



**Department of
Development**

Office of Housing and Community Partnerships

Attachment 11

Drawdown Systems

Procedures Manual

November 2008

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Ohio Department of Development

Community Development Division

Office of Housing and Community Partnerships

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Introduction

The procedures outlined in this manual are designed to:

1. Provide a system whereby recipient organizations may promptly obtain the funds necessary to finance the Office of Housing and Community Partnerships (OHCP) administered program portion of a project by presenting a request for payment to the Ohio Department of Development; and
2. Preclude withdrawal of funds from the state of Ohio and the United States Treasury sooner than absolutely necessary.

Chapter 1 – Policy

1. The procedure in this manual are applicable to grant awards issued by OHCP. In no event shall a request for payment be submitted to obtain funds for activities until the applicable grant conditions, if any, have been satisfied. Failure to comply with this provision and the procedures as outlined in this manual may result in suspension or revocation of the applicable grant award. Such action will be rescinded upon satisfactory proof that the conditions and procedures were satisfied.
2. Cash advances to a recipient organization shall be limited to the minimum amounts needed and shall be timed to be in accordance only with the actual, immediate cash requirements of the recipient organization in carrying out the purpose of the approved program or project. The timing and the amount of cash advances shall be as close as administratively feasible to the actual disbursements by the recipient organization for direct program costs and the proportionate share of any allowable indirect costs. The above standard does not apply when funds are being requested in the minimum amount of \$5,000, provided that the amount of OHCP granted funds on hand at time of the request does not exceed \$5,000.
3. A Notice of Available Funds is irrevocable (the equivalent of cash available to the recipient organization) to the extent the recipient organization has obligated funds in good faith in executing the authorized state program in accordance with the grant.
4. In the event of excessive drawdowns under the Notice of Available Funds, the state requires the recipient to refund excess cash to the Ohio Department of Development. **Community Development Block Grant Program** funds are **required** to be deposited into non-interest bearing accounts. However, if interest is earned on excess funds, these dollars must be returned to the U.S. Department of Housing and Urban Development (HUD). Contact OHCP for instructions regarding refunds to HUD.
5. When a recipient organization receiving advance funds by Notice of Available Funds has demonstrated to the state an unwillingness or inability to establish procedures that will minimize the time elapsing between advances and the disbursement thereof, the state shall require the recipient organization to finance its operation with its own working capital, and payment to the recipient organization shall be made to reimburse it for actual cash disbursements.

Chapter 2 – Requirements

1. Authorized Signature Card (DS2) Authorized Signature Card for Payment and Status of Funds Report card contain the signatures of individuals authorized by the recipient organization to sign Request for Payment and Status of Funds Report (DS5) form. The recipient organization shall submit one original DS2 form to the Ohio Department of Development, Office of Housing and Community Partnerships, P.O. Box 1001, Columbus, Ohio 43216-1001 and keep one on file. An illustration of this form and instructions for completion are shown in Appendix 1. An additional certification form (Appendix 3) is required if the authorizing official is also listed as an individual with the authority to sign DS5s. The state of Ohio will accept only the signatures of persons named on current signature cards on file. Therefore, recipient organizations must submit new signature cards whenever there is a change, including additions or deletions of the persons authorized to sign DS5 forms. Change in title or position of a person so authorized does not require a superseding signature card if the person's authority to sign DS5 forms remains unchanged.
2. Grant Distribution Information Card (DS3) Grant Distribution Information card designate whether the recipient organization chooses to: have funds transmitted by Electronic Funds Transfer (EFT); or have checks mailed to the community's designated depository (Appendix 2).

NOTE: Grantees opting to have funds electronically transferred must also submit an Authorization Agreement for Direct Deposit of State Warrants form (Appendix 4) along with the completed DS3 card.

3. Notice of Available Funds Once a recipient organization executes a grant agreement for a **federally funded** program and has the appropriate DS2 and DS3 forms on file with OHCP, a Notice of Available Funds (Form DS4) will be issued by OHCP (Appendix 5). This form is completed by OHCP and issued to each community for the authorized amount of a particular federally funded grant. The dollar figure authorized on this form represents available funds to the recipient organization that will be disbursed upon submittal of a DS5 form.

In the event that the grant period – as outlined in the agreement – expires, OHCP will reduce the authorized amount by the undrawn grant balance unless an extension is granted. Also, grant funds returned to OHCP will be treated as unexpended funds, and therefore, a reduction in authorized funds will be sent to the recipient organization.

4. Housing Rehab/Homeownership or Rental Housing Set-Up Form Recipient organizations receiving Ohio Small Cities CDBG Program and/or HOME Investment Partnership Program funds to complete direct benefit housing activities are required to submit the applicable setup form to OHCP at least one week prior to submitting a Request for Payment and Status of Funds Report (DS5). A copy of this form must be retained by the grantee for its records. An illustration of this form and instructions for completion are shown in Appendix 6. The purpose of this form is to gather beneficiary information, including the address of the housing unit assisted and the total (HOME/CDBG) estimate cost of the unit. **Set-Up Forms are not required for state grants.**

5. Request for Payment and Status of Funds Report (DS5). The recipient organization shall execute a Request for Payment and Status of Funds Report (DS5) each time it is determined that funds are required to meet immediate disbursement needs. An illustration of this form and instructions for completion are shown in Appendix 7. Generally, OHCP will issue checks within two and one-half weeks of receipt of the DS5. OHCP will not process DS5s for grants that do not have environmental review clearance or, in the case of economic development grants, approved Closing Binder. In addition, incomplete DS5s will be voided and returned to the grantee.

6. Distribution of DS5s The executed DS5s shall be distributed as follows:

The **original** is to be forwarded to the Ohio Department of Development, Office of Housing and Community Partnerships, P.O. Box 1001, Columbus, Ohio 43216-1001.

A **copy** is to be retained by the grantee for its records.

7. Timing Requests for Payments. Recipient organizations are expected to exercise sound financial judgement and insure that the requirements for maintaining minimum cash balances are met. When preparing a DS5, carefully consider such key factors as payroll dates, payments to contractors, and major fixed costs required, in order to determine when funds will be needed. Careful consideration of processing time and mail time required for transmittal of DS5s to the state and for transmittal of the check to the recipient organization's bank is also necessary.

Once the Notice of Available Funds process is in operation, the recipient organization will quickly determine processing and mail time, so that withdrawals will be timed as close as administratively feasible to actual cash disbursements. Cash controls should be maintained on a current basis so that cash balances do not exceed the needs of the recipient organization's immediate disbursements.

8. Assistance. Recipient organizations should refer any questions relating to the drawdown procedures to OHCP at (614) 466-2285.

9. Blank Forms. Recipient organizations can either request copies of forms by calling (614) 466-2285 or by visiting the OHCP Web site at <http://www.development.ohio.gov/cdd/ohcp/OHCPForms.htm>. The draw and setup forms are Excel documents.

**Instructions for Completing an
Authorized Signature Card for Request for Payment and Status of Funds Report
(DS2)**

If a mistake is made, or a change is necessary during the preparation of the Authorized Signature Card for Request for Payment and Status of Funds Report (DS2) please prepare a new DS2 since erasures or corrections of any kind will not be acceptable.

Block Number:

- 1) Enter the three digit community/nonprofit number that your organization has been assigned by OHCP.
- 2) Enter the name and address of recipient organization. If additional space is required, use back side of form.
- 3) Enter typed names and signatures of the officials of the recipient organization which are authorized to execute DS5s. It is recommended that a minimum of three signatures be shown to permit flexibility (in case of absences) in making drawdowns. There must be at least two signatures, but three signatures would be preferred.
4. Enter the date, typed name and signature of the recipient organization's chief executive officer. In instances where the recipient organization's chief executive officer desires his or her signature to be one of the authorized signatures in block 3, a signature certificate – as outlined in Appendix 2 – must be prepared on the letterhead of the recipient organization and returned to the state with the completed DS5. The CEO's signature must be notarized.

Retain a copy of the completed DS2 for your files.

SAMPLE FORM DS2

Authorized Signature Card for Request for Payment and Status of Funds Report

Community or Nonprofit Number: _____ (1)

Grant Issued in Favor of (Recipient):

(2)

Issued By: The State of Ohio

Department of Development

Ofc. of Housing & Community Partnerships

P.O. Box 1001

Columbus, Ohio 43216-1001

Typed Name, Signature and Title:

(3)

Note -Two Signatures are Required to Sign and Countersign a Request for Payment and Status of Funds Report DS5

I certify that the above signatures are of the individuals authorized to sign Request for Payment and Status of Funds Reports.

Date

(4)

Signature of Authorizing Official (Recipient)

DS2

Instructions for Completing the
Grant Distribution Information Card
(DS3)

Block Number:

- 1) Enter the name and address of recipient organization. If additional space is required, use back side of form.
- 2) Enter the three digit community/nonprofit number that your organization has been assigned by OHCP.
- 3) Enter the recipient organization's telephone number, fax number, and e-mail address (if available).
- 4) Select your preferred method of receiving your funds. If Electronic Funds Transfer is selected, please don't forget to submit the Authorization Agreement for Direct Deposit of State Warrants. If by check, just mark your selection.
- 5) The bottom portion of the DS3 card is so OHCP will know where to mail a copy of the Request for Payment and Status of Funds Report (DS5) after it has been processed and paid.
- 6) Please have both sections of this card dated and signed by the same party who signed the DS2 (number 4).

Ohio Department of Development
Office of Housing and Community Partnerships

Grant Distribution Information

Grantee Name and Address: (1)	Community or Nonprofit Number: (2)	
Telephone: (3)	Fax: (3)	E-mail: (3)
Send Office of Housing and Community Partnerships-administered funds to the above listed grantee via: <input type="checkbox"/> Electronic Funds Transfer* ➔ (4) or <input type="checkbox"/> Check ➔ (4) *If the grantee requests that funds be distributed via Electronic Funds Transfer, a completed Vendor's Authorization Agreement and a voided check must be submitted with this form.		
_____ Date	_____ Signature of Authorizing Official (Recipient)	
DS3		

As executive officer for _____, I hereby request that the Office of Housing and Community Partnerships (OHCP) return a copy of the Request for Payment and Status of Funds Report – DS5 (marked "paid") for either Electronic Funds Transfer or Check for OHCP-administered program funds to the following person/organization at the address listed below:

_____ Name	(5)	_____ Address
_____ Organization		_____ City, State, and Zip Code
_____ Date		_____ Signature of Authorizing Official (Recipient)

DS3

SAMPLE
SIGNATURE CERTIFICATE
(TO APPEAR ON LETTERHEAD OF RECIPIENT ORGANIZATION)

Signature of Authorizing Official (Recipient)

This is to certify that the above is the signature of

(CEO Name)

(Title)

of _____ (Name of Recipient).
(Grant Recipient Name)

Subscribed and duly sworn before me according to law, by the above mentioned individual this _____ day of _____ 20__ at _____, County of _____ and state of Ohio.

Signature of Notary

NOTE: Signature Certification must be printed on letterhead and notarized.

Instructions for Completing the Authorization Agreement
For Direct Deposit of
State Warrants

SECTION 1

- A. Place a check mark (✓) to indicate the type of transaction:
- “Add” indicates a **new** authorization
“Change” indicates a **change** to an existing authorization
“Delete” indicates a request for **termination** of direct deposit
- B. Enter the complete name and address of the company or individual participating in the Electronic Funds Transfer (EFT) program.
- C. Enter your company’s Federal Tax Identification number or your Social Security Number if you, as an individual are participating.

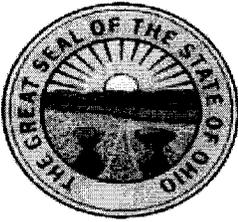
SECTION 2

- A. Enter the name and address of the financial institution authorized to conduct transactions.
- B. Place a check mark (✓) to indicate the type of account to which funds 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. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT Transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.

Forward the signed authorization form to:

Patricia E. Stevens, Fiscal Coordinator
ODOD/OHCP
77 S. High Street, 24th Floor
Columbus, Ohio 43215

A faxed version of this form will be acceptable as long as the original is sent by mail. If you have any questions, please contact the above listed person at (614) 466-2285.



STATE OF OHIO - OFFICE OF BUDGET & MANAGEMENT

30 E. BROAD STREET, 34th FLOOR

COLUMBUS, OHIO 43215 - 3457

http://www.obm.ohio.gov/

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF STATE WARRANTS

- To sign up for EFT, please TYPE or PRINT the information requested in SECTION 1 and 2. Then sign, date and return it to State Accounting - Office of Budget & Management. Any account changes must be reported to the State Accounting's Office thirty (30) days prior to actual change. Payee must keep the State Accounting's Office informed of any address and bank changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1

Form for Section 1: TYPE OF TRANSACTION (ADD, CHANGE, DELETE), NAME OF COMPANY OR INDIVIDUAL, COUNTY, (AREA CODE) TELEPHONE, ADDRESS, CITY, STATE, ZIP CODE, FEDERAL TAX ID OR SOCIAL SECURITY OR IF EMPLOYEE (E-CODE) #

SECTION 2

Form for Section 2: FINANCIAL INSTITUTION NAME, COUNTY, (AREA CODE) TELEPHONE, ADDRESS, CITY, STATE, ZIP CODE, TYPE OF ACCOUNT (SAVINGS, CHECKING), TRANSIT ROUTING / ABA NUMBER, ACCOUNT NUMBER AT ABOVE INSTITUTION

- Whereby authorize the State Accounting's Office to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account. This authority is to remain in effect until revoked by us in writing to the State Accounting's Office. Please attach a cancelled check for checking accounts or a "spec sheet" from your financial institution for savings accounts.

Applicant Signature

Type Name

Date (M/d/yy)

Do Not Write Below This Line - For State Accounting's Use Only

Date Received

Vendor ID Number grid

Vendor ID Number

Date Entered

Initials

STATE OF OHIO
OFFICE OF HOUSING AND COMMUNITY PARTNERSHIPS

NOTICE OF AVAILABLE FUNDS

ISSUED IN FAVOR OF:	GRANT NUMBER:
	AMENDMENT NUMBER:
	EFFECTIVE DATE:
DEPOSITARY ACCOUNT NAME AND/OR NUMBER:	AMOUNT AUTHORIZED:
PRIOR AUTHORIZATION:	THIS CHANGE:
	INCREASE:
	DECREASE:

The amount of this notice of available funds is hereby certified to be drawn against, upon presentation of a properly completed State of Ohio Form DS5, Request for Payment, by the recipient organization whose signatures appear on the State of Ohio Form DS2, Authorized Signature Card or Payment Vouchers, previously or subsequently submitted.

The amount of each Request for Payment paid by the State of Ohio to the recipient organization at a designated depository shall constitute payment to the recipient organization by the State of Ohio.

I certify that the payments authorized herein are correct and proper for payments from the appropriation of funds legally committed and available for the purpose, when paid in accordance with the terms and conditions cited in regulations and individual grant agreements with the State of Ohio.

_____ Date Certified

_____ Authorized Certifying Officer

_____ Typed Name and Title

Instructions for Completing Request for Payment and Status of Funds Report

Notice to Drawer:

It is extremely important that care be exercised in preparing the Request for Payment and Status of Funds Report (DS5) form correctly and completely in order for the state to process the request without delay. If a recipient repeatedly fails to prepare the DS5 correctly and completely, the state will reject future requests for payments as additional infractions occur.

Drawdowns shall be made only in amounts necessary to meet current disbursement needs. Such drawdowns shall not ordinarily be made more frequently than weekly, or be in amounts less than \$5,000.

Dollar amounts entered on the DS5 must be rounded to the nearest dollar.

Section One: Request for Payment

Block Number:

- 1) Correct and completed requests for payments should be submitted according to the distribution shown at the bottom of the DS5.
- 2) Enter complete name and address of the recipient organization (drawer).
- 3) Enter the name and telephone number of the person that should be contacted if there are any questions regarding the submitted DS5.
- 4) Enter the three digit community/nonprofit number assigned by the state.
- 5) Enter the community's/nonprofit's federal tax identification number.
- 6) Enter the appropriate draw number. Draws shall be numbered consecutively. Amendments to the Notice of Available Funds, the beginning of a new program;/fiscal year, or a rejected request do not affect the sequential numbering of the documents.
- 7) **State Use Only** - do not complete.

Section Two: Itemization of Expenditures

Block Number:

- 8) Enter the grant number. (More than one grant can be listed on a draw.)
- 9) Enter activity name as shown on the Attachment A of the grant agreement.
- 10) Enter the activity number as shown on the Attachment A of the grant agreement.

- 11) Enter the house address that you are drawing funds for housing projects (from Homeownership/Rental Setup Form).
- 12) **State Use Only** – do not complete.
- 13) Enter the amount requested on this draw for the listed activity/site address. Must be in whole dollars.
- 14) Enter the activity budget amount shown on the Attachment A of the grant agreement or the estimated cost of the site address for CDBG-HOME-funded housing projects (from setup form).
- 15) Enter the activity/site address budget balance for the listed project.
- 16) Enter the total amount of funds being requested.

Section Three: Certification

- 17) Enter the date(s) this Form DS5 is certified.
- 18) Two of the designated officials of the recipient organization authorized to certify Requests for Payment on the DS2 (Authorized Signature Card for Request for Payments and Status of Funds Report) on file with the state shall affix their signatures. These signatures must be identical to those on the current Form DS2).
- 19) Enter the titles of the designated officials of the recipient organization certifying this Form DS5.
- 20) **State Use Only** – do not complete.

Note: Forward the **original** of the DS5 to the Ohio Department of Development, Community Development Division, Office of Housing and Community Partnerships, P.O. Box 1001, Columbus, Ohio 43216-1001.

A copy of the DS5 form must be retained by recipient organization for its records.

State of Ohio
Office of Housing and Community Partnerships
Request for Payment and Status of Funds Report

Section One: Request for Payment

Submit to: (1) Ohio Department of Development Office of Housing and Community Partnerships P.O. Box 1001 Columbus, Ohio 43216-1001	Name and Address of Grantee: (2)
Contact Person/Telephone Number: (3)	Community/Nonprofit Number: (4)
FTI Number: (5)	Draw Number: (6)
STATE USE ONLY Date: (7)	
Voucher #:	
Warrant #:	

Section Two: Itemization of Expenditures

Grant Number*	Activity Name*	Activity Nbr*	Enter the Housing Site Address (CDBG and HOME-Funded Housing Activities Only) (If Applicable)	Project Number (State Use Only)	Amount Requested	Approved Activity/Site Address Budget	Balance of Activity/Site Address Budget
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Total of This Draw: \$					(16)		

NOTE: From the Attachment A of the Grant Agreement

Section Three: Certification of Itemization of Expenditures: Two Authorized Signatures Are Required

I certify that this Request for Payment was drawn in accordance with the terms and conditions of the Grant Agreements cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

Date: (17)	Signature (18)	Title (19)
Date:	Countersignature	Title

STATE USE ONLY
 Approved: (20) Date: DS5 (Rev. 6/04) DEV0072

Instructions for Completing Housing Rehabilitation/Homeownership Setup Form

The Housing Rehabilitation/Homeownership Setup Form must be completed and submitted to OHCP at least one week prior to submitting a Request for Payment and Status of Funds Report (DS5) Form to draw funds for any CDBG-and/or HOME-funded Housing Activity (Downpayment assistance, Rehabilitation and/or new Construction Activities) associated with the grant listed on the Setup Form.

Seven separate site addresses may be listed on each Setup Form (use multiple pages, if necessary). Grant recipients interested in setting up addresses for two separate grant agreements must submit a Housing Rehabilitation/Homeownership Setup Form for each grant number. If a recipient fails to submit an accurately completed Setup Form, OHCP will return the form to the recipient and no funds may be drawn for that site address. Dollar amounts included on the Setup Form must be written in whole dollars. This form may be emailed to OHCP at OfficeofHousingandCommunityPartnerships@development.ohio.gov or printed and mailed to OHCP. The forms are Excel documents and can be accessed by visiting <http://www.development.ohio.gov/cdd/ohcp/OHCPForms.htm>.

- Name of Grantee: Enter the complete name of recipient organization.
- Grant Number: Enter the appropriate grant number as it appears in the upper right-hand corner of the Grant Agreement.
- Activity Name: Enter the activity name as listed on the Attachment A of the Grant Agreement. NOTE: Only one activity per Setup Form can be used.
- Project Number: **OHCP Use Only**
- Project Site Address: Enter the street address of the housing unit being assisted.
- City, State, Zip: Enter the city, state, and zip code of the housing unit being assisted.
- Project Budget: Enter the total estimated cost of grant funds (or program income, if applicable) to be used in this project based on bid specifications.
- Contact Name: Enter the name of the individual completing the form.
- Phone Number: Enter the telephone number of the individual completing the form.

Ohio Department of Development
Office of Housing and Community Partnerships

Housing Rehabilitation/Homeownership Setup & Cost Adjustment Form

Name of Grantee: _____ Grant Number: _____

Activity Name and Nbr: New Construction Acq./Rehab/Resale Downpayment Asst.
 From the Attachment A of the Grant Agreement. Check One Home Repair Private Rehabilitation DPA/Rehab
 Corresponding Box and Enter Activity Nbr. * Submit this form for CDBG/Home funded projects only. Please provide a note when funds have been drawn on one unit and have been expended/transferred to a different unit.

Project Number: (OHCP Use) Check if this Project is: An Amended Submission Complete
 Project Site Address: _____ City, State, Zip: _____
 Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

Project Number: (OHCP Use) Check if this Project is: An Amended Submission Complete
 Project Site Address: _____ City, State, Zip: _____
 Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

Project Number: (OHCP Use) Check if this Project is: An Amended Submission Complete
 Project Site Address: _____ City, State, Zip: _____
 Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

Project Number: (OHCP Use) Check if this Project is: An Amended Submission Complete
 Project Site Address: _____ City, State, Zip: _____
 Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

Project Number: (OHCP Use) Check if this Project is: An Amended Submission Complete
 Project Site Address: _____ City, State, Zip: _____
 Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

CONTACT NAME: _____
 PHONE NUMBER: _____

Instructions for Completing the Rental Housing Setup Form

The Rental Housing Setup Form must be completed and submitted to OHCP at least one week prior to submitting a Request for Payment and Status of Funds Report (DS5) Form to draw funds for any CDBG-and/or HOME-funded Rental Project (Acquisition, Rehabilitation and/or New Construction Activities) associated with the grant listed on the Setup Form.

Four separate site addresses may be listed on each Setup Form (use multiple pages, if necessary). When there are multiple units located at the same site, please submit only one address and enter the number of units, where appropriate. The individual units will be reported on the Status/Final Performance Report. Grant recipients interested in setting up addresses for two separate grant agreements must submit a Rental Housing Setup form for each grant number. If a recipient fails to submit an accurately completed Setup Form, OHCP will return the form to the recipient and no funds may be drawn for that site address. Dollar amounts included on the Setup Form must be written in whole dollars. This form may be emailed to OHCP at ohcp@odod.state.oh.us or printed and mailed to OHCP.

- Name of Grantee: Enter the complete name of recipient organization.
- Grant Number: Enter the appropriate grant number as it appears in the upper right-hand corner of the Grant Agreement.
- Activity Name: Enter the Activity name as listed on the Attachment A of the Grant Agreement. NOTE: Only one activity per Setup Form can be used.
- Project Number: **OHCP Use Only**
- Project Site Address: Enter the street address of the housing unit being assisted.
- City, State, Zip: Enter the city, state, and zip code of the housing unit being assisted.
- Project Budget: Enter the total estimated cost of grant funds (or program income, if applicable) to be used in this project.
- Number of Units: Enter the total number of units that will be assisted.
- Property Owner: Enter the name of the person who owns the property.
- Type of Owner: Enter type of ownership (individual owned, partnership owned, corporation owned, nonprofit owned, public owned or owned by other entity).
- Owner Address: Enter the owner's street address.
- City, State, Zip: Enter the city, state, and zip code of the owner's address.
- Contact Name: Enter the name of the individual completing the form.
- Phone Number: Enter the telephone number of the individual completing the form.

Ohio Department of Development APPENDIX 8
Office of Housing and Community Partnerships
Rental Housing Setup & Cost Adjustment Form

Name of Grantee: _____

Grant Number: _____

Activity Name and Nbr: Private Rental Rehab. New Construction

From the Attachment A of the Grant Agreement. Check One Corresponding Box and Enter Activity Nbr.

*** Submit this form for CDBG/Home funded projects only. Please provide a note when funds have been drawn on one unit and have been expended/transferred to a different unit.**

Project Number: (OHCP Use: Check if this Project is: An Amended Submission Complete

Project Site Address: _____ City, State, Zip: _____

Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, Including Soft Costs. Indicate the amount of funds that are Grant Funds and/or Local Program Income.)
Program Income: _____

Number of Units: _____ (Enter Total Number of Assisted Units) Property Owner: _____

Type of Owner: _____ (Individual Owned, Partnership Owned, Corporation Owned, Non-Profit Owned, Public Owned, or Owned by Other Entity)

Owner Address: _____ City, State, Zip: _____

Project Number: (OHCP Use: Check if this Project is: An Amended Submission Complete

Project Site Address: _____ City, State, Zip: _____

Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, Including Soft Costs. Indicate the amount of funds that are Grant Funds and/or Local Program Income.)
Program Income: _____

Number of Units: _____ (Enter Total Number of Assisted Units) Property Owner: _____

Type of Owner: _____ (Individual Owned, Partnership Owned, Corporation Owned, Non-Profit Owned, Public Owned, or Owned by Other Entity)

Owner Address: _____ City, State, Zip: _____

Project Number: (OHCP Use: Check if this Project is: An Amended Submission Complete

Project Site Address: _____ City, State, Zip: _____

Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, Including Soft Costs. Indicate the amount of funds that are Grant Funds and/or Local Program Income.)
Program Income: _____

Number of Units: _____ (Enter Total Number of Assisted Units) Property Owner: _____

Type of Owner: _____ (Individual Owned, Partnership Owned, Corporation Owned, Non-Profit Owned, Public Owned, or Owned by Other Entity)

Owner Address: _____ City, State, Zip: _____

Project Number: (OHCP Use: Check if this Project is: An Amended Submission Complete

Project Site Address: _____ City, State, Zip: _____

Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, Including Soft Costs. Indicate the amount of funds that are Grant Funds and/or Local Program Income.)
Program Income: _____

Number of Units: _____ (Enter Total Number of Assisted Units) Property Owner: _____

Type of Owner: _____ (Individual Owned, Partnership Owned, Corporation Owned, Non-Profit Owned, Public Owned, or Owned by Other Entity)

Owner Address: _____ City, State, Zip: _____

CONTACT NAME: _____

PHONE NUMBER: _____

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

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, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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 Line 1 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.

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

Social security number
or
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 28% 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.

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" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business 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" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

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, 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 chart below 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 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
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

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

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, 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 www.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 items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

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.

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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

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 personal 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.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

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)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ³
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

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 second 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. 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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

INSTRUCTIONS FOR COMPLETING THE VENDOR INFORMATION FORM (OBM-3456-(Rev 08/20/07))

OVERALL

- A. Check “New” to register as a vendor and to do business with the State of Ohio.
- B. Check “W-9 Attached” to confirm that a completed IRS Form W-9 (revised November, 2005 or later) is attached. This is required for all new vendors. Use the Vendor Information Change Form (OBM-3457) to make changes to the vendor information as it currently exists in OAKS.
- C. This form needs to be completed by the vendor and only reviewed by the agency.
- D. Whenever possible please have the vendor complete the original form from the OBM Website. This will help to eliminate an unreadable form being faxed. The form is under the Vendor Forms Section on the OBM website at: <http://www.obm.ohio.gov/forms/OAKS.asp>.
- E. Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 1

- A. The Vendor Legal Business Name should match the name on the W-9.
- B. If the vendor has multiple subsidiaries doing business with the agency, then attach the needed information per subsidiary on a separate sheet. (i.e. If the subsidiary has a different remittance information or business location, then that information should be listed for each subsidiary company on a separate sheet of paper. If all subsidiaries have the same information but just different business names, then just list the different business names on an attached sheet if extra space is needed.)
- C. The Business Entity and Taxpayer ID# should be the same as listed for the IRS on the W-9 Form. Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 2

- A. Vendor Address is the physical location of the business.
- B. Complete “Contact Information” for the business.

- C. Should the business not have a website, e-mail address, business telephone or fax number, then please state that it is non-applicable or “N/A”.
- D. If the business is currently certified through the State of Ohio MBE or EDGE Program, check the appropriate box.
- E. Payment terms should be one of the following: discounted (2/10 Net 30), “Net 30”, “Net 45”, “Net 60” or “Net 90”. Should nothing be selected it will default to “Net 30”.

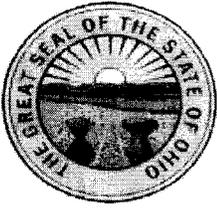
SECTION 3

- A. The remittance address may differ from the physical location of the business. Check the appropriate box if the remittance address is the same as the business’ physical location or if using EFT. Should the Business be using the EFT, then an EFT - Direct Deposit Form (OBM-1234) needs to be completed using the instructions posted on the OBM website under the Vendor Forms Section: <http://www.obm.ohio.gov/forms/OAKS.asp>.

SECTION 4

- A. Select how the purchase order should be distributed. Fill in the appropriate information (i.e. fax number if requesting via fax).
- B. Please identify the name of the person to receive the purchase order.

If you have any questions, please contact the issuing state agency.



STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

NEW VENDOR INFORMATION FORM

(Replaces the old CAS VENE Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

READ & COMPLETE CAREFULLY

NEW

W-9 ATTACHED (REQUIRED)

SECTION 1: COMPLETE VENDOR LEGAL BUSINESS NAME (Should match W-9)

Business Name, Trade Name, Doing Business As: (If different from above)

BUSINESS ENTITY: CORPORATION PARTNERSHIP SOLE PROPRIETOR NON PROFIT INDIVIDUAL OTHER (SPECIFY):

NOTE: IF SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME ABOVE

TAXPAYER ID # (TIN): SSN FEIN #

SECTION 2: VENDOR ADDRESS: STREET CITY COUNTY STATE ZIP CODE COUNTRY

CONTACT INFORMATION: NAME (TYPE OR PRINT)

VENDOR WEBSITE:

VENDOR E-MAIL ADDRESS:

BUSINESS PHONE & Ext #:

FAX NUMBER & Ext #:

IS YOUR BUSINESS CURRENTLY CERTIFIED AS MBE (Minority Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity)

PAYMENT TERMS: (Pick one only) 2/10 Net 30 Net 30 Net 45 Net 60 Net 90

SECTION 3: REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS

SAME AS VENDOR ADDRESS ABOVE EFT(Electronic Funds Transfer)

REMIT ADDRESS STREET CITY STATE ZIP CODE

NOTE: If EFT, must complete Form OBM-1234-(Rev.5/2007) Authorization for Direct Deposit of State Warrants

SECTION 4:

FOR PURCHASE ORDER (PO) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW; 2) INPUT EMAIL ADDRESS OR FAX# (IF CHECKED)

EMAIL

FAX

USPS MAIL

NAME OF PERSON TO RECEIVE PO Distribution:

PHONE NUMBER:

E-MAIL ADDRESS:

TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM:

PHONE NUMBER:

SIGNATURE:

ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE AGENCY CONTACT (information listed below):

AGENCY CONTACT INFORMATION:

Contact Name:

PATRICIA STEVENS, FISCAL COORDINATOR

Contact Phone:

(614) 466-6910

Contact Agency Name:

OFFICE OF HOUSING AND COMMUNITY PARTNERSHIPS

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME		FIRST NAME		MI
BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X
APPLICANT SIGNATURE

DATE



Department of Development

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Director, Ohio Department of Development

COMPLIANCE WITH OHIO REVISED CODE SECTION 2909.33
DECLARATION REGARDING ASSISTANCE TO TERRORIST ORGANIZATION

Name: Date:
Address:
City: State: Zip:
Contract:

Part I: OBM Pre-certification Result (to be completed by Ohio Department of Development staff)
Individual or entity identified above is included in the OBM pre-certification database?
Yes (indicate DMA # from database): No (vendor must complete Part II):
Review Date: Review By:

Part II: Certification of DMA Compliance by Vendor, Grantee or Borrower

The Ohio Department of Development determined that the person or entity identified above was not listed in the DMA pre-certification database maintained by the Ohio Office of Budget and Management as of the database review date shown. Therefore, this certification must be completed and returned to the Ohio Department of Development to verify compliance with Ohio Rev. Code § 2909.33. Check only one:

The aggregate value of all business done with, and funds received from, the State or any of its political subdivisions by the person or entity identified above, including the value of the Department of Development contract identified above, is less than \$100,000 for the current fiscal year (July 1, 2008-June 30, 2009).

The person or entity identified above completed the on-line pre-certification with the Ohio Office of Budget and Management after the database review date shown above. For online pre-certification, go to http://business.ohio.gov/efiling/help/dma.stm

The person or entity identified above has completed the Declaration Regarding Material Assistance - No Assistance to a Terrorist Organization and is returning the Declaration with this certification. (Form available at http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf)

The person or entity identified above is a federally insured depository institution or an affiliate of such a depository institution as further described in Ohio Rev. Code § 2909.33(H)(6).

The person or entity identified above is a State agency, instrumentality or political subdivision of the State.

Authorized representative of Vendor, Grantee or Borrower identified above:

By: _____

Printed Name: _____

Title: _____