



CITY OF DAYTON **NEW** PROCUREMENT ENHANCEMENT PROGRAM (PEP) CERTIFICATION APPLICATION

NEW PEP CERTIFICATION APPLICATION

Company Name

Federal Tax ID Number

Owner-Applicant's Full Name

Home Address (not P.O. Box)

City

OH
State

ZIP Code

**Certification(s)
Requested*:**

- SBE
- MBE
- WBE
- DLSB

** Please see Page 20 for eligibility requirements.*

Home Phone Number

Email Address

NEW PEP APPLICATION CHECKLIST- Please see Page 19 for additional documents required

All Companies must provide copies of:

- Three recent contracts
- Two business credit references (suppliers): Include company name, contact person and title, address, and telephone number.
- Copy of licenses required by city or state.
- Submit evidence of all outstanding loans.
- Resume of principal(s).
- Office rental or lease agreements.
- Bank resolution/signature card.
- Copies of Bid or Performance Bonds
- Birth Certificates of PEP applicant (s).
State Issued License, ID card, or Federal Passport of all owners.
- Equipment rental or lease agreements.
- Listing of all equipment, owned or leased.
- Vehicles owned and copies of memorandum of title.
- Dun & Bradstreet number, if any.
- Proof of capital invested.
- Proof of Liability Insurance.
- Roster of Employees.
- Personal Net Worth Form(s).

*Please see page 14 for more detailed information

Submit application and supporting documents at <http://daytonhrc.org/business-technical-assistance/certification/>

We **DO NOT** accept paper applications. For more information contact our office at 937-333-1403 or bta@daytonohio.gov

When answers require additional space, use plain white paper. Properly identify the item referred to by the topic. At the top of each additional answer and exhibit, state the name of the applicant, date of application and topic. Please answer all questions in English as completely as possible. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You must include all attachments requested.

Section 1 | Certifications Requested (Check all for which the owner is eligible)

<input type="checkbox"/> SMALL BUSINESS ENTERPRISE (SBE) <input type="checkbox"/> MINORITY-OWNED BUSINESS ENTERPRISE (MBE) <input type="checkbox"/> WOMAN-OWNED BUSINESS ENTERPRISE (WBE) <input type="checkbox"/> Construction: Average Annual Receipts of not more than \$33.5 Million <input type="checkbox"/> Services: Average Annual Receipts not more than \$15.0 Million <input type="checkbox"/> Supplies: 100 or fewer employees Owner's Personal Net Worth: \$1,405,000 Limit (Excludes ownership equity in the business and individual's primary residence) Is your firm "for profits"? <input type="checkbox"/> Yes or <input type="checkbox"/> No If NOT for-profit, you do not qualify for this program.	<input type="checkbox"/> DAYTON LOCAL SMALL BUSINESS <input type="checkbox"/> Construction: Average Annual Receipts not more than \$15.0 Million <input type="checkbox"/> Services: Average Annual Receipts not more than \$5.0 Million <input type="checkbox"/> Supplies: Average Annual Receipts not more than \$5.0 Million Owner's Personal Net Worth: \$1,405,000 Limit (Excludes ownership equity in the business and individual's primary residence)
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Section 2 | Company Information

COMPANY NAME _____

ADDRESS (Number & Street) _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

WEBSITE _____ Business Start Date: _____ Transfer of Ownership Date _____

ATTACH A LIST OF ALL ADDITIONAL FACILITIES

Construction Contractor
 Distribution
 Transportation
 Manufacturer
 Service

Broker
 Professional Service
 Other (Specify) _____

Section 3 | Company Personal Structure

	GENDER	RACE	CITIZEN	%OWNED	SALARY
OWNER _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
CEO _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
CFO _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
PRESIDENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
VICE PRESIDENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
TREASURER _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
SECRETARY _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
OFFICE MANAGER _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
SUPERINTENDENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
FORMER _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
OTHER TITLE _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____

Section 4 | Owner Information

Additional Owner information: If yes, explain- if needed, add an additional explanation on separate sheets.

1. Describe familial relationship or other owners and employees?

2. Does the owner listed above perform a management or supervisory function for any other business?.

3. Does the owner(s) listed above owner work for any other firm (s) that has a relationship with your firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)

4. Does the owner listed above, work for any other firm, non-profit organization, or engaged in any other activity more than 10 hours Per week?

5. What is the personal net worth of the PEP applicant applying for certification?

6. Has any trust been created for the benefit of the PEP applicant? If yes, provide a copy of the trust instrument

7. Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Provide names, relationship, company, type of business and indicate whether they own or manage the company.

Section 4a | PEP Applicant(s) Owner Contribution to Company

1. Number of years as owner: _____
2. Percentage owned: _____ Class of stock owned: _____ Date acquired _____
3. Capital contribution by Minority and/or Woman Owner(s) Cash Amount _____ Loan Amount _____
4. Major Equipment supplied by Minority and/or Woman Owner(s) _____

5. Real estate supplied by Minority and/or Woman Owner(s) _____

6. Area(s) of expertise of Minority and/or Woman Owner(s) _____

7. How was the Company Started or Acquired? Please attach proof to application
 Cash/Capital _____
 Documented Loan (Provider information) _____
 Gift (Please Explain) _____
 Payment Services (Please Explain) _____
 Inherited (Please Explain) _____
 Other (Please Explain) _____

*Attach all supporting documents to the last page of the application.

Gender: Male or Female

Ethnic group :

African American or Black American Hispanic Americans Asian-Americans Native American

Section 4b | Non-PEP Applicant(s) Owner Contribution to Company

1. Capital contribution by Non-PEP Applicant(s) and/or Non Woman Owner(s) Cash Amount _____ Loan Amount _____
2. Major Equipment supplied by Non-Minority and/or Non-Woman Owner(s) _____

3. Real estate supplied by Non-PEP Applicant(s) and/or Non-Woman Owner(s) _____

4. Area(s) of expertise of Non-PEP Applicant(s) and/or Non-Woman Owner(s) _____

Section 6 | Company Legal Entity- Check the box that reflects your Business Legal Structure & Attach required supporting documents.

Sole Proprietors must also provide copies of:

- Individual Federal Income taxes for the past three (3) years
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Operating Agreement

Joint Ventures must also provide copies of:

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Copy of Contract creating Joint Venture

Limited Partnership Association must also provide copies of:

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement

General Partnerships must also provide copies of:

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement

Limited Liability Partnerships must also provide copies of:

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement
- Copy of Registration Filing with the Secretary of State

Limited Partnerships must also provide copies of:

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement
- Copy of Certificate filed with the Secretary of State

Limited Liability Company also provide copies of:

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Copy of filing of Articles of Organizations
- If owned by more than one person- documentation explaining ownership percentage & proof of purchase of majority interest

Corporations must also provide copies of:

- Individual Federal Income taxes for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Articles of Incorporation (attach copy of certificate from Secretary of State) and Bylaws
- Copy of Stock Certificate(s) issued
- Agreements containing options to purchase or acquire stock
- Shareholder guarantees for any debt
- Schedule of advances made to corporations by shareholders for the proceeding three (3) years
- Minutes of first board or shareholders meeting

Section 7 | Company Day to Day Management

Identify by name, race, gender, title, and job classification, those individuals in the company who Are responsible for day-to-day management and policy decision making, including, but not Limited to, those with prime responsibility for: (include owners and non-owners)

	GENDER	RACE	TITLE
FINANCIAL DECISION _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
SIGNING OF CHECKS _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
PAYROLL _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
PURCHASING _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
ESTIMATING _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
SALE & MARKETING _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
HIRING/FIRING OF MANAGMENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
MAJOR PURCHASES _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
SUPERVERSION OF FIELD OPERTIONS _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
NEGOTIATING/SIGNING CONTRACTS _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
CREDIT ACQUISITION _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
BONDING AND INSURANCE CREDIT ACQUISITION _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
OTHER TITLE _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____

Section 8 | MANAGEMENT WORKING FOR DUAL COMPANIES

Is any person listed in Section 8, including spouse and immediate family members, currently or has been previously affiliated or associated in any capacity with any other concern(s) operating in the same or similar type of business as applicants concern?

NAME	BUSINESS NAME	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 9 | BUSINESS RELATIONSHIP

List the firm's gross receipts for the last 3 years (Submit complete copies of the firm's Federal tax returns for each. If there are affiliates or subsidiaries of the applicant form or owners, you must submit complete copies of these firms' Federal tax returns):

(check the items that apply)

YEAR	GROSS RECEIPTS OF APPLICANT FIRM	GROSS RECEIPTS OF AFFILIATE FIRMS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 9a | BUSINESS RELATIONSHIP

If there is a business relationship existing between the applicant and a majority business, does the relationship include shared:

(check the items that apply) Yes or No

NAME	GENDER	RACE	TITLE
<input type="checkbox"/> Employees (If Checked See Below)	<input type="checkbox"/> Space	<input type="checkbox"/> Financing	<input type="checkbox"/> Owners
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 9b | BUSINESS RELATIONSHIP

Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, Warehouse, facilities, equipment, inventory, financing, website, or social media with any other business organization, or entity?

Yes or No

If yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

Section 9c | BUSINESS RELATIONSHIP

Has any other firm had an ownership interest in your firm at present or at any time in the past?

Yes or No

If yes, explain

Section 9d | BUSINESS RELATIONSHIP

At present, or at any time in the past, has your firm:

8. Ever existed under different ownership, a different type of ownership, or a different name?

9. Existed as a subsidiary of any other firm?

10. Existed as a partnership in which one or more of the partners are/were another firm?

11. Owned any percentage of any other firm?

12. Had any subsidiaries?

13. Served as a subcontractor with another firm constituting more than 25% of your firm's gross receipts?

Section 9e | BUSINESS RELATIONSHIP

List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)

(Attach additional sheets if needed):

N/A

Section 9f | BUSINESS RELATIONSHIP

List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years

(Attach additional sheets if needed):

N/A

Contribution/Asset	Dollar Value	Transferor	Transferee	Relations to PEP Owner	Date of Transfer

Section 9g | BUSINESS RELATIONSHIP

- Does your firm rely on any other firm for management functions or employee payroll? Yes or No
- Financial/Banking Information (Provide bank authorization and signature cards)

Name of Bank: _____ City and State: _____

The following individuals are able to sign checks on this account:

Name of Bank: _____ City and State: _____

The following individuals are able to sign checks on this account:

- Bonding Information: If you have bonding capacity, identify the firm's bonding aggregate and project limits:

N/A

Aggregate limit \$ _____ Project limit \$ _____

- Identify all sources, amounts and purpose of money loaned to your firm including from financial institution.

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan

Section 10 | CERTIFICATION HISTORY

Has your company or any other company with any of the same officers been denied certification?

NO YES (if yes, complete the following):

NAME OF CERTIFYING AGENCY	DATE	CERTIFICATION	REASON FOR DENIAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your company received certification as a minority business enterprise or female business enterprise from any other agency?

NO YES (if yes, complete the following):

NAME OF CERTIFYING AGENCY	DATE	CERTIFICATION	RENEWAL DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT OF CERTIFICATION

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- ✓ **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- ✓ **APPLICANT AGREES** to immediately notify the certifying agency if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- ✓ **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification.
- ✓ **IF** the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, the matter shall be referred to the City Attorney for criminal prosecution per the City of Dayton R.C.G.O.
- ✓ **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying agency from time to time.

The undersigned certifies that he/she is a socially and economically disadvantaged individual who is an owner of the firm seeking certification in the Procurement Enhancement Program. In support of the application, the undersigned certifies that he/she is member of one or more of the following groups, and that he/she have held themselves out as a member of the group (s): Check all that apply:

SBE Female African American or Black American
 Hispanic American Asian American Native American

The undersigned certifies that their personal net worth does not exceed \$1,405,000, and he/she is economically disadvantage because their ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

The undersigned hereby swears, under penalty of law, that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless from any claim arising out of this application and agrees to indemnify said agency from any liability in connection with the certification of the applicant.

The undersigned understands that this application will be reviewed for completeness within 30 business days.

The undersigned understands that once this application is deemed complete, the certification process may take up to 90 business days.

The undersigned agrees to provide upon request the applicable documents above and any additional documents requested verifying the information provided above.

The undersigned authorize the information above to be added to a database of PEP certified Companies. I understand that this list may be accessed by Human Relations Councils staff, City of Dayton staff, contractors, developers, and subcontractor working on PEP covered projects.

Under penalty of perjury, I certify that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Company Name _____

Signature _____

Name (Print) _____

Title _____

Date _____

Notary _____ Date _____ SEAL:



PERSONAL NET WORTH STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner and each general partner, or (3) each stockholder and (4) any person or entity with ownership in this MBE/SBE/WBE/DLSB.

Attach account statements for verification of values.

***Every owner of the firm must complete the PNW Statement.**

Full Name		Business Phone	
Residence Address (as reported to the IRS)		Residence Phone	
Business Name of Applicant			
Partner/Spouse's Full Name		Marital Status	
ASSET (Omit Cents)		LIABILITIES (Omit Cents)	
Cash and Cash Equivalents	\$		\$
\$ Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section	\$	Loan on Life Insurance (Complete Section 5)	\$
Brokerage, Investment Accounts	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$
Assets Held in Trust	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Loans from You to the Firm, Other Entities, Individuals, & Other Receivables (Complete Section 6)	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Other Liabilities (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$	Unpaid Taxes (Complete Section 8)	\$
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$		
<u>Total Assets</u>	\$	<u>Total Liabilities</u>	\$
Total Assets: \$	Minus (-)	Total Liabilities: \$	

Equal (=)	Owner's Net Worth :
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Section 2. Notes Payable to Banks and Others					
Name of the Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency of Payments	How Secured or Endorsed Type of Collateral

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use Attachments if necessary).				
Name of Security/ Brokerage Account/ Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation Exchange	Total Value

Section 4. Primary Residence Information	
Primary Residence Address	
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)	
<ul style="list-style-type: none"> • Names on Deed • Purchase Price • Present Market Value 	
Source of Market Valuation	
Name of all Mortgage Holders	
<ul style="list-style-type: none"> • Mortgage Acc. # and balance (as of date of form) • Equity line of credit balance • Amount of Payment Per Month/Year (Specify) 	

Section 4(a). Real Estate Owned (Including Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Property A	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
<ul style="list-style-type: none"> • Names on Deed • Purchase Price • Present Market Value 			
Source of Market Valuation			
Name of all Mortgage Holders			
<ul style="list-style-type: none"> • Mortgage Acc. # and balance (as of date of form) • Equity line of credit balance • Amount of Payment Per Month/Year (Specify) 			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

Section 6. Other Personal Property and Assets (Use attachments as necessary)

- Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.
- Household Goods / Jewelry
- Loans from Owner to Firm, Other Entities, Individuals
- Other
- Accounts and Notes Receivables

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporation

Section 8. Other Liabilities and Unpaid Taxes (Describe)

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe

I authorize the HRC to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for the PEP. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining certification with the City of Dayton PEP. I understand FALSE statements may result in denial/removal of eligibility for certification and possible prosecution for fraud.

The undersigned hereby certifies and affirms, upon personal knowledge, they have read and understand the truth and completeness of the statements herein and understands and acknowledges these statements are for the express purpose of applying for MBE, FBE, SBE, DLSB or Section 3 certification with the City of Dayton, Ohio, and understands that anyone who furnishes false or misleading information or who omits material information hereon may be subject to criminal prosecution and/or civil liability.

Signature _____

Date _____

NOTARY CERTIFICATE:
(Insert state acknowledgment, affirmation, or oath)

***REQUIRED DOCUMENTS DETAILED INFORMATION:**

- Three recent contracts

These documents should be in writing and, show the parties to the agreement, when and how much was done pursuant to the agreement. They should show that the agreement was completed successfully if possible. One way to show this would be to prove that your company got paid according to the contract

- Two business credit references (suppliers), include names of companies, contact person and title, address, and telephone number.

The reference should show what you have been granted credit for and how you are paying for it. If at all possible it should show what you are buying how much of it and when or how often you buy it.

- Copy of licenses required by city or state.

Some state licenses are required of every business in order to be a business, or to be in a particular business. Some licenses are required to be in a trade. A license may also be requirement to be able to operate necessary equipment to be in a particular business i.e. CDL

- Submit evidence of all outstanding loans.

If you or your company has any outstanding loans, the proof of those loans and their status is essential to this application. This applies to loans for capital, equipment and vehicles among other things.

- Resume of principal (s).

The resumes should show the capacity of the key personnel to the business. In order to fully demonstrate this, all of the key members' resumes should be included.

- Office rental or lease agreements.

No matter your arrangement, a document should be submitted showing, at minimum, the business as a tenant to the space they are using for their specific business purpose. If it is also your home, you may consider a lease from you or your spouse to the business described in the first part of this application.

- Bank resolution/signature card.

Submit a document that shows who has control of the companies banking matters(likely, this person should be included in the resumes as well)

- Copies of Bid or Performance Bonds

May or may not apply based on project experience. Will be considered an asset if documents are produced.

- Birth Certificates of minority principal (s).

The birth certificates of any ethnic minority owners of the company

- Listing of all equipment, owned or leased & the rental or lease agreement.

Provide a complete list of all the tools and, equipment in the business's inventory. Any equipment listed that is rented or leased and increases the company's capacity to contract with the City should be included.

- Vehicles owned and copies of memorandum of title.

The business should include copies of titles to all vehicles that it owns.

- Dun & Bradstreet number, if any.

This number should be included for all business that have a D&B rating.

Proof of capital invested.

Since the business is in fact, in business, where did the money come from to start the business? Produce the document(s) that demonstrate this transaction. Including, but not limited to loans, cash on hand or, money earned for completed projects.

Proof of Liability Insurance.

Separate from vehicle or property insurance, showing the company is covered for the work in which it engages.

Please complete the enclosed Vendor Application.

Included in this application, this provides other City departments with essential information used to make and monitor payments to the business.

Please complete the enclosed Affirmative Action Assurance Form.

Any business that makes an application to, or, does business with the City must have an Affirmative Action Policy in place.

Roster of Employees.

List all employees of the business, including full and part-time.

Personal Net Worth Form.

A completed form shows the difference between the owners' assets and liabilities

**CITY OF DAYTON
PROCUREMENT ENHANCEMENT PROGRAM (PEP)
CERTIFICATION APPLICATION**

INSTRUCTIONS

This application is used by the City of Dayton Human Relations Council (HRC) to assist in certifying companies as minority-owned, woman-owned, small business enterprises or local small business enterprise, as defined by Section 35.35 of the City of Dayton Revised Code of General Ordinances (R.C.G.O.).

GENERAL INFORMATION

This program is designed for companies who meet the eligibility requirements. If the Council determines that substantial evidence exists indicating fraud or other unlawful activity has occurred pursuant to City of Dayton R.C.G.O. Section 35.48(A), the matter shall be referred to the appropriate legal authorities for criminal prosecution; and, in the event a conviction or guilty plea is obtained stemming from such criminal prosecution, the business entity and its principals shall be barred from participation in city contracts from a minimum of one year and may be barred permanently from participation in city contracts.

The application form must be complete and include all required documentation. If an incomplete application is received, the form and all supporting documents will be returned to the applicant.

HRC shall make a prompt determination of the certification of all companies.

Applicants shall be so notified within sixty (60) days after receipt by of a complete application and all required documentation.

An on-site visit is required to complete the certification process and shall be scheduled during the sixty day period. If the applicant is unavailable to participate in an on-site review during this period, the processing period will be extended.

The applicant will be required to substantiate all information contained in this application through submittal of supporting documentation as required by HRC. **All information divulged or submitted with this application shall be considered confidential.**

Please forward all requested information to:

City of Dayton Human Relations Council
Procurement Enhancement Program
371 W. Second St. Ste. 100
Dayton, OH 45402

Email: bta@daytonohio.gov
Phone: (937) 333-1403
Fax: (937) 222-2489

DEFINITIONS

Dayton Local Business. A business located within the corporate limits of the city that has filed or paid a payroll or earnings tax in the most recent calendar quarter and is a taxpayer in good standing with the City of Dayton.

Dayton Local Small Business (“DLSB”). Located in the City of Dayton and a business that:

- (a) Is certified by the Executive Director of the Council, or his/her designee, as an MBE, WBE, and/or SBE; and
- (b) Is a Dayton Local Business; and
- (c) Is a general construction contractor, which has annual average gross receipts for each of the preceding three years of not more than \$15,000,000.00; or,
- (d) Is a business engaged in specialty trade and services which has annual average gross revenue for each of the immediately preceding three years of not more than \$5,000,000.00.

Joint venture. An association of two or more persons, partnerships, corporations, and any combination of them, whereby they combine their expertise, property, capital, efforts, skills and knowledge, which is also:

- (a) Comprised of at least one certified MBE, WBE, or SBE;

- (b) Evidenced by a notarized, written agreement executed by all joint venture partners;
- (c) Approved by the Executive Director of the Council, or his/her designee;
- (d) Compliant with any additional criteria established by the council in its policies and procedures; and
- (e) Comprised of member businesses that have either different race ownership, different gender ownership, or both.

Minority group. Any of the following racial or ethnic groups which are referenced in the Second-Generation Disparity Study for the City of Dayton, including:

- (a) African-Americans or Black Americans;
- (b) Hispanic Americans;
- (c) Asian-Americans; and
- (d) Native Americans.

Minority-owned business enterprise ("MBE"). Located in the State of Ohio and is a business:

- (a) Which is at least 51 percent owned by one or more members of one or more minority groups, or, in the case of a publicly held corporation, at least 51 percent of the stock of which is owned by one or more members of one or more minority groups, whose management and daily business operations are controlled by one or more members of one or more minority groups;
- (b) Which, in the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods and services has an annual average employee count of 100 or less;
- (c) Which can demonstrate that the personal net worth of each owner whose ownership and control are relied upon for certification does not exceed \$1,405,000.00 exclusive of the value of the owner's interest in the MBE and the individual's equity in his or her primary place of residence; and
- (d) Which has been certified as an MBE by the Executive Director of the Council or his/her designee.

Woman-owned business enterprise ("WBE"). Located in the State of Ohio and is a business enterprise:

- (a) Which is at least 51 percent owned by one or more women, or, in the case of a publicly held corporation, 51 percent of the stock of which is owned by one or more women, whose management and daily business operations are controlled by one or more women;
- (b) Which, in the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods has an annual average employee count of 100 or less;
- (c) Which can demonstrate that the personal net worth of each owner whose ownership and control are relied upon for WBE certification does not exceed \$1,405,000.00 exclusive of the value of the owner's interest in the WBE and the individual's equity in his or her primary place of residence; and
- (d) Which has been certified as a WBE by the Executive Director of the Council or his/her designee.

Small business enterprise ("SBE"). Located in the State of Ohio and is a business that:

- (a) Is an independent and continuing enterprise for profit, performing a commercially useful function;
- (b) Has been in existence for not less than one year;
- (c) In the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods and services has an annual average employee count of 100 or less; in determining the average annual gross revenues of a small business enterprise, the Council shall include gross receipts of each of its affiliates. The gross revenue standard shall be adjusted from time to time consistent with the United States Small Business Administration ("SBA") standards for small businesses.
- (d) Certifies that its individual owner(s) whose ownership and control are relied upon for SBE certification has a personal net worth that does not exceed \$1,405,000.00; and,
- (e) Which has been certified as an SBE by the Executive Director of the Council or his/her designee.

On-site visit. Owner interview at business location consisting or a review of the worksite and verification of application information. There are two types of on-site visits:

- (1) Scheduled-Prior notification shall be given.
- (2) Random-may occur anytime without notice, during and subsequent to certification process.



INSTRUCTIONS FOR COMPLETION

Parties interested in doing business with the City of Dayton are encouraged to complete the following registration forms to register that interest with the City.

This process allows potential bidders and suppliers to be registered and entered into our system along with the Commodities and/or Services they can provide. This information is used to develop and maintain current and accurate lists of potential Suppliers to the City. To accomplish this task, we request that you complete the Vendor Application Form and the Commodity/Service List and return to the address or fax number provided below.

Send to:

City of Dayton
Division of Procurement
PO Box 22
Dayton OH 45401

-or-

Fax (937) 234-1600

-or-

Purchasing@daytonohio.gov

Reminders:

- Remittances should include both the Vendor Application and the Commodity/Service List forms.
- It is the Vendor's responsibility to maintain approved status in the City of Dayton's Affirmative Action Assurance (AAA) program. Once your Vendor Application is processed, you will receive an email notification from our online vendor portal (www.citybots.com) with a link to complete your AAA application and submit it for approval.
- It is the Vendor's responsibility to notify the City of Dayton at the address shown above of any changes to the Vendor's application.

If you have any questions concerning this form, you may contact the Division of Procurement at (937) 333-4030.

Copies of the Vendor Application and W-9 forms may be found on the City's web site at <http://www.daytonohio.gov/bid>. Please take the time to search for your commodity code(s).

It is the policy of the City of Dayton to promote full and equal business opportunity for all persons doing business with the City, and to promote commerce by assisting Minority Business Enterprises, Women's Business Enterprises (MBEs, WBEs), and Small Business Enterprises (SBEs) to actively participate in the City's procurement process for goods, services and construction. If you are a currently certified MBE, WBE, and/or SBE with the City of Dayton Human Relations Council, please include a copy of your certification letter with this application. If you are not certified and would like to apply for certification as MBE, WBE, and/or SBE please begin at <http://daytonhrc.org/business-technical-assistance/affirmative-action-assurance/affirmative-action-assurance-application/> and click on the Certification Packet link.



Melissa A. Wilson
Purchasing Agent

VENDOR APPLICATION

DATE: _____	BUSINESS PHONE NUMBER: _____	FEDERAL ID # OR SOCIAL SECURITY #: _____
E-MAIL ADDRESS (For Purchase Orders and Notifications): _____		FAX NUMBER: _____
1. APPLICANT'S NAME AND MAILING ADDRESS (for Bid Forms and Purchase Orders) _____ Company Name _____ Street Address _____ City, ST, Zip _____		2. MAILING ADDRESS FOR PAYMENTS <input type="checkbox"/> Check here if same as Bid Address _____ Company Name _____ Street Address _____ City, ST, Zip _____
3. VENDOR COMMODITIES HANDLED: See Commodity Code(s) from list located online at http://www.daytonohio.gov/DocumentCenter/View/587 and enter as many codes as needed separated by commas (i.e. 22222, 33333, 44444) <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>		
4. PERSONS AUTHORIZED TO SIGN BIDS, QUOTATIONS, PROPOSALS (indicate if Agent) CONTRACTOR: Contractor acknowledges its employees are not public employees for purposes for Ohio Public Employees Retirement System ("OPERS") membership.		
NAME	OFFICIAL CAPACITY	TELEPHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
5. Your equal opportunity "Affirmative Action Assurance" (AAA) application must be submitted online via www.citybots.com and approved status must be maintained with the City of Dayton's Human Relations Council (HRC). For information about your AAA status, please contact the HRC at (937) 333-1403. If you are a currently certified MBE, WBE, and/or SBE with the City of Dayton Human Relations Council, please include a copy of your certification letter with this application. If you are not certified and would like to apply for certification as		
6. MBE, WBE, and/or SBE please begin at http://daytonhrc.org/business-technical-assistance/certification/procurement-enhancement-program , and then click on the Certification Packet link.		
PURCHASING DIVISION USE ONLY		
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	<input type="checkbox"/> CHANGE
		DATE: _____
<input type="checkbox"/> PURCHASING: ADD COMMODITY CODE HEADER (###): _____		INITIALS: _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.