



Public Facility Operator Workshop Request for Proposal DSA-ENERGY #13-03

Program Guidelines and Application Procedures

- Request for Proposal Released – October 29, 2012
- Written Questions – October 30 – ~~November 12, 2012~~
Deadline for questions extended through November 19, 2012
- Proposals due by 2 p.m. on ~~November 26, 2012~~
Deadline for proposals extended through 2p.m. on December 3, 2012

Ohio Development Services Agency
Office of Energy
77 South High Street, 26th Floor
Columbus, Ohio 43215-6130
Attn: Public Facility Operator Workshop
ohioenergyoffice@development.ohio.gov

I. OVERVIEW

The Ohio Development Services Agency (“Development”) is soliciting proposals to conduct a workshop that will educate operators of public facilities on what to look for when soliciting and reviewing bids from energy service companies (ESCOs) for energy projects, as well as resources available to them for financing. Presentations will be technical, in-depth, and non-biased, providing public building operators with tools they need to make the most effective use of taxpayer dollars. Public buildings/facilities include schools, colleges, universities, and state and local government buildings.

Development will select an eligible entity (“Provider”) to conduct this workshop.

The workshop will help operators of public facilities to:

- Identify opportunities for improved energy efficiency;
- Create an implementation plan for energy projects (with an emphasis on third party options);
- Understand financing options;
- Communicate performance of measures, thus promoting awareness and recognition among management and the public;
- Be aware of possibilities for integrating renewable energy;
- Prepare a Request for Proposals (RFP); and
- Select an ESCO.

The intent of the workshop is to provide quality education to empower operators of public facilities to determine the best options and successfully implement advanced energy projects.

To meet these goals, Development is looking for a provider that can manage all aspects of promoting, organizing, facilitating, and executing the workshop. The applicant must be able to:

- Develop an agenda and curriculum for the workshop, *based on guidelines provided by Development*;
- Market the workshop to public facility operators and handle registration; and
- Facilitate the workshop in spring 2013.

Specific deliverables will include, at a minimum:

- Outreach activities promoting the workshop, including:
 - email blasts
 - web advertising

- promotion of workshop at applicable professional Conferences, such as the Ohio Public Facilities Association (OPFMA) annual conference
- Establishment of online registration system, including processing of a reasonable, nominal fee
- Attendance of at least 100 public facility operators at the workshop
- Content that addresses the following topics, in the order listed:
 - I. Identifying Opportunities
 - a. Conducting energy audit
 - i. Various levels of audits – ASHRAE Levels I, II, III
 - ii. Commissioning and Retro Commissioning
 - iii. Use of a third party independent ESCO to conduct audits
 - b. Getting buy-in from organization leadership
 - II. Creating a Plan
 - a. How to choose a provider/ESCO
 - b. Third party option
 - i. Managing risk
 - c. Bid process – what to look for
 - d. Rules/requirements (CFR, etc.)
 - e. O.R.C. Required Bonding of Contractor
 - III. Financing Options
 - a. Energy Loan Fund
 - b. Utility incentives
 - c. Performance Contracts & Performance Guarantee
 - d. HB 264
 - e. HB 301
 - f. HB 251
 - IV. Awareness, Performance, & Recognition – After Implementation of Measures
 - a. BOC Training
 - b. Measurement & Verification
 - c. Tying performance to a specific position/job
 - i. For continued justification
 - d. Communicating needs
 - e. Communicating performance
 - V. Renewable Energy Systems
 - a. Never the first step
 - b. Power Purchase Agreements (PPAs)

- i. The basics of what to consider
 - ii. What are Renewable Energy Credits (RECs) and how are they used?
 - c. Wind & solar technical checklist/worksheet
 - d. Managing and opportunities for Demand Response
- Collection of feedback/evaluation information about the workshop from attendees

II. ELIGIBILITY

Partnerships, unincorporated associations, corporations, limited liability companies, limited partnerships, or any combination thereof may submit a proposal. An applicant that is a business must be registered with the Ohio Secretary of State and remain in good standing to do business in the state of Ohio. Applicants with outstanding audit issues with Ohio Development Services Agency, the Ohio Environmental Protection Agency, or the Ohio Department of Taxation may be ineligible to apply.

All projects and activities relating to this Request for Proposal (“RFP”) must be located within the state of Ohio.

The program must be completed within 12 months of the date of the signed grant agreement.

As a condition of eligibility, the applicant must have experience in the energy field and be able to describe its experience with similar educational and outreach activities, and the tangible results of those activities.

Development reserves the right to request additional information from any or all applicants at any time during the grant application and administration periods.

The applicant must demonstrate financial stability and sufficient working capital to finance and complete the work *on a reimbursement basis*. The applicant also recognizes that this RFP is funded by federal State Energy Program dollars and that, if selected for an award, the applicant shall comply with all federal and state requirements.

The applicant must include Development’s logo and reference of support by Development on all materials and activities produced under this program.

No part of this project may be sub-contracted to another firm or individual not employed by the applicant, unless written consent has been provided by Development.

III. SELECTION CRITERIA AND SCORING

A total of **100 points** is available according to the following breakdown:

Applicant's Experience in Energy Education and Implementation of Workshops (0-25 points). In the application form in Appendix A, the applicant must describe its experience and capability to successfully execute the grant deliverables and meet the goals and objectives.

- Provide a description of the similar services provided by the organization, the groups currently served, and the length of time these services have been provided in Ohio; and clearly state how the applicant's experience will allow the organization to successfully meet the goals and objectives of the program.
- Demonstrate knowledge of the current energy-related conditions existing within the state of Ohio and inform Development as to how the organization's leadership and implementation of the workshop will contribute to *increased* energy efficiency across the state. Explain the marketing strategy and development of a workshop that meets the goals of this Request for Proposal and how this effort may be sustained beyond the period of grant funding.
- Describe the organization's experience and qualifications. Include a brief resume/summary of qualifications and previous organizational accomplishments. Describe the applicant's experience organizing and marketing a workshop or similar service, working with building operators and other stakeholders. Please include a list of key personnel and their qualifications to implement the program.

Applicant's Capabilities: Points will be awarded based upon the applicant's capabilities statement, experience, qualifications, project tasks, and project milestones.

- *0 points – 5 points* = The applicant demonstrates no direct or indirect experience and demonstrates little ability to successfully execute the grant deliverables. The applicant has less than one year of experience in Ohio.
- *6 points – 10 points* = The applicant demonstrates a low level of direct or indirect experience and demonstrates little ability to successfully execute the grant deliverables. The applicant has one or more years of experience in Ohio.
- *11 points – 15 points* = The applicant demonstrates a moderate level of direct or indirect experience and demonstrates some ability to successfully execute the grant deliverables. The applicant is established among some target audiences in some regions of Ohio, but not in others. All key personnel are identified with biographical sketches included.

- *16 points – 20 points* = The applicant demonstrates a strong level of direct or indirect experience and will most likely successfully execute the grant deliverables. The applicant is established among most target audiences in each region of Ohio with three or less years of experience. All key personnel are identified with biographical sketches included.
- *21 points – 25 points* = The applicant demonstrates a high level of direct experience and will most likely successfully execute the grant deliverables. The applicant is well positioned in all target audiences statewide, with five or more years of experience, and has established strong ties with stakeholders. All key personnel are identified with biographical sketches included.

Public Facility Operator Workshop Implementation Plan and Innovation (0-75):
In the application form, the applicant must describe the workshop and outreach plan.

- Describe the targeted audience, the regions of the state covered, the number of customers served, and the content covered, such as the specific recommendations, prescriptions, data, or methods technologies, products, behavior, and action steps, or other energy-related measures.
- Describe the expected activities/methods for engaging and educating public facility operators.
- Describe the timeline to plan, launch, and evaluate all proposed outreach activities.
- Describe the process for identifying and tracking operators of public facilities who are interested in advanced energy, marketing the workshop to them, offering affordable registration and executing the workshop in spring 2013.

1. Implementation Plan (0-50): Points will be awarded based upon the outreach plan and workshop content

- *0 points – 10 points* = The applicant presents no outreach plan or workshop content and/or provides a low level of outreach activities serving a small audience in one region of the state. The services offered are costly compared to other applicants.
- *11 points – 20 points* = The applicant presents an outreach plan that includes a low level of outreach activities serving the target audience in multiple regions of the state. The registration process is not well-thought out or described well. Content is described but does not fit the guidelines provided by Development. The services are more costly compared to

other applicants.

- *21 points – 30 points* = The applicant presents an outreach plan with an adequate level of marketing activities reaching the target audience in all regions of the state. The majority of the key elements of the application have been organized and planned. The content described is adequate, but does not fit the guidelines provided by Development. The services are reasonable when compared to other applicants.
- *31 points – 40 points* = The applicant presents an outreach plan with a strong level of marketing activities offered more frequently than on a quarterly basis, serving the target audience in all regions of the state. A process for tracking participation is included. A diverse set of partners are committed and focused on a key targeted area of Ohio. All key elements of the application have been organized and planned. A strong level of content is described, possibly with experts identified, and content fits the guidelines provided by Development. Obstacles to completion have been identified. The services are provided at a cost-effective rate when compared to other applicants.
- *41 points – 50 points* = The applicant presents a robust outreach plan with a high level of marketing activities offered on a monthly basis, reaching the target audience in all regions of the state. The workshop presents a complete program with strong level of detail with expected outcomes, commitment from a diverse set of partners, and focused on more than one key targeted region of Ohio. The content described is strong, with experts identified. A process for tracking registration and participation is included. All key elements of the application have been carefully thought out, organized, and planned. Obstacles to completion have been identified and a plan to address them has been created. The services provided are the most cost-effective when compared to other applicants.

2. Innovation (0-25) Points will be awarded based on the innovative nature of the program, as measured by the uniqueness of the program:

- *0 points – 5 points* = The applicant demonstrates no innovation in the design or implementation of the program.
- *6 points – 10 points* = The applicant demonstrates a low level of innovation in the design or implementation of the program.
- *11 points – 15 points* = The applicant demonstrates some level of innovation in the design and implementation of the program.
- *16 points – 20 points* = The applicant demonstrates a strong level of innovation in the design and implementation of the program.

- *21 points – 25 points* = The applicant demonstrates a high level of innovation in the design and implementation of the program.

IV. APPLICATION REQUIREMENTS AND PROCESS

An application must be submitted as outlined below. The eligible applicant must be the authorized representative for the eligible project in all matters relating to any funds awarded through this Request for Proposal and will be solely responsible for all performance and reporting responsibilities.

Requested awards will not exceed \$15,000. Consideration will be given to the most cost-effective proposals as compared to other applicants.

All application materials will be reviewed by Development.

Required Application Guidelines:

- Applicant will submit one original paper copy marked as “Original,” three additional paper copies marked “Copy”, and one CD containing a complete, unlocked PDF file of the Proposal. Neither late submittals nor submittals without the required number of copies will be considered.
- Proposals must be received at the location specified below before the Request for Proposal closes. Proposals may not be submitted by fax or email.

**Ohio Development Services Agency
Office of Energy
Attn: Public Facility Operator Workshop
77 South High Street, 26th Floor
P.O. Box 1001
Columbus, Ohio 43216-1001
(614) 466-6797
ohioenergyoffice@development.ohio.gov**

Applications must be received no later than *December 3, 2012*, at 2 p.m. Eastern Time. (Deadline for proposals extended from original date of November 26, 2012)

- Proposals are to be submitted on 8.5 x 11- inch paper.
- Margins must not be less than $\frac{3}{4}$ of an inch on all sides, with the exception of forms found in the Appendices of this Request for Proposal.

- Font must be 11 point or larger with no more than 6 lines per inch.
- Proposals should not include color figures that cannot be understood when photocopied in black and white.
- The first page of the Proposal must be the Application Information Page.
- Do not include a cover or cover letter other than the Application Information Page.
- Proposals must be stapled once in the upper left hand corner and must not be bound.
- The order of application materials must be:
 1. **Application Information Form** (one page)
 2. **Application Form – Program Narrative** (six to 12 pages)
 3. **Organizational Experience and Key Personnel** (two to six pages)
 4. **Contact Information Form** (one to two page(s))
 5. **Budget Information Form** (four pages)
 6. **Financial Liability** (one page)

Any pages beyond the page limits listed above will be eliminated from the Proposal before it is sent for technical review and evaluation. Except as otherwise noted, appendices or other methods to augment the information presented in the Proposal are not allowed. Reference to web-based information to supplement the Proposal will not be considered in the evaluation.

Applicants are advised that there will be no opportunity to correct mistakes or deficiencies in their proposals after the submission deadline. Proposals that are missing required information may not be evaluated. It is the Applicant's responsibility to ensure timely submission of a complete proposal. Development is under no obligation to consider a proposal which is received after the deadline or that is incomplete. Late proposals will not be scored. No supplementary or revised materials will be accepted after the scheduled deadline for submission unless specifically requested by Development.

All costs incurred in the preparation of the Proposal shall be borne by the applicant alone, and Development shall not contribute, in any way, to the cost of the preparation of the Proposal.

Any and all documents developed by the selected applicants during the course of this project will be provided to Development upon request and will become the property of Development, and the selected consultant(s) shall not assert any claims arising under copyright or otherwise inconsistent with the transfer of ownership of such documents.

All information submitted in response to this RFP shall be public information unless a statutory exception exists which would protect the information from release to the public. Any information submitted with the Proposal which the applicant treats as a trade secret, as that term is defined in Section 1333.61 of the Ohio Revised Code, may be designated as such by marking the information: two asterisks (**) must be placed at the beginning and end of the trade secret information and the trade secret information shall be underlined. Information determined to be a trade secret under the laws of the state of Ohio will be protected as trade secrets by Development in accordance with Ohio law.

Development reserves the right to:

- Accept or reject any and all proposals if it determines that it is in its best interest to do so and rebid the RFP requesting new proposals from qualified parties;
- Waive or modify minor irregularities in proposals received;
- Negotiate with applicants, within the requirements of the RFP, to best serve its interests;
- Require the submission of modifications or additions to proposals as a condition of further participation in the selection process;
- Fund any proposal in full or in part; and/or
- Adjust the dates for whatever reason it deems appropriate.

If, during the review process, Development determines that it is necessary to make further distinctions between certain applicants, Development may request certain selected applicants to make a presentation to certain staff and reviewers.

In accordance with federal and state statutes and Development policy, no person shall be excluded from participation or subject to discrimination in the RFP process on the basis of race, color, age, sex, national origin, military status, religion, or disability.

Only projects that meet all of the requirements of this RFP as stated herein will be considered for grant assistance. Due to the competitiveness of the program, not all eligible projects may receive awards. Incomplete applications will not be considered. The state of Ohio reserves the right to reject any and all proposals.

V. GRANT AGREEMENT

The grant agreement governing the relationship between the selected applicant(s) and Development shall be based on the terms of the sample grant agreement, which is attached as Appendix B. Development reserves the right to modify the terms of the grant agreement however it deems necessary.

VI. MONITORING AND REPORTING

Reports will be required to be submitted not less than on a quarterly basis. Reports are due to Development by the 10th of the month following the end of the quarter. A narrative report should describe program progress during the previous period. Access to the project site for project monitoring must be provided upon 48 hour notice of intent to visit the job site.

VII. CHANGES TO THESE GUIDELINES

Development reserves the right to adjust the dates listed above for whatever reasons it deems appropriate without prior notice. Development also reserves the right to request additional information to assist in the review process, to reject any and all applications and make no awards under this program, to make fewer and smaller awards than anticipated, or to fund partial projects.

VIII. OHIO DEVELOPMENT SERVICES AGENCY CONTACT INFORMATION AND INQUIRY PERIOD

Prior to the deadline for submission, oral communication regarding this Request for Proposal with any Development staff or reviewers is not permitted. Applicants may submit written questions to Development through November **19**, 2012 (*Deadline extended from original date of November 12, 2012*). Questions must be submitted to the e-mail address or fax number indicated below.

Fax: (614) 466-1864
E-mail: energy@development.ohio.gov

The Ohio Development Services Agency accepts no responsibility for faxes or emails that are not delivered. The questions and answers will be posted on Development's website at http://www.development.ohio.gov/bs/bs_seprogram.htm.

The Inquiry period will end at 5:00 p.m. on November **19**, 2012 (*Deadline extended from original date of November 12, 2012*). Responses will be posted online within 4 - 6 business days.

APPENDIX A

Public Facility Operator Workshop

Required Applications Forms

- **Application Information Form**
- **Application Form – Program Narrative**
- **Organizational Experience and Key Personnel**
- **Contact Information Form**
- **Budget Information Form**
- **Financial Liability**

Application Form – Program Narrative

Applicant: _____

Answer the following required questions in a separate sheet and attach this page as the cover page with the applicant name listed above.

- **Include each question listed below, highlighted in BOLD and underlined, followed by your response written in normal font.**
- **Page limit is a minimum of 6 pages and a maximum of 12 pages.**
- **All pages must be numbered consecutively using the format “Page [#] of [total number of pages]” (e.g., Page 2 of 12).**

1. SUMMARY of program, including:
 - a. Description of overall program/project.
 - b. Brief description of goals and objectives for program.
 - c. Highlight the activities or strategies
 - d. Timetable for implementation and duration of program/project
2. How and with whom will the organization collaborate on this particular program/project? Describe the process of how the applicant will gather community input and gain stakeholder consensus.
3. Describe the targeted audience, the communities or regions of the state covered, number of customers served, and the content covered, such as the specific technologies, products, behavior, action steps, or other energy-related measures.
4. Describe the plan from start to finish. Explain the expected activities/methods used to:
 - a. Develop an agenda and/or curriculum for the workshop, *based on guidelines provided by Development*;
 - b. Market the workshop to public facility operators and handle registration; and
 - c. Facilitate the workshop itself in spring 2013

EVALUATION AND RESULTS

1. Provide specific short-term, intermediate and/or long-term outcomes of this program/project and the timeframe within which they will occur.
2. How will outcomes be measured and who will measure them? Describe the process for tracking customer participation in educational activities and their decision and next steps to act on implementing energy efficiency and renewable energy technologies and measures.
3. How will the results be used and disseminated by the organization and/or others?

Application Form – Organizational Experience and Key Personnel

Applicant: _____

Answer the following required questions in a separate sheet and attach this page as the cover page with the applicant name listed above.

- **Include each question listed below, highlighted in BOLD and underlined, followed by your response written in normal font.**
- **Page limit is a minimum of 2 pages and a maximum of 6 pages.**
- **All pages must be numbered consecutively using the format “Page [#] of [total number of pages]” (e.g., Page 2 of 12).**

ORGANIZATIONAL EXPERIENCE AND KEY PERSONNEL

1. Provide a description of the services provided by the organization, the communities currently served, the length of time these services have been provided in the community, or the basis for expanding services in the community or statewide, and clearly state how your experience will allow the organization to successfully meet the goals and objectives of the program.
2. Demonstrate knowledge of the current energy-related conditions existing within the state of Ohio and inform Development as to how the organization’s leadership and implementation of the workshop will contribute to *increased* renewable energy and/or energy efficiency across the state.
3. Describe the organization’s experience and qualifications. Include a brief resume/summary of qualifications and previous organizational accomplishments. Describe your experience working with public building operators.
4. Please include a list of key personnel and biographical sketches that includes their qualifications to implement this program.

Contact Information Form

Applicant:

Certifying Officer

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail _____

Address: _____

Chief Financial Officer

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail _____

Address: _____

Board Chair

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

List of Board Members/Title

Check the appropriate box below and provide the names and total compensation of the five most highly compensated officers of your organization on a separate sheet if the following applies:

In the applicant's preceding fiscal year, the applicant received:

- 80 percent or more of its annual gross revenues from Federal contracts (and subcontracts), loans, grants (and sub-grants); and cooperative agreements; and
- \$25,000,000 or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and sub-grants); and cooperative agreements; and
- The public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue code of 1986.

Does not apply

Applies (list attached)

Budget Information

Applicant Name: _____

Proposed Project Date: From: _____ To: _____

SUMMARY OF BUDGET:

	Budget Categories	Budget Amount
1	Income (match)	
2	Personnel	
3	Fringe Benefits	
4	Indirect Costs	
5	Travel/transportation	
6	Equipment	
7	Supplies	
8	Contractual/Sub-award or Sub-recipient	
9	Other Direct Costs	
10.	Other (Identify)	
11.		

Total Budget Amount: \$ _____ - _____

Detail on each of the budget categories should be provided on the next pages titled Explanation of Budget Categories attached:

EXPLANATION OF BUDGET CATEGORIES

1. INCOME:

Identify all program-related income sources, under the proposed award. Examples may include, but not be limited to, event sponsorships and registrations, program fees, earned income, memberships, and donations. In-kind match may also be included.

Income	Anticipated	Committed	Total Amount

2. PERSONNEL:

Identify positions to be supported, under the proposed award. Key personnel should be identified by title. All other personnel should be identified either by title or a group category. State the projected amount of hours to be expended, the base pay rate, and total direct personnel compensation, and identify the rate basis (e.g. actual salary, labor distribution report, state civil rates, etc.).

Title	Hours	Pay Rate	Total Compensation	Rate Basis
Total personnel costs:		\$		

\$				

3. INDIRECT COSTS:

The budgeted amount equals the calculation of personnel costs times indirect cost rate. Attach a copy of the entity's federally approved indirect cost rate. (if applicable)

Personnel Costs		X	Indirect Cost Rate	=	Indirect Costs

4. TRAVEL:

Travel rules for grantees are governed by the lesser of the organization's travel policy or the Federal travel rules. (www.gsa.gov)

- By which travel rules is your organization governed?
 State Federal Company/Organizational
- For all travel, provide information in the tables below. The purpose of travel are items such as professional conferences, Department-sponsored meetings, project management, local mileage, etc. Foreign travel requires separate prior written grantor approval.

Purpose of travel	No. of Travelers	Cost Per Trip
Total travel costs:	\$	

5. EQUIPMENT:

This is generally defined as an item with an acquisition cost greater than \$5,000 and a useful life expectancy of more than one year. Equipment purchase requires separate prior written grantor approval.

List all of the proposed equipment below.

Equipment Item	Qty	Unit	Cost
Total equipment costs:	\$		

6. SUPPLIES:

This is generally defined as an item with an acquisition cost of \$5,000 or less and a useful life expectancy of less than one year.

If the total supply costs are greater than 20 percent of the total project costs, or \$25,000 whichever is greater, please provide the detail below.

General Category of Supplies	Qty.	Unit Cost	Total Cost	Justification of need
Total cost of supplies			\$	

7. CONTRACTUAL/SUBAWARD:

List all contractors used in the project and indicate the purpose of each contractor's participation and the total estimated costs for each. Note: Neither board members nor employees of the organization are eligible for contractor services.

Name/Organization	Purpose	Total Projected Costs
Total Projected Costs:		\$

8. OTHER DIRECT COSTS:

Other direct costs are items of cost required for the specific project (such as meeting costs, postage, couriers or express mail, telephone/fax costs, printing costs, etc.), that cannot be properly included in the above categories.

Provide the information below for other direct costs that are greater than or equal to 20 percent of the total project costs or \$25,000, whichever is greater.

General description	Cost	Justification of need
Total of other direct costs:		\$

Financial Liability and Certification

Financial Liability:

Explain any outstanding financial liabilities the applicant and/or company have with state or local governments in Ohio. Whether or not the amounts are being contested in a court of law, does the applicant and/or company owe:

- a.) Any delinquent taxes to the State of Ohio (the "State"), a state agency, or a political subdivision of the State such as a city or county?
Yes No
- b.) Any monies to the State or a state agency for the administration or enforcement of the environmental laws of the State?
Yes No
- c.) Any other monies to the State, a state agency, or a political subdivision of the State that are past due?
Yes No
- d.) Is the company the subject of any existing tax lien?
Yes No

Certification:

Has the applicant, related companies, or any officers:

- a.) Been convicted of a felony?
Yes No
- b.) Been convicted of or enjoined from any violation of state or federal securities law?
Yes No
- c.) Been a party to any consent order or entry with respect to an alleged state or federal securities law violation?
Yes No
- d.) Been a defendant in a civil or criminal action?
Yes No

If you have answered yes to any of the above, please provide a detailed explanation including, but not limited, to the location, amounts, and case identification numbers (if applicable) on a separate sheet.

Government and Non-Profits: Provide a copy of the most recent audit report or annual report.

Required Forms and Questions

All documents below are required. **Please make sure to complete, sign, and submit or attach the following forms individually to your application.**

- W-9
- Tax Release

Please answer the following questions. False answers may result in the state of Ohio withdrawing any and all offers of financial assistance.

FINANCIAL LIABILITY

ODSA will not give financial assistance of any type to an applicant or company with outstanding financial obligations to the state or to an Ohio community or with outstanding environmental issues. The status of each applicant will be verified with the Ohio Department of Taxation and with the Ohio Environmental Protection Agency. Does the applicant and property owner (if different from applicant):

1. Owe any delinquent taxes to the state of Ohio, any state agency, or a political subdivision of the state?

Yes: No: If Yes, explain:

2. Owe any monies to the state of Ohio or to a state agency for the administration or enforcement of the environmental laws of the state?

Yes: No: If Yes, explain:

3. Owe any past-due monies to the state of Ohio, a state agency, or a political subdivision of the state?

Yes: No: If Yes, explain:

4. Have any existing tax liens by the state of or a political subdivision of the state?

Yes: No: If Yes, explain:

5. Have a state loan on which it has defaulted?

Yes: No: If Yes, explain:

PRIOR LEGAL ACTIONS

Have the applicant (or user), related companies, or any of their respective officers:

1. Been convicted of a felony?

Yes: No: If Yes, explain:

2. Been convicted of or enjoined from any violation of state or federal securities law?

Yes: No: If Yes, explain:

3. Been a party to any consent order or entry with respect to an alleged state or federal securities law violation?

Yes: No: If Yes, explain:

4. Been a defendant in a civil or criminal action?

Yes: No: If Yes, explain:

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.

**AUTHORIZATION TO RELEASE TAX INFORMATION
OHIO DEVELOPMENT SERVICES AGENCY AND JOBSOHIO**

I, _____, (printed name of taxpayer) hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release my tax records to the Ohio Development Services Agency (ODSA) and/or JobsOhio. I understand that these records may be used by the ODSA and/or JobsOhio to ensure my taxpayer compliance with all tax laws and to verify the information reported to the ODSA and/or JobsOhio for various purposes relating to evaluation of potential tax credits, grant awards, or loan issuances. Except as authorized by this waiver, the ODSA and/or JobsOhio must maintain the confidentiality of the information received pursuant to O.R.C. 1347.15(H) with respect to this waiver.

I certify under penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Company Name: _____

Name and Title of Authorized Agent (printed): _____

Signature of Authorized Agent: _____

Date: _____

Company Address: _____

Company Telephone Number: _____

Social Security Number (if an individual): _____

Federal Employer Identification Number: _____

Ohio Charter Number: _____

Ohio Franchise Tax Identification Number: _____

Commercial Activity Tax Account Number: _____

Ohio Employer Withholding Account Number: _____

Ohio Vendor's License Number: _____

Ohio Consumer's Use Tax Account Number: _____

Ohio Direct Pay Permit Number: _____



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW **(W-9 OR W-8ECI FORM ATTACHED)** CHANGE OF CONTACT PERSON/INFORMATON
- ADDITIONAL ADDRESS – (**A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED**)
- CHANGE OF ADDRESS – (**PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER**)
- ADDRESS TO BE REPLACED:
- CHANGE OF TIN **(W-9 & LETTER OF CLARIFICATION OF CHANGE, WHICH INCLUDES NEW & OLD TIN IS REQUIRED)**
- CHANGE OF NAME **(W-9 & LETTER OF CLARIFICATION OF CHANGE, MUST INCLUDES NEW & OLD NAME IS REQUIRED)**
- CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER_____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):

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SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS:		COUNTY:
CITY:	STATE:	ZIP CODE:

SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)

ADDRESS:		COUNTY:
CITY:	STATE:	ZIP CODE:

SECTION 5 – CONTACT INFORMATION & PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE: FAX: EMAIL:

PREFERRED METHOD OF BEING CONTACTED: (CHECK ONE) PHONE EMAIL

SECTION 6 – INDIVIDUAL TO RECEIVE EMAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE EMAIL ADDRESS BELOW

NAME:

EMAIL: PHONE:

TO ADD AN ADDITIONAL OR REPLACE A STRATEGIC SOURCING CONTACT PERSON

ADDITIONAL CONTACT PERSON REPLACE CONTACT PERSON (WILL BE MARKED INACTIVE)

NAME:

EMAIL: PHONE:

SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 8 – PURCHASE ORDER DISTRIBUTION – OTHER THAN USPS MAIL

EMAIL OR FAX:

SECTION 9 – PLEASE SIGN & DATE

PRINT NAME:

SIGNATURE: (DIGITAL SIGNATURES NOT ACCEPTED AT THIS TIME) DATE:

SECTION 10 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/EMAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

<p>SUBMIT FORM TO:</p> <p>Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880</p> <p>Email: vendor@ohio.gov</p> <p>Fax: 1 (614) 485-1052</p>	<p>QUESTIONS? PLEASE CONTACT:</p> <p>Phone: 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781</p> <p>Website: www.ohiosharedservices.ohio.gov/</p> <p>Email: vendor@ohio.gov</p>
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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

All parts of the form must be completed by the vendor. **Incomplete forms will be returned.** The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1												
TYPE OF TRANSACTION: <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE/UPDATE <input type="checkbox"/> INACTIVATE												
NAME OF COMPANY OR INDIVIDUAL												
ADDRESS												
CITY	STATE	ZIP										
PHONE	EMAIL											
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
CHECK ALL THAT APPLY <input type="checkbox"/> RSC - PCA <input type="checkbox"/> ODJFS PROVIDER (PROVIDER ID NUMBER REQUIRED)												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<input type="checkbox"/> LOTTERY WINNER <input type="checkbox"/> DODD PROVIDER (PROVIDER ID NUMBER REQUIRED)												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<input type="checkbox"/> ALL OTHER: _____												
SECTION 2 – NEW FINANCIAL INFORMATION												
NEW FINANCIAL INSTITUTION NAME		PHONE										
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS												
NEW ACCOUNT NUMBER												
NEW TRANSIT ROUTING/ABA NUMBER												
SECTION 3 – OLD/PRIOR FINANCIAL INFORMATION - MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT												
OLD/PRIOR FINANCIAL INSTITUTION NAME		PHONE										
OLD/PRIOR ACCOUNT NUMBER												
OLD TRANSIT ROUTING/ABA NUMBER												

- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date.
- All EFT accounts are tied to an address in our system, a form is required for each address (if needed).

ATTENTION ODJFS PROVIDERS: It is the **provider's responsibility** to keep ODJFS **AND** Ohio Shared Services informed of any changes in order to receive important information regarding benefits and to remain qualified for payments. Information provided must match the information on file with Medicaid or your form will be returned. If you are uncertain, please contact Provider Enrollment at (800) 686-1516 or verify/ update the information in the MITS Medicaid Web Portal located at <https://ssopro.mits.odjfs.state.oh.us/prosecure/authtam/login?HOSTNAME=ssopro.mits.odjfs.state.oh.us>.

- The entity listed hereby authorizes the Ohio Office of Budget and Management (OBM) to initiate credit entries to its account in the financial institution identified above. Additionally, this form provides OBM the authority to debit any erroneous credit or transfers to the account in the amount of the transfer.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services, a division of OBM.

I have attached a copy of a current voided check or included a bank letter.

ODJFS PROVIDERS – I have ensured the Name, Address, TIN, & Provider Number matches the information in the MITS Medicaid Web Portal.

Preferred method of being contacted: (circle one) PHONE EMAIL

PRINT NAME

SIGNATURE (DIGITAL SIGNATURE NOT ACCEPTED AT THIS TIME)

DATE

Attach a voided check here using tape or include a bank letter signed by a bank representative.

NOTE:

- The bank letter must include the Name on the Account, Routing Number, Account Number and Type of Account. This letter must be typed, not handwritten, on bank letterhead, and signed by a bank representative. Exceptions will be made for Prepaid Cards.
- All information on the current voided check must be imprinted; this includes the name, address, account and routing numbers. No information can be handwritten.
- We are unable to accept starter checks, deposit slips, or bank statements.
- The name and address on the form and the check/bank letter must match the information in our current vendor records &/or MITS.

Please note: This record is subject to public records requests under the laws of the State of Ohio. If you are a business entity that provides a social security number in place of a Federal Tax ID number, you are waiving any expectation of privacy and this record may be subject to disclosure.

SUBMIT FORM TO:

Mail: Ohio Shared Services
Attn: Vendor Maintenance
P.O. Box 182880 Cols., OH 43218-2880
E-mail: vendor@ohio.gov
Fax: 1 (614) 485-1052

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
Website: www.ohiosharedservices.ohio.gov
E-mail: vendor@ohio.gov

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1

- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program. Enter your phone number & email address. When your email address is provided, you will receive an automated email notification stating your banking information has been added or updated in our system.
- Enter your Employer Identification Number or your Social Security Number (required).
- Please enter your OAKS Vendor Id Number (if known).
- Check all that applies. If you are an ODJFS or DODD provider please check mark to indicate & add Provider Id Number or please specify, if you are a RSC-PCA, Lottery Winner, or All Other.

SECTION 2 (New Information)

- Please enter the new name and phone number of the financial institution authorized to conduct transactions, as it should be updated in our system.
- Please place a check mark to indicate the type of account to which funds are to be deposited.
- Enter the Account Number to which the EFT Transactions are to be deposited.
- Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check or bank letter.

SECTION 3 (Old/Prior Information) Required if a CHANGE/UPDATE

- Please enter the name and phone number of the previous financial institution authorized to conduct your transaction. This should be the last EFT account information that was submitted to the state and is currently in our system.
- Enter the OLD/Prior Account Number to which the EFT Transactions were deposited.
- Enter the OLD/Prior financial institution's Transit Routing/ABA number in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4. Read & check mark the boxes to verify you have acknowledged the information. Then print your name, sign your name, and provide the date.
- Please attach a current voided check or bank letter (required).

NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, & account number. Exceptions will be made for Prepaid Cards.