of PHI, such person's legal representative, or SENIOR RESOURCES to have access to and to copy such person's PHI maintained by PROVIDER. PROVIDER shall provide PHI in the format requested by such person, legal representative, or practitioner unless it is not readily producible in such format, in which case it shall be produced in standard hard copy format.
 - e. All individuals affected by unauthorized use/disclosure/breach must be notified within 60 days of discovery of the breach. A breach is considered discovered the same day that the PROVIDER is made aware of, or should have reasonably been aware of the breach. Each individual whose information was breached must be provided individual notice regarding the breach, including the date of breach, the information that was disclosed, the actions being taken by the PROVIDER, and who to contact for more information.
- 6) **Amendments to PHI:** PROVIDER agrees to amend, pursuant to a request by SENIOR RESOURCES, PHI maintained and created or received by PROVIDER. PROVIDER further agrees to complete such amendment within thirty (30) days of a written request by SENIOR RESOURCES.
- 7) **Penalties:** In the event PROVIDER fails to perform the obligations under this Agreement, SENIOR RESOURCES may, at its option:
- a. Require PROVIDER to submit to a plan of compliance, including monitoring by SENIOR RESOURCES and reporting by PROVIDER, as SENIOR RESOURCES in its sole discretion, determines necessary to

maintain compliance with this Agreement and applicable law. Such plan shall be incorporated into this Agreement by amendment thereto; and

- b. Require PROVIDER to mitigate any loss occasioned by the unauthorized disclosure or use of PHI as required by HIPAA as amended.
- c. Immediately discontinue providing PHI to PROVIDER with or without written notice.

8) **Termination:**

- a. SENIOR RESOURCES may immediately terminate this Agreement and related agreements if SENIOR RESOURCES determines that PROVIDER has breached a material term of this Agreement. Alternatively, SENIOR RESOURCES may choose to: (1) provide PROVIDER with ten (10) days written notice of the existence of an alleged material breach; and (2) afford the PROVIDER an opportunity to cure said alleged material breach to the satisfaction of SENIOR RESOURCES within ten (10) days. PROVIDER's failure to cure shall be grounds for immediate termination of this Agreement. The exercise of any remedy shall not preclude the exercise of any other.
- b. Upon termination of this Agreement, PROVIDER shall return or destroy all PHI received from SENIOR RESOURCES, or created or received by PROVIDER on behalf of SENIOR RESOURCES and that PROVIDER maintains in any form, and shall retain no copies of such information. If the parties mutually agree that return or destruction of PHI is not feasible, PROVIDER shall continue to maintain the security and privacy of such PHI in a manner consistent with the obligations of this Agreement and as required by applicable law, and shall limit further use of the information to those purposes that make the return or destruction of the information infeasible. The duties hereunder to maintain the security and privacy of PHI shall survive the discontinuance of this Agreement.

9) **Amendments to Agreement:** SENIOR RESOURCES may amend this Agreement by providing ten (10) days prior written notice to PROVIDER in order to maintain compliance with Michigan or federal law. Such amendment shall be binding upon PROVIDER at the end of the ten (10) day period and shall not require the consent of PROVIDER. PROVIDER may elect to discontinue the Agreement within the ten (10) day period, but PROVIDER's duties hereunder to maintain the security and privacy of protected health information shall survive such discontinuance. SENIOR RESOURCES and PROVIDER may otherwise amend this Agreement by mutual written agreement.

10) **Hold Harmless:** PROVIDER shall, to the fullest extent permitted by law, protect, defend, indemnify and hold harmless SENIOR RESOURCES and its employees and directors from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorney's fees, including at trial and on appeal) asserted or imposed against any indemnities arising out of the acts or omissions of PROVIDER or any subcontractor of or consultant of PROVIDER or any of PROVIDER's employees, directors, or agents related to the performance or nonperformance of this Agreement.

11) **SENIOR RESOURCES agrees to the following Responsibilities as a Covered Entity:**

- a. Inform PROVIDER, of any changes in, or withdrawal of an individual's consent or authorization, to use or disclose PHI, to the extent that such changes or withdrawal may affect PROVIDER's use or disclosure of PHI.
- b. Inform PROVIDER of any restrictions to the use or disclosure of PHI to which SENIOR RESOURCES has agreed or must comply.
- c. Inform PROVIDER of any opt-outs from marketing and/or fundraising activities, to the extent that it knows of any such opt-outs.

Authorized Signature / Provider

Authorized Signature / Senior Resources

Printed Name and Title of Above

Karla Betten, Grant Services Manager

Printed Name and Title of Above

Date

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> </tr> </table>					-			-				
				-			-					
or												
Employer identification number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> </tr> </table>					-							
				-								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.