



Success through Business Certifications

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CITY OF SHREVEPORT FAIR SHARE CERTIFICATION APPLICATION PACKAGE

Application • IRS W-9 • Affidavit

CITY OF SHREVEPORT FAIR SHARE PROGRAM CERTIFICATION AFFIDAVIT

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY, THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND INCLUDE ALL MATERIAL INFORMATION TO IDENTIFY AND EXPLAIN THE OPERATIONS OF THE BUSINESS AS WELL AS THE OWNERSHIP AND CONTROL THEREOF, AND THAT I AM AUTHORIZED ON BEHALF OF THE BUSINESS TO DOCUMENT THIS AFFIDAVIT. I, HEREBY DECLARE, SWEAR, AND AFFIRM THAT I am the _____ And duly authorized representative of _____ herein called the "business" or "firm" whose address is : _____ and

1. That I have read and understand the requirements of the Fair Share Program.
2. That the business/firm will provide any additional information requested by the City of Shreveport to document program qualifications.
3. That the business/firm will provide information about significant changes affecting its ownership and control or any other information contained in this affidavit.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any contract which may be awarded in reliance hereon, and for initiating action under Federal, State and local laws concerning false statements.
5. That the City of Shreveport has the legal right to request tax returns for up to three (3) years for the business/firm and/or owner(s).

The undersigned swears that the foregoing statements, including statements and data provided in attachments hereto, are true and correct. This includes all material information necessary to identify and explain the operations of above named and otherwise identified business/firm, as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor, or if no prime contractor is involved, directly to the City of Shreveport, complete and accurate information regarding actual work performed on contracts awarded by the City. The business/firm agrees to permit the audit and examination of its books, records, and files by any authorized official of the City of Shreveport.

505 Travis Street
Suite 260
Shreveport, LA 71101
(318) 673-5060

KAREN M. BARNES
MANAGEMENT ASSISTANT
FAIR SHARE PROGRAM

CERTIFICATION WILL NOT BE GRANTED ON INCOMPLETE INFORMATION.

1. Name of Firm: _____
2. Address of Firm: _____
3. Phone Number of Firm: () _____ Fax Number of Firm: () _____
4. Name of Contact Person: _____

a. Title: _____

5. Legal Structure (must be for-profit) Indicate whether firm is:

a. Sole Proprietorship _____ b. Corporation _____

c. Partnership _____ d. Joint Venture _____

e. Other business entity (specify) _____

6. a. Number of years firm has been in business: _____

b. Nature of firm's business: _____

7. What were the gross receipts of the firm for last year? \$ _____
 What was the business net worth for last year? \$ _____

8. Diminished Capital and Credit:

Yes No NA

Does the firm lack access to long-term financing or credit? _____

Does the firm have working capital financing? _____

Does the firm lack access to equipment trade credit? _____

Does the firm lack access to raw materials? _____

Does the firm lack access to supplier trade credit? _____

Does the firm lack bonding capacity? _____

Has the firm been denied credit? _____

9. Who can sign on the business' account(s)? _____

10. Name of banking institution where account is held _____

11. Ownership: Identify all owners of the firm.

Name	Sex/Ethnic Origin	Ownership/ Voting %	Citizen- ship	Does Personal Net Worth Exceed \$250,000?
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a. _____

Title/Duties: _____

b. _____

Title/Duties: _____

12. Give the following information on the resources that this firm has available to operate :

a. Number of employees: Full-time _____ Part-time _____

b. List major equipment leased and/or owned by the firm: (Attach separate sheet if necessary)

<u>Equipment</u>	<u>Quantity</u>	<u>Age</u>	<u>Leased/Owned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. BACKGROUND INFORMATION

a. List information for the last three projects completed:

Customer Address Phone

b. List information for three major suppliers:

Supplier Address Phone

Copies of the following documents **must** be attached:

- _____ 1. Company's most current balance sheet and income statement
- _____ 2. Resume(s) of owner(s)/manager(s)
- _____ 3. License(s) to do business in Louisiana (State certificates, occupational license permit, etc.)
- _____ 4. Copy of driver's license
- _____ 5. Business bank account verification of signatories
- _____ 6. Articles of incorporation and other business agreements that affect ownership

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY, THAT THAT I HAVE NOT ENTERED INTO ANY ORAL OR WRITTEN AGREEMENT WITH ANY PERSON(S) CONCERNING THE OPERATIONS OF THIS COMPANY OTHER THAN AS PREVIOUSLY DISCLOSED HEREIN.

SIGNATURE: _____

NAME(typed) _____:

TITLE: _____

DATE: _____

Corporate seal

(where appropriate)

SWORN TO AND SUBSCRIBED before me, Notary, this _____ day of _____ 20__

(Notary Seal)

Notary Public



VENDOR'S APPLICATION (Revised 7-17-08)

Please e-mail, mail or fax application to:
 City of Shreveport ● Purchasing Division
 PO Box 31109 ● Shreveport, LA 71130-1109
 505 Travis Street ● Shreveport, LA 71101-3042
 Phone: (318) 673-5450 ● Fax: (318) 673-5408
 web site: www.ci.shreveport.la.us

All information must be provided typed or printed. W-9 form at: <http://www.irs.ustreas.gov/pub/irs-pdf/fw9.pdf?portlet=3>

<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REVISION	Date of Application:	Dunn & Bradstreet number or other name/number.	Copy of Current Business/Occupational License & W-9 Forms are Required. Are they attached? <input type="checkbox"/> yes <input type="checkbox"/> no ADJUDICATED PROPERTY AFFIDAVIT MAILED? <input type="checkbox"/>
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Vendor Name:	Federal Identification or S.S. Number:
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Sales (Order) Address (Street, City, State & Zip Code):	Phone Number:
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Remittance Address (Street, City, State & Zip Code):	Fax Number:
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Web Site Address:	Years in business:
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Type of Organization: Partnership Sole Proprietorship Corporation DBE Ownership _____%* Minority Ownership _____%

Type of Business or Service: Architect/Engineer Manufacturer or Producer Distributor MFGR'S Agent
 (Check all that apply) Retailer Service Establishment Wholesaler Construction

Commodity codes are used to determine what type of product or service your company provides. It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at www.ci.shreveport.la.us under Bids & RFPs, Section 900 or by calling our office. **Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction.** Please list all commodity codes that apply. Use the back if more space is needed or send additional codes with e-mail when send application to: purchasing@ci.shreveport.la.us with CC to frances.antoine@ci.shreveport.la.us and mary.fuller@ci.shreveport.la.us. **When working on City property, see Section 600 on the web for Insurance Requirements.**

- (1)_____ (2)_____ (3)_____ (4)_____ (5)_____ (6)_____ (7)_____ (8)_____
- (9)_____ (10)_____ (11)_____ (12)_____ (13)_____ (14)_____ (15)_____ (16)_____
- (17)_____ (18)_____ (19)_____ (20)_____ (21)_____ (22)_____ (23)_____ (24)_____
- (25)_____ (26)_____ (27)_____ (28)_____ (29)_____ (30)_____ (31)_____ (32)_____
- (33)_____ (34)_____ (35)_____ (36)_____ (37)_____ (38)_____ (39)_____ (40)_____

Please check all of the classifications below that apply. FSC/DBE requires certification by the Fair Share & DBE City Offices.

Small Business (SBE) <input type="checkbox"/>	Large Business (LBE) <input type="checkbox"/>	Fair Share Certified (FSC) <input type="checkbox"/>	Disadvantaged Business (DBE) <input type="checkbox"/>	Architect or Engineer (AEC) <input type="checkbox"/>	Women Owned Business (WBE) <input type="checkbox"/>
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Persons Authorized to sign bids and Contracts in your name (If an agent, so specify)	Persons to contact on matters concerning bids and contracts
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Name	Official Capacity	Name	Official Capacity

I understand that I will need to watch for the City's ads in the legal section of *The Times* and/or on our web site so that I will know when to contact the City for a copy of an Invitation for Bid (IFB), a Request for Proposal (RFP), or a Request for Statement of Qualification (RFS).

I certify that the information supplied herein (including attached pages) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as is known, is in arrears on money owed to the City, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.

E-Mail Address and/or Signature of Person Authorized to Sign	Name and Title of Person Authorized to Sign for this Firm
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*Defined as those who are socially disadvantaged by Small Business Administration that includes Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans. Place actual percentage of ownership from 0% to 100%. **Women are not included in this definition of minority unless they fit into one of these categories.**

CITY OF SHREVEPORT-PURCHASING DIVISION

P.O. BOX 31109 SHREVEPORT, LOUISIANA 71130-1109 □ Suite 610, 505 TRAVIS SHREVEPORT, LA 71101-3042
Phone 318/673-5450 web site: www.shreveportla.gov Fax 318/673-5408

To: All Prospective Bidders

The City of Shreveport welcomes you as a possible bidder for any goods and/or services that you can provide. Please fill in the enclosed Vendor's Application form and return it at your earliest convenience. If your firm is a small business owned by minority, woman or other disadvantaged person(s) you may wish to register with the Fair Share Office, phone 318/673-5060. The Fair Share office is located in Suite 260, 505 Travis Street, Shreveport, LA 71101. DBE certification is handled by Stacy Messina or Remy Graves in Baton Rouge. Phone 225/379-1382 OR 225/379-1363

Completing the enclosed Vendor's Application form gives us all the information that we need to activate your firm as a vendor, if you happen to be the lowest responsive and responsible bidder for a particular item/service. It is up to you to keep in touch with the Purchasing Division. **VENDOR IS RESPONSIBLE FOR INFORMING THE PURCHASING DIVISION OF CHANGES IN THEIR NAME, TAX ID NUMBER, ADDRESS, TELEPHONE, FAX NUMBERS AND E-MAIL ADDRESS.** By checking for our advertisements in the legal section of *The Times*, or by visiting BidSync.com you will know what bid/proposal documents are available. Vendors/Contractors have the option to submit their responses, electronically thru BidSync.com or by paper copy. Registration is free and you can sign up now. If you wish to submit electronic responses, you may do so for a small annual fee paid to BidSync. For electronic bidding a small annual fee for a digital signature is required. Contractors who plan to submit their bids electronically will have to make arrangements with their insurance company for electronic bid bonds.

The City of Shreveport's purchasing policies and procedures require that all purchases of goods and services have a purchase order issued. For those purchases of \$1,000 or less, the initiating department may provide a verbal Direct Purchase Order number as authority to process an order. For purchases exceeding \$1,000, a **written purchase order** must be issued by the Purchasing Division and forwarded to the vendor. In certain **emergency cases**, the Purchasing Division may authorize a Direct Purchase Order for purchases exceeding \$1,000. This is a rare occasion and the vendor must have authority from the Purchasing Agent or designee to proceed with processing the order.

AN AFFIDAVIT ATTESTING THAT CONTRACTOR, LEGAL ENTITIES OF CONTRACTOR DO NOT OWN ADJUDICATED OR LIEN PROPERTY MUST BE MAILED TO THE PURCHASING OFFICE. PLEASE SEE APPENDIX 2, AS ENCLOSED.

The City does not fill out credit applications; however, the following information is furnished so that you may open an account for the City: In accordance with Act No. 1029 of the Louisiana Regular Legislative session, the City is exempt from all state and local sales and use taxes. Also, the City does not pay federal excise tax. Our registration number for tax-free transactions under Chapter 32 of the Internal Revenue Code is 72-790477-K. Our Federal I.D. number is 72-6001326.

1. The City will pay the contractor upon presentation of a properly executed invoice after goods have been received, inspected and accepted. Invoices will be paid within thirty (30) days of receipt of complete and satisfactory delivery, or receipt of a properly executed invoice, whichever is later. Payment will be made on the basis of unit price as listed in the contract; such price and payment will constitute full compensation of furnishing and delivering the contract commodities and/or services performed. Invoices should be mailed to: City of Shreveport, P.O. Box 31109, Shreveport, La 71130-1109, and Attn: Accounting Division.

2. References are:

(a)The Times	222 Lake Street, Shreveport, LA 71130	(318) 459-3410
(b)The Shreveport Sun	2224 Jewella Avenue, Shreveport, LA 71133	(318) 631-6222
(c)Bath Business Services	610 Market Street, Shreveport, LA 71101	(318) 221-7141
(d)Xerox Corporation	800 Carillon Parkway, St. Petersburg, FL 33716	(800) 822-2200

We appreciate your business and it is important to us. It is also very important that you follow the City of Shreveport's policies and procedures. If the procedures are not followed, your payment may be delayed or you may not be paid because the purchase has not been authorized. Call (318) 673-5450 if you have any questions or concerns about bid specifications or the procurement process. You may also wish to contact us by FAX at (318) 673-5408 or my E-mail address is tom.mattox@shreveportla.gov.

Sincerely,

Tom Mattox, CPPO, C.P.M
Purchasing Agent

(Revised 10-17-11)



VENDOR'S APPLICATION (Revised 12-15-08)

Please e-mail, mail or fax application to:
 City of Shreveport Purchasing Division
 PO Box 31109 Shreveport, LA 71130-1109
 505 Travis Street Suite 610 Shreveport, LA 71101-3042
 Phone: (318) 673-5450 Fax: (318) 673-5408
 web site: www.shreveportla.gov

All information must be provided typed or printed. W-9 form at: <http://www.irs.ustreas.gov/pub/irs-pdf/fw9.pdf?portlet=3>

<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REVISION	Date of Application:	Copy of Current Business/Occupational License & W-9 Forms are Required. Are they attached? <input type="checkbox"/> yes <input type="checkbox"/> no ADJUDICATED PROPERTY AFFIDAVIT MAILED? <input type="checkbox"/>
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Vendor Name:	Federal Identification or S.S. Number:
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Sales (Order) Address (Street, City, State & Zip Code):	Phone Number:
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Remittance Address (Street, City, State & Zip Code):	Fax Number:
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Web Site Address:	E-Mail Address:
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Type of Organization: Partnership Sole Proprietorship Corporation DBE Ownership ___%* Minority Ownership ___%

Type of Business or Service: Architect/Engineer Manufacturer or Producer Distributor MFGR'S Agent
 (Check all that apply) Retailer Service Establishment Wholesaler Construction

It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at www.shreveportla.gov under Bids & RFPs, Section 900 or at BidSync.com. **Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction.** Please list all commodity codes that apply. Use the back if more space is needed. **When working on City property see Section 600 on the web for Insurance Requirements.**

(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____
(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____	(15) _____	(16) _____
(16) _____	(17) _____	(18) _____	(19) _____	(20) _____	(21) _____	(22) _____	(23) _____
(24) _____	(25) _____	(26) _____	(27) _____	(28) _____	(29) _____	(30) _____	(31) _____
(32) _____	(33) _____	(34) _____	(35) _____	(36) _____	(37) _____	(38) _____	(39) _____
(40) _____	(41) _____	(42) _____	(43) _____	(44) _____	(45) _____	(46) _____	(47) _____

Please check all of the classifications below that apply. FSC requires certification by the Fair Share Office.

Small Business (SBE) <input type="checkbox"/>	Large Business (LBE) <input type="checkbox"/>	Fair Share Certified (FSC) <input type="checkbox"/>	Disadvantaged Business (DBE) <input type="checkbox"/>	Architect or Engineer (AEC) <input type="checkbox"/>	Women Owned Business (WBE) <input type="checkbox"/>
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Persons Authorized to sign bids and Contracts in your name (If an agent, so specify)		Persons to contact on matters concerning bids and contracts	
Name	Official Capacity	Name	Official Capacity

I understand that I will need to watch for the City's ads in the legal section of *The Times* and/or on BidSync.com web site so that I will know when to contact the City for a copy of an Invitation for Bid (IFB), a Request for Proposal (RFP), or a Request for Statement of Qualification (RFS).

I certify that the information supplied herein (including attached pages) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as is known, is in arrears on money owed to the City, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.

Signature of Person Authorized to Sign	Name and Title of Person Authorized to Sign for this Firm
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*Defined as those who are socially disadvantaged by Small Business Administration that includes Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans. Place actual percentage of ownership from 0% to 100%. **Women are not included in this definition of minority unless they fit into one of these categories.**

INSTRUCTIONS FOR OBTAINING A
VENDOR'S APPLICATION
AND COMMODITY CODES
FOR THE CITY OF SHREVEPORT

WEB SITE ADDRESS: WWW.SHREVEPORTLA.GOV

TO OBTAIN AN APPLICATION

You may download a Vendor Application on the City's web site:

www.shreveportla.gov

Click on Bids, then on Section 800. E-mail, fax or mail the application back to us. **The original affidavit in Section 400 must be mailed to us.** Scroll down and you will see all of our formal solicitations that are currently available. If have any questions, you can call 318/673-5450.

AND/OR:

It is up to you to download/view information about our bid documents at BidSync.com.

ELECTRONIC BIDS/BID NOTICES

Bid/Proposal notices will no longer be mailed to contractors/vendors by the Purchasing Office. The City of Shreveport's listing of current bids (IFB), requests for quotes (RFQ), requests for proposals (RFP), and statements of qualifications (RFS) (hereinafter "bids") will be posted on BidSync.com. To view the general bid information and **receive bid notices by e-mail**, you will have to register with BidSync. **Registration is free.** Vendors/Contractors (vendors) will now have the option to submit their bids & bid bonds, electronically or by paper copy [R.S. 38-2212(A) (1) (F) and R.S. 2212.1(B) (4)]. If you wish to view/download the entire bid package and submit electronic bids, you may do so for \$100 per year. **The City will only be allowed to view the vendor's prices after the time has passed for the receipt of bids.** Vendors who decide to pay the annual fee to BidSync will be able to submit electronic bids to every agency in the State of Louisiana that signs up with BidSync. Submitting bids electronically can save thousands of dollars in express mail fees, plan fees/deposits, travel, postage, labor, and the cost of paper. To register please go to: <https://www.bidsync.com/DPX?ac=subscribe®only=1&>. If you need help registering or with training or completing an e-bid, please **call 800-990-9339 (M-F) 8 AM to 7 PM (CST)**. Vendors/Contractors who decide to submit e-bids will also have to pay an annual fee for a digital signature as required by state law. Contractors who submit e-bonds will need to pay an annual fee to <http://surety2000.com/> for electronic bid bonds.

Revised 8-19-10

CITY OF SHREVEPORT-QUICK REFERENCE TO PURCHASING REGULATIONS (revised 7-30-10)

All City purchases of goods and services are governed by R.S. 38:2212 et. seq., R.S. 39:1594 et seq., A/P 3-8. The Fair Share Ordinance (No. 105, 1999, 7-27-99) with a goal of 25% of certified Fair Share Vendors/Firms applies to construction projects. Accordingly, use of Fair Share Vendors/Firms is strongly encouraged. Fair Share vendors are only those with a DBE/FSC classification. MBE vendors are tracked separately. As an option, e-bids may be submitted through BidSync.com. **When a yellow contract requisition is initially required all change orders must follow on a yellow contract requisition form regardless of the dollar amount. All subcontractors are to be entered in contract tracking by Purchasing.**

Bid/Proposal notices will no longer be mailed to contractors/vendors by the Purchasing Office. The City of Shreveport's listing of current bids (IFB), requests for quotes (RFQ), requests for proposals (RFP), and statements of qualifications (RFS) (hereinafter "bids") will be posted on BidSync.com. To view the general bid information and **receive bid notices by e-mail**, you will have to register with BidSync. **Registration is free.** Vendors/Contractors (vendors) will now have the option to submit their bids & bid bonds, electronically or by paper copy [R.S. 38-2212(A) (1) (F) and R.S. 2212.1(B) (4)]. If you wish to view/download the entire bid package and submit electronic bids, you may do so for \$100 per year. **The City will only be allowed to view the vendor's prices after the time has passed for the receipt of bids.** Vendors who decide to pay the annual fee to BidSync will be able to submit electronic bids to every agency in the State of Louisiana that signs up with BidSync. Submitting bids electronically can save thousands of dollars in express mail fees, plan fees/deposits, travel, postage, labor, and the cost of paper. To register please go to: <https://www.bidsync.com/DPX?ac=subscribe®only=1&>. If you need help registering or with training or completing an e-bid, please call **800-990-9339 (M-F) 8 AM to 7 PM (CST)**. Vendors/Contractors who decide to submit e-bids will also have to pay an annual fee for a digital signature as required by state law. Contractors who submit e-bonds will need to pay an annual fee to <http://surety2000.com/> for electronic bid bonds.

- 1.0 **COMMODITIES**-Amounts must be based upon the aggregate total by Commodity that all City Departments need for one budget year. It is against the law to split purchases in order to avoid the requirement of receiving three quotes or advertising for public bidding.
- 1.1 Direct Purchases (DP)-\$1,000 or less.
- 1.2 Non-recurring purchases, items not stocked in the storeroom or not on a contract. Department uses DP in ADPICS or Procurement Card.
- 1.3 \$1,001 to \$9,999-Requisition in ADPICS required. Purchasing issues written P.O. after ADPICS requisition approved.
- 1.4 *\$10,000 to \$24,999-Solicitation Request (Cityform) for RFQ required. Requisition in ADPICS required. Purchasing must issue RFQ with written specifications to obtain at least three telephone or facsimile quotations. Award other than to the lowest vendor must be approved by the Purchasing Agent. Yellow contract requisition (long form) required when \$10,000+. Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved.
- 1.5 *\$25,000 plus-Solicitation Request for IFB required. Purchasing must issue IFB with written specifications & advertise for minimum of 10 days (excluding holidays). Requisition in ADPICS & yellow contract requisition are required. Purchasing issues written P.O. after ADPICS & yellow contract requisitions (long form) are approved.
- 1.6 *Note: Exceptions to the public bid law for quotes (\$10,000 to \$24,999) & bid requirements (\$25,000+) are: State Contract Items, State Contract Local match items as negotiated by Purchasing (R.S. 39:1710). Cooperative Purchasing Agreements & Check Request Items as listed on page four of the Purchasing Manual. For listing of State Contracts see: <http://doa.louisiana.gov/osp/siteindex.htm> The Purchasing Manual is located on the Intranet at: <http://cos-web/>.
- 2.0 **CONSTRUCTION**-Amounts must be based upon each site per budget year. It is against the law to split projects in order to avoid the requirement of a State Contractors License or to avoid public bidding. Any contractor working on City property must provide Insurance Certificate on our form for approval of the Risk Manager. State Contractors License required when cost per site for the budget year will be \$50,000+. **For residential home improvement projects a state license is required when \$7,500 or more.**
- 3.0 Direct Purchases (DP)-\$1,000 or less. Department uses DP in ADPICS or Procurement Card.
- 3.1 \$1,001 to \$4,999-Requisition in ADPICS required. Purchasing issues written P.O. after ADPICS requisition approved.
- 3.2 \$5,000 to \$24,999-Requisition in ADPICS, written (R.S. 38:2241) contract (if an emergency, written contract required when \$50,000+) & yellow contract requisition (long form) are required. Purchasing issues written P.O. after ADPICS & yellow contract requisition-long form are approved.
- 3.3 **\$25,000 to \$149,999-Solicitation Request for RFQ required. Purchasing must issue Request for Quote (RFQ) with written specifications. Requisition in ADPICS, written recorded contract & yellow contract requisition (long form) required. 10% Two-Year Maintenance/Warranty Bond is required @ \$20,000+ (when applicable). 50% Payment Bond required when in excess of \$25,000 (R.S. 38:2241). State Contractors License & 100% Performance Bond Required @ \$50,000+. Purchasing issues written P.O. after the ADPICS & yellow contract requisitions (long form) are approved. When amount is in excess of \$25,000 the contractor is required to record the contract with the bonds at the Parish Courthouse.
- 3.4 \$150,000 plus-Solicitation Request for IFB required. Purchasing must advertise for minimum of 25 days (excluding holidays) & issue Invitation for Bid (IFB) with written specifications. Requisition in ADPICS, written recorded contract & yellow contract requisition (long form) are required. State Contractors License, 5% Bid Bond, & all bonds listed above are required. Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved.
- 3.5 **Note: Exception to the quote requirements would be to use City employees for construction projects including for new buildings when the total cost, is less than \$150,000 (including City employee labor, materials and rented equipment).
- 4.0 **ARCHITECTURAL/ENGINEERING SERVICES**-Architectural, engineering, interior design, construction management, land surveying & landscape architectural services.
- 4.1 Contracts less than \$10,000- Requisition in ADPICS required. Must be approved by the Mayor. Purchasing issues written P.O. after ADPICS requisition approved.
- 4.2 \$10,000 plus-Solicitation Request for RFS required. Requisition in ADPICS, written contract & yellow contract requisition (long form) are required. Purchasing must advertise for minimum of 25 days (excluding holidays) & issue Request for Statement of Qualifications (RFS). Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved.
- 5.0 **REQUEST FOR PROPOSALS**-can only be used as shown below & for services not covered in the Public Bid Law.
- 5.1 Services-\$10,000 to \$24,999-Solicitation Request (Cityform) for RFQ required same as Commodities. Services-\$25,000 plus-Solicitation Request for RFP required. Purchasing normally advertises RFPs for minimum of 30 days (excluding holidays) & issues Request for Proposals (RFP) with written specifications. Requisition in ADPICS, written contract & yellow contract requisition (long form) are required. Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved.
- 5.2 For items listed below, when less than \$25,000, same as Commodities.
- 5.3 TELECOMMUNICATIONS/D.P. EQUIPMENT-\$25,000 plus-Solicitation Request for RFP required. Purchasing must advertise for minimum of 10 days (excluding holidays) & issue Request for Proposals (RFP) with written specifications. Requisition in ADPICS & yellow contract requisition (long form) required. Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved. Can also use IFB with 15 day advertisement for this equipment if note that RFP process is not applicable.
- 5.4 Used Fire & Emergency Response Vehicles \$25,000 plus-Solicitation Request for RFP required. Purchasing must advertise for minimum of 25 days (excluding holidays) & issue Request for Proposals (RFP) with written specifications. Requisition in ADPICS & yellow contract requisition (long form) are required. Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved.
- 5.5 Shared Energy Savings (Contractors License Required)-Solicitation Request for RFP required. Purchasing must advertise for minimum of 42 days (excluding holidays) & issue Request for Proposals (RFP) with written specifications. Requisition in ADPICS, written recorded contract & yellow contract requisition (long form) are required. Purchasing issues written P.O. after ADPICS & yellow contract requisitions are approved.

INSTRUCTIONS FOR CONSTRUCTION INSURANCE REQUIREMENTS

YOUR COMPANY IS ONLY REQUIRED TO MEET THE CITY'S INSURANCE REQUIREMENTS IF AWARDED A CITY CONTRACT AND YOU WILL BE WORKING ON CITY PROPERTY, SEE SECTION 600 FOR INSURANCE REQUIREMENTS COVERING CONTRACTS OTHER THAN CONSTRUCTION. If you plan to bid on a project that requires you to meet the City's Insurance Requirements, you will need to be sure that you have included the cost of the appropriate insurance in your bid price.

- 1.0 The Contractor shall at its own expense provide and maintain certain insurance in full force and effect at all times during the term of this Agreement and any extensions thereto. Such insurance, at a minimum, must include the following coverage=s and limits of liability:
 - 1.1 Commercial General Liability Insurance in an amount not less than a combined single limit of \$1,000,000 per occurrence. **This policy should be endorsed to name the City as an additional insured.** It is the intent of the City that the policy coverage should not be limited by an annual aggregate limitation. If this policy is to be limited by an aggregate annual limitation, the aggregate limitation shall not be less than \$2,000,000 otherwise the contractor must provide a \$1,000,000 per project aggregate applicable for the project specified in this contract. This policy must be endorsed to include coverage for asbestos removal and pollution coverage=s.
 - 1.2 Comprehensive Auto Liability Insurance, including hired, rented or non-owned automobiles, in an amount not less than \$100,000 Per Person and/or \$300,000 per occurrence or a combined single limit of \$300,000 per occurrence. **This policy should be endorsed to name the City as an additional insured.**
 - 1.3 Workers' Compensation Insurance as required by the laws of the State of Louisiana and Employer's Liability Insurance in a minimum amount of \$1,000,000. This policy shall contain an Other States Coverage Endorsement. When required by the City, this policy shall also be endorsed to include coverage required by the United States Longshoreman and Harbor Workers' Compensation Act and Maritime Coverage. The certificate of insurance required herein, must have the following statement shown in the remark section: This policy for workers= compensation protects all members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the insured organization, and all employees.
 - 1.4 Builders= Risk Insurance, for the mutual benefit of the Contractor and the City, to be provided in a reporting policy form or other form acceptable to the City. This policy shall be written on an All-risk@ basis providing coverage for the building structure and construction machinery and equipment. **This policy shall be endorsed to name the City as an additional insured.**
 - 1.5 All coverage provided herein shall be effective under insurance policies issued by solvent insurance carriers qualified to do business in the State of Louisiana and having an A.M. Best Company rating of **B+VII** or better. This rating requirement is waived on workers compensation only. The City reserves the right to inspect any and all insurance policies required pursuant to this Agreement, prior to commencement of the services specified in the Agreement and anytime thereafter.
 - 1.6 Proof that such insurance coverage exists shall be furnished to the City by means of a Certificate of Insurance form provided by the City before any part of the service specified by this Agreement are commenced. The said Certificate shall name the City as an additional insured as indicated herein and include a provision that in case of cancellation or any material change in the coverage stated above the City shall be notified thirty (30) days prior to any such change or cancellation. Said provision shall include cancellation for non-payment of premium. The Contractor shall be liable for its subcontractors' insurance coverage of the types and in the amounts stated above, and shall furnish the City with copies of such Certificates of Insurance.
 - 1.7 The Contractor and all of its insurers shall, in regard to the above stated insurance, waive all right of recovery or subrogation against the City, its officers, agents or employees and its insurance companies.
 - 1.8 The Contractor shall be responsible for compliance with all safety rules and regulations of the Federal Occupational Safety and Health Act of 1970 and those of all applicable State Acts, Laws or Regulations during the conduct of the Contractor's performance of the Agreement. The Contractor shall indemnify the City for fines, penalties and corrective measures that result from the acts of commission or omission of the Contractor, its subcontractors, if any, agents, employees and assigns and their failure to comply with such safety rules and regulations.
 - 1.9 The City will give the Contractor prompt notice in writing if the institution of any suit or proceeding and permit the Contractor to defend same, and will give all needed information, assistance, and authority to enable the Contractor to do so. The Contractor shall similarly give the City immediate notice of any suit or action filed or prompt notice of any claim arising out of the performance of the Contract. The Contractor shall furnish immediately to the City copies of all pertinent papers received by the Contractor.
 - 1.10 If any parts of the services specified by this agreement are sublet, similar insurance shall be provided by or on behalf of the subcontractor to cover their operations, and evidence of such insurance, satisfactory to the City, shall be furnished to the City by the Contractor.

BEFORE A CONTRACT WITH THE CITY IS SIGNED BY THE MAYOR OR THE PURCHASING AGENT, YOUR INSURANCE AGENT MUST VERIFY THE CORRECT COVERAGE ON THE ATTACHED INSURANCE CERTIFICATE.

Revised 11/14/00 -Construction Requirements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Month/Date/Year

PRODUCER Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code Contact & Phone Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Name of Insurance Company	Enter NAIC#	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#
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INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#												
INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#												

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
A	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY: AGG \$ _____
A	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
	<input type="checkbox"/>	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Shreveport is listed as Additional Insured with a Waiver of Subrogation.

CERTIFICATE HOLDER

CANCELLATION

ACORD 25 (2001/08) © ACORD CORPORATION 1988	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**APPENDIX 2-AFFIDAVIT ATTESTING THAT CONTRACTOR, LEGAL ENTITIES OF
CONTRACTOR DO NOT OWN ADJUDICATED OR LIEN PROPERTY**

BEFORE ME, the undersigned Notary Public duly qualified and commissioned, came and appeared

_____ authorized representative of
_____ with a Federal I.D. Number of:
_____ and with a current e-mail address of:
_____ who does hereby state as follows, to-wit:

- 1.0 Contractor does not own any property which is adjudicated to the City of Shreveport or which has demolition liens, grass cutting liens, or any other property standards liens on it. For purposes of this subsection, the term "Own" shall mean to be the last record owner of the property prior to a tax sale or adjudication.
- 2.0 Contractor does not own more than 25% of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it.
- 3.0 Contractor has paid all taxes, licenses, fees, and other charges which are outstanding and due to the City.
- 4.0 Contractor will provide written notification to the City's Purchasing Agent not later than the next work day after any of the above statements becomes invalid.
- 5.0 This affidavit shall expire one year from the date shown below unless renewed by the contractor.

THUS DONE AND PASSED before me, Notary, on this _____ day of _____, 20 ____.

Signature: _____ Title: _____

NOTARY PUBLIC: _____ Seal: _____
Signature

IDENTIFICATION NUMBER: _____

Note: The notary identification number is required. The City of Shreveport also requires an original seal.

This affidavit is required to document compliance with **City Ordinance 26-211**. If you have any questions, please call Mary Fuller at 318/673-5458 or call 318/673-5450. Please mail original affidavit with notary seal to: Purchasing Affidavit, P.O. Box 31109 or hand deliver to: 505 Travis St., Suite 610, Shreveport, LA 71101. Shreveport, LA 71130. Do not submit with your bid. **We will not be allowed to issue your firm a purchase order or payment until a properly executed original affidavit is returned.**

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.