

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT AWARD

She-EO
4031 University Dr., Suite 100, Fairfax VA 22030
Attn: DeShawn Robinson-Chew

DATE ISSUED: January 2, 2019
CONTRACT NO: 19-016-RFP
Provision of Summer Camp
Services for Department of
CONTRACT TITLE: Parks and Recreation

Your firm is awarded the above referenced contract. By signing below, She-EO ("Contractor"), a Limited Liability Company authorized to do business in Virginia, accepts the terms of the Agreement No. 19-016-RFP.

The contract documents consist of the terms and conditions of AGREEMENT No. 19-016-RFP including any attachments or amendments thereto.

EFFECTIVE DATE: Upon date of signature by the Contractor on the bottom of this page

EXPIRES: September 14, 2019

RENEWALS: Four (4) ONE (1) YEAR RENEWAL OPTIONS FROM INSERT DATES

COMMODITY CODE(S): 95283, 92476, 95295

LIVING WAGE: N

COUNTY CONTACT:
Kathryn (Katie) Salyers (DPR)
3700 South Four Mile Run Drive
Arlington, VA 22206
(703) 228-1856
Ksalyers@arlingtonva.us

CONTRACTOR CONTACT:
DeShawn Robinson-Chew, Owner/Founder
4031 University Dr., Suite 100, Fairfax VA 22030

866.697.4336
contact@beasheeo.com

THE COUNTY BOARD OF
ARLINGTON COUNTY, VIRGINIA

SHE-EO

AUTHORIZED
SIGNATURE



AUTHORIZED
SIGNATURE



NAME Igor Scherbakov
TITLE Procurement Officer
DATE January 2, 2019

NAME (Print)
TITLE
DATE

DeShawn Robinson-Chew
CEO
January 8, 2019

**Request for Taxpayer
Identification Number and Certification**

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

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

Print or type.
See Specific instructions on page 3.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. DeShaun Robinson-Chew	
2	Business name/disregarded entity name, if different from above She-ED, LLC	
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts established outside the U.S.)</small>
5	Address (number, street, and apt. or suite no.) See instructions. 6797 B Stone Maple Terrace	Requestor's name and address (optional)
6	City, state, and ZIP code Centreville VA 20121	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number											
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OR											
Employer identification number											
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56	-	2	3	8	0	4	9	5			

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶ DeShaun Robinson-Chew	Date ▶ Jan. 8, 2019
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

Supplier Direct Deposit (ACH) Form

Instructions:

This form should be used to provide bank account addition/modification requests for the Supplier account. This information will be used to make payments to the supplier via ACH.

Creation **Modification** (If modification, provide Supplier Number)

Supplier Name: *She-EO, LLC*
(Supplier name should match with Form W9 if accompanied by one.)

EIN/Taxpayer ID#/SSN (No Dashes): *56 2380495*

Bank Account Information:

Name of the Banking Institution: *PNC*
Account Holder's Name: *She-EO, LLC and DeShawn Robinson-Chew*
Routing Number: *054000030*
Account Number: *5311407716*
Type of Account: *Checking* **CHOOSE ONE**

Submitted by:

Phone number:

Comments:

Supplier Account Form

All Supplier Account requests except for Refund/Reimbursement payments must be accompanied by a completed Form W-9. DMF AP does not accept a handwritten supplier request form and all the drop down menu have to be selected.

Creation **Modification** (If modification, provide Supplier Number)

Supplier Name: _____ (Should match with Form W9)

EIN/Taxpayer ID/SSN (No Dashes): 562380495

Please indicate the Supplier type (Required): CHOOSE ONE

Description of Payment: CHOOSE ONE If OTHER, please describe:

Does the supplier have a contract with the County CHOOSE ONE

If yes, what is current contract number number?

Section I: Tax Reporting Information:

Is the supplier 1099 reportable? CHOOSE ONE

If yes,

1099 reportable name:

1099 reportable EIN/Taxpayer ID/SSN:

Taxpayer Type: CHOOSE ONE

If OTHER, please describe:

Section II: Supplier Site (Address):

Site Street: 4031 University Dr. #100

City: Fairfax **State:** VA **Zip Code:** 22030

Additional Site Address (if needed):

Site Street: 6797B Stone Maple Terrace

City: Centrenille **State:** VA **Zip Code:** 20121

Section III: Supplier Contact: (Required for all GENERAL Suppliers)

First Name: DeShawn **Last Name:** Robinson-Chew

Phone Number (no dashes): 8666974336 **Email:** ceo@BEASHEEO.COM

To submit Supplier's Bank Information for payments, please use the Supplier Direct Deposit Form

Submitted by:
Phone number: