

**CITY OF GRIFFIN, GEORGIA**

**REQUEST FOR PROPOSAL**

**RESPONSE SUBMITTAL COVER**

**RFP #16-010**

**For**

**JULY 4th FIREWORKS DISPLAY**

**Submitted by:**

Name of Company:

Mailing Address:

City/State/Zip:

Phone (including area code):

E-mail:

**Submittal Deadline:**

**Tuesday, November 24, 2015 at 10:00 A.M.** *Electronic submittal via website*

**FAILURE TO RETURN THIS PAGE AS PART OF YOUR BID DOCUMENT MAY RESULT IN REJECTION OF BID.**

 **SUPPLIER DISCLOSURES**

**Respond with a YES or NO for each of the items below. On a separate sheet, detail the circumstances for any item with a YES response and attach to this sheet as part of your submittal. Reference to ‘Supplier’ denotes the organization submitting the response as well as the principal representing the organization.**

|  |  |
| --- | --- |
| **\_\_\_1** | **Conflict of interest**. A Conflict of Interest exists when personal interests interfere in any way with the best interest of the City. This can arise if any employee, agent of the City or their families will receive a monetary or other type of benefit based on the award of this project or if any supplier has an unfair competitive advantage over other suppliers. A conflict is also perceived if any previous history would make it impossible for the supplier to objectively fulfill the obligations associated with this project. Is there any known conflict of interest with the City or any employee or agent of the City? |
| **\_\_\_2** | **Collusion.** CollusionSupplier affirms that this response submittal has not been prepared in collusion with any other supplier and the contents of the submission has not been communicated with other potential suppliers or with any agent of the City. |
| **\_\_\_3** | **Debarment.** Supplier certifies that neither it or its subcontractors is presently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from doing business with any government agency. Has the Supplier been deemed ineligible from participating in any business with any government agency in the past five (5) years? |
| **\_\_\_4** | **Litigation.** Within the past five (5) years, has the Supplier been the subject of or party to any civil or criminal proceedings or investigations based on wrongful death, fraud, theft, breach of contract, safety, misrepresentation or any other conduct? |
| **\_\_\_5** | **Financial stability.** Financial stability demonstrates that the Supplier has the resources to complete and the ability to remain in business for the duration of the subsequent contract. Has any petition of bankruptcy, orders or judgment been filed against the supplier in the past five (5) years? |
| **\_\_\_6** | **Liquidated Damages.** Liquidated Damages are types of compensation designed to reimburse the project owner (City) for certain problems or delays associated with a project; it serves as protection to both parties in the form of ‘contract completion insurance’. Has the Supplier been assessed any liquidated damages or defaulted on any project with a government agency in the past five (5) years? |
| **\_\_\_7** | **OSHA.** Has the Supplier been cited for any OSHA violations in the past five (5) years? |

**SUPPLIER ACKNOWLEDGEMENTS**

The Supplier has examined, carefully studied and hereby acknowledges the Specifications and any Addenda and agrees to provide the required services in accordance with this proposal. **The Supplier agrees to all specification items listed unless specifically noted on the Exceptions page**. The Supplier further certifies that they are not currently debarred from submitting proposals by any agency of the State of Georgia or the federal government.

Specifications . . . . . . . . . . . . . . . . . . . Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Suppliers must acknowledge the Specifications and any issued addenda. Bids which fail to acknowledge the Supplier’s receipt of any addendum will result in the rejection of the bid if the addendum contained information which substantively changes the City’s requirements.***

**ADDITIONAL ACKNOWLEDGEMENTS** *(please initial)*

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| **\_\_\_\_** | **Resources.** We agree that we have the resources needed for the satisfactory completion of the project. |
| **\_\_\_\_** | **Exceptions.** All deviations and exceptions to this RFP must be expressly stated in writing and included with the response. The absence of any exceptions assures the City of their full agreement and compliance with all specifications, terms and conditions, requirements and obligations of this RFP. |
| **\_\_\_\_** | **Occupational Tax License.** If a City of Griffin Occupational Tax License is needed in order to fulfill the project, we will obtain such license prior to the confirmation of contract. |
| **\_\_\_\_** | **Insurance.** We understand the insurance requirements noted and are prepared to supply the required insurance endorsements for these requirements prior to the confirmation of contract. |
| **\_\_\_\_** | **Terms and Conditions.** The specifications, as well as the terms and conditions of this Request for Proposal shall be incorporated as an integral part of the final contract. |

**BID RESPONSE SIGNATURE**

Please indicate organization type: Individual Partnership Corporation

I am registered (and compliant) with the City’s online registration system: Yes Not yet

*The City cannot award to a supplier that is not registered and compliant.*

NAME OF COMPANY:

MAILING ADDRESS:

CITY /STATE/ZIP:

PHONE (including area code):

E-MAIL:

AUTHORIZED SIGNATURE TITLE

NAME (PRINTED) TITLE (PRINTED)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RESPONDING WITH ‘NO BID’**

Our company has elected to submit a ‘NO BID” response for the following reason:

AUTHORIZED SIGNATURE TITLE

NAME (PRINTED) TITLE (PRINTED)

*If you elect to submit a ‘No Bid’, you may email this page to* [*cfay@cityofgriffin.com*](mailto:cfay@cityofgriffin.com) *or fax to 678-692-0402 at any time prior to deadline.*

**YOU MAY USE YOUR OWN DETAIL OF THE SHELL AS LONG AS IT IS FORMATTED BY SEGMENT. THE SECOND PAGE OF COST SECTION MUST BE INCLUDED WITH YOUR SUBMITTAL.**

RFP 16-010

**PRICE SUBMITTAL: JULY 4th FIREWORKS DISPLAY**

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRICE STRUCTURE** – Complete the following and include associated information specifics for the cost quoted. ***Separate by size and visual effect.*** *Attach additional page if needed.*

**Opening Segment**

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| **Shell size** | **Quantity** | **Description/Basic Effect Presented** |
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**Main Program Segment**

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| **Shell size** | **Quantity** | **Description/Basic Effect Presented** |
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**Grand Finale Segment**

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| **Shell size** | **Quantity** | **Description/Basic Effect Presented** |
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**Total Length of Show min** **Total Cost** $

**Firing method to be used:**

**City’s Responsibilities:**

Are you a current member of APA (American Pyrotechnic Association)?. . . . . .

Indicate the personnel proposed to be assigned (if known) and years of experience . . .

Cancellation/Postponement policy (identify criteria for policy and any fees that may be assessed, along with fee criteria)

**Postponement (rain delay):**

**Cancellation:**

Do you have any exceptions or variances to the requirements listed in this document? (If so, summarize here and detail on exceptions page)

Accidents or injuries in the past 3 years:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

*The City reserves the right to accept or reject any or all bids and to waive any technicalities and formalities in the bidding. The City reserves the right to accept the BEST-EVALUATED BID as deemed by the Evaluation Committee, which may or may not be the lowest monetary bid.*

*The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and shall be considered at the discretion of the City.*

**COMPLETED BY:**

Company Name:

Contact Person:

(Signature) (Printed Name)

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXCEPTIONS / COMMENTS TO SPECIFICATIONS**

*All deviations and exceptions to this Bid must be expressly stated in writing. The absence of any exceptions assures the City of their full agreement and compliance with all specifications, terms and conditions, requirements and obligations of this Bid.*

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| **Item #** | **Exception / Deviation Detail** |
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**FAILURE TO RETURN THIS PAGE AS PART OF YOUR SUBMITTAL MAY RESULT IN REJECTION OF THE RSPONSE. THIS FORM MUST BE COMPLETED FOR EACH SUBMITTAL EVEN IF YOU ARE CONSIDERED TO BE A CURRENT SUPPLIER.**

**REFERENCES**

The City of Griffin requests a minimum of three references where work of a similar size and scope has been completed within the past 3-4 years.

**REFERENCE 1:**

Company Name:

Brief Description of Project:

Completion Date:

Contact Person:

Telephone: E-mail:

**REFERENCE 2:**

Company Name:

Brief Description of Project:

Completion Date:

Contact Person:

Telephone: E-mail:

**REFERENCE 3:**

Company Name:

Brief Description of Project:

Completion Date:

Contact Person:

Telephone: E-mail:

**COMPLETED BY:**

Company Name:

Contact Person:

(Signature) (Printed Name)



**SUPPLIER REGISTRATION**

**Supplier Registration with the City Of Griffin consists of the following:**

*The City of Griffin now has online self-service registration, via Vendor Registry. In order to be registered as a City of Griffin supplier, you must access the registration via the City’s site. This will give you the opportunity to keep your information accurate and current. It also permits unlimited NIGP commodity codes, allowing for notifications based on your specific business criteria. In addition to the visibility to the City, this service will allow for other agencies in our area to have visibility of your company and it will allow you to have visibility of opportunities from other agencies in our area. There is no charge for this basic service, but you do have the option to expand your visibility to other areas for a small fee at any time.*

**TO REGISTER:**

* Please visit our website at www.cityofgriffin.com
* Hover over “Doing Business”
* Select “How to do business with the City”
* Click under Online Registration
* Complete your registration by following the instructions provided
  + Two documents (forms included below) will be required to be uploaded before your registration is complete. They are:
* **Supplier Affidavit** – This document is also referred to as the E-Verify affidavit and has been updated to reflect new laws that have recently gone into effect. An E-Verify (EV) number is REQUIRED by the State of Georgia (OCGA § 13-10-91) if you provide labor or services to the City that is valued in excess of $2,499.99. In addition to the EV number and signature, the affidavit must be notarized. If you are a sole proprietor or your company provides only products, simply initial the statement that applies to your situation and sign. There is no need to notarize the affidavit unless you provide your EV number.
* **W-9** – This document supplies the Employer Identification Number (EIN) or the Social Security (SS) number of the supplier.

**Note:** *If you are registered on Vendor Registry with another agency other than City of Griffin, you can ‘piggyback’ off of your existing profile to create a profile for Griffin. Contact our Procurement office or Vendor Registry for help in creating this new record.*

**STATE OF GEORGIA**

**CITY OF GRIFFIN**

**VENDOR/CONTRACTOR (*E-VERIFY*) AFFIDAVIT AND AGREEMENT**

Please initial the appropriate statement for your current and future business relations with the City of Griffin, sign and have notarized if applicable (one must be initialed):

1. My company provides products only for the City (no physical labor or services).

B) I am a sole proprietor and have no employees.

C) My company is providing labor or services on a one-time basis that amounts to under $2,500.00.

D) My company provides labor or services to the City and I have supplied the EV number below (notarization below is required).

*BY: Authorized Officer or Agent Printed Name Date*

*Company / Contractor Name Title of Authorized Officer or Agent of Contractor*

*While the City requests a signed affidavit from every supplier, only those that provide labor or services that could amount to $2,500 or more to the City (item D above) MUST supply the actual E-Verify number issued by Homeland Security and have this affidavit notarized.*

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**NOTARIZATION REQUIRED FOR E-VERIFY NUMBER SUBMISSIONS**:

**COMES NOW** before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02, stating affirmatively that the individual, firm, or corporation which is contracting with the City has registered with and is participating in a federal work authorization program in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period.

The undersigned contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to the contract with the City of Griffin, Georgia, of which this affidavit is a part, the undersigned contractor will secure from such subcontractor( s) similar verification of compliance with O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02 through the subcontractor's execution of the subcontractor affidavit required by Georgia Department of Labor Rule 300-10-1-.08 or a substantially similar subcontractor affidavit. The undersigned contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City at the time the subcontractor(s) is retained to perform such service.

**EEV / (*E-Verify # issued by Homeland Security IF checked above*)**

Sworn to and subscribed before me

This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (!RCA), P.L. 99-603. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV *I* Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**STATE OF GEORGIA ONLY COMPLETE WHEN APPLICABLE  
CITY OF GRIFFIN**

**SUBCONTRACTOR AFFIDAVIT**

**COMES NOW** before me, the undersigned officer duly authorized to administer oaths, the undersigned subcontractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02, stating affirmatively that the individual, firm, or corporation which is engaged in the performance of services under a contract between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of contractor) and the City has registered with and is participating in a federal work authorization program\* in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EEV / E-Verify (# issued by Homeland Security)

FURTHER AFFIANT SAYETH NOT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY: Authorized Officer or Agent Date

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Company / Contractor Name Subcontractor Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Officer or Agent of Contractor Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me

This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (!RCA), P.L. 99-603. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV *I* Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**Form W-9**   **Taxpayer Identification Number Request**  •Revised March 2005

This form may be used only by a U.S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8.

The IRS defines a U.S. person as: \*a U.S. citizen; \*an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; \*a U.S. resident (someone who has a “green card” or has passed the IRS “substantial-presence test.” For an explanation of the substantial-presence test, please see IRS Pubs. 515 or 519.)

Please complete all three parts below.

**Part 1 - Tax Identification:**

**1. Name:**

**2. Enter your Taxpayer Identification Number in the appropriate box.**

*For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).*

|  |  |  |
| --- | --- | --- |
| Social Security Number  \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ ⎯ \_\_\_\_\_ \_\_\_\_\_ ⎯ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ | OR | Employer Identification Number  \_\_\_\_\_ \_\_\_\_\_ ⎯ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ |

*IF you are a SOLE PROPRIETOR or SINGLE-OWNER LLC – whether payment is made to a personal name or to a doing business name,*

*you must provide the following:*

Required: Personal name of owner of the business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Business name if different from above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*IF you assign payment to a third party – such as a factor – provide the following:*

Required: Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Name of third party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2 - Exemption:** If exempt from Form 1099 reporting, check your qualifying reason below:

🞏Tax Exempt Entity

under 501(a) (includes 501(c)(3), or IRA.

🞏The United States or any of its agencies or instrumentalities.

🞏 A foreign government or any of its political subdivisions or an international organization in which the United States participates under a treaty or Act of Congress.

🞏A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies.

🞏Corporation  
Note that there is no corporate exemption for medical and healthcare payments or payments for legal services.

**Part 3 - Certification/Signature:** Under penalties of perjury my signature certifies that:

1. I am a U.S. person (including a U.S. resident alien).

2. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

3. 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.

Certification Instructions - You must cross out item 3 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, number 3 above 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.

Person completing this form: Phone: (\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions.** We are about to pay you an amount that may be reported to the **Internal Revenue Service** (IRS). The IRS will match this amount to your tax return. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and Taxpayer Identification Number. The name we need is **the name that you use on the tax return** that will report this amount. We are required by law to obtain this information from you.

**Penalties.** Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax backup withholding. If you do not provide us with this information, you may be subject to a $50 penalty imposed by IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Confidentiality.** If we disclose or use your Taxpayer Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.