

## AGREEMENT

**THIS AGREEMENT** ("Agreement") is made and entered into as of this 18th day of September 2023, by and between the BOARD OF TRUSTEES OF NORTHERN ILLINOIS UNIVERSITY, acting on behalf of Northern Illinois University through its Center for Governmental Studies ("University"), and DUNDEE TOWNSHIP MENTAL HEALTH BOARD, located at 611 E. Main Street, Suite #201, East Dundee, IL 60118 ("MHB") witnesseth:

1. Scope of Work. In consideration of the mutual promises hereafter specified, the University and MHB agree to the services delineated in Attachment A, which document is incorporated by references herein and made a part hereof.
2. Terms of Agreement. This Agreement shall commence on the date both MHB and University and shall execute this agreement and shall be from the date above through February 29, 2024, or the completion of the project, whichever is later, unless the term is extended by mutual written agreement of the parties.
3. Compensation. As full and complete compensation for these services, MHB shall pay the University a fee in the amount of \$20,500.00, payable according to the following pay schedule through the normal Dundee Township accounts payable & payment processing:
  - a. \$5,125.00 to be paid upon execution of agreement while initial Needs Assessment commences Scope of Work concurrently as payment is processed and delivered.
  - b. \$5,125.00 to be paid upon completion and receipt of initial inventory and completion and receipt of interview notes of all MHB members.
  - c. \$5,125.00 to be paid upon the completion of Service Providers and Community Leaders Focus Groups, Resident Survey, Demographic Analysis and Workshop.
  - d. \$5,125.00 to be paid upon the final Report of Findings, including the receipt of all reusable data and final inventory.
4. Signed counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. This Agreement must be manually signed and may be delivered by facsimile or email (in .pdf format) and upon such delivery the facsimile or .pdf signature will be deemed to have the same effect as if the original signature has been delivered to the other Party.
5. The parties hereto shall abide by the requirements of Executive Order 11246 and the Rules and Regulations of the Illinois Department of Human Rights, and there shall be

no discrimination because of race, color, religion, sex, national origin, ancestry, age, marital status, physical or mental handicap unrelated to ability or an unfavorable discharge from military service in the employment, training, or promotion of personnel engaged in the performance of this agreement.

This Agreement constitutes the entire Agreement between the parties and contains all agreements between the parties with respect to the subject matter hereof. This Agreement supersedes all other agreements either in writing or oral between the parties hereto with respect to the same or similar subject matter; and no changes in or additions to said Agreement shall be valid unless in writing and signed by the parties hereto.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the date first date written above.

DUNDEE TOWNSHIP  
MENTAL HEALTH BOARD

CENTER FOR GOVERNMENTAL  
STUDIES Nill OUTREACH  
ENGAGEMENT AND REGIONAL  
DEVELOPMENT

 9/18/23

DUNDEE TOWNSHIP      date  
MENTAL HEALTH BOARD

By: Marc V. Avelar  
Its: President

 9/27/23

Gregory T. Kuhn      mbo      date

NIU CENTER FOR  
GOVERNMENTAL  
STUDIES

PROPOSAL TO  
Undee Township Mental  
Health Board

TO CONDUCT A COMMUNITY NEEDS ASSESSMENT

September 5, 2023



Governmental Studies

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WORTHINGTON ILLINOIS UNIVERSITY

Center for  
Governmental Studies

*Community Engagement and Regional Development*

# PROPOSAL TO DUNDEE TOWNSHIP MENTAL 1-HEALTH BOARD TO CONDUCT A COMMUNITY NEEDS ASSESSMENT

## CENTER FOR GOVERNMENTAL STUDIES BACKGROUND

The Center for Governmental Studies (CGS) at Northern Illinois University (NIU) is a public policy research and service organization located at 148 N. Third Street, DeKalb, Illinois, 60115. The mission of CGS is to provide policy research and assistance, planning support, evaluation resources, and data and training services to national, state, and local government entities, private enterprises, public-private partnerships, and institutions of higher education. CGS has been a leading academic and applied research organization for Illinois and the entire country since 1969. CGS currently has 36 staff that are divided into six teams: survey research and data visualization, strategic management, policy, and community development, organization development, governance, and training, data informatics, workforce development, and association management.

One of the most popular services of CGS is survey research. Surveys conducted have covered a variety of subjects including mental health, health care, social and human services, education, housing, and other issues tailored to meet individual client's needs. CGS collects data using Mail Surveys, Online Surveys, Telephone Interviewing, Multi-Mode Surveys, Focus Groups, and In-Person Interviews. CGS provides full service in every step of research design, survey construction, sampling, data collection, data analysis and reporting. It conducts both large and small studies and prides itself on being able to implement studies in a variety of subject matter areas, being creative in designing studies, and collaborating with clients to conceptualize their research questions and implement studies that meet their objectives and resources. CGS is committed to providing actionable results that are collected in a professional and timely manner.

## RELEVANT EXPERIENCE

The CGS Survey Research team has experience conducting Surveys and Focus Groups on varieties of topics with diverse socioeconomic groups, bilingual individuals, children, adolescents, and adults, as well as professionals, such as healthcare providers and community leaders. Community Needs Assessment projects have previously been conducted for Mental Health Boards and Commissions, Health Departments, Hospitals, Community Foundations, and United Ways.

### The most relevant CGS experience includes:

- currently working on *Community Needs Assessments* for Elgin Township Mental Health Board and Vernon Township Mental Health Board
- in 2023 assisted DeKalb County Mental Health Board with a *Community Needs Assessment*
- a *Community Needs Assessment* for the Hanover Township Mental Health Board (2018) and the Lyons Township Mental Health Commission (2018), which included Focus Groups with community leaders, service providers, service users, and members of the



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- community, and a Survey of community members
- o Hanover Township Mental Health Board returned to CGS for the second iteration of its tri-annual Community Needs Assessment process in 2021
  - a community survey for the Oak Park Community Mental Health Board as part of a community needs assessment they were conducting (2022)
  - a *Community Needs Assessment* for the DuPage County Department of Community Services of residents, which included a Survey of service users, service providers, and members of the community and analysis of secondary data (2022)
  - a *Community Needs Assessment* in the Rockford area about a children's mental health system of care that included an inventory of services available and a survey of service providers (2017)
  - a *Community Needs Assessment* regarding trauma informed services in DeKalb County (2020)
  - a *Community Needs Assessment* for the DeKalb County Community Foundation on a variety of topics including healthcare, education/youth development, human services, poverty, housing, employment, and arts and culture (2015)

**Other relevant projects conducted by CGS include:**

- Rockford Regional Health Council: Report including an Environmental Scan, Service Provider Survey, and a Community Survey, and
- Kane County Health Department : Focus Groups with teens and parent of teens, and an Online Survey of community leaders on teen pregnancy prevention, and
- McHenry County Health Department and DuPage County Health Department: Community Health Assessment Survey of child and adult health, and
- Kane County Health Department: Focus Groups for the five (5) Kane County hospitals, the Fox Valley United Way, and the United Way of Elgin, and
- Ann and Robert H. Lurie Children's Hospital of Chicago: Health Assessment Survey of low-income Chicago residents that assessed child, adolescent, and adult health.

**PROJECT STAFF**

Our proposed project team includes professionals with years of experience in survey research and conducting Community Needs Assessments. The experience of our staff has included specialized studies for large and small organizations. The project team will be led by Mindy Schneiderman, Ph.D., who will function as the Project Director. She will manage every step of the project to ensure that the client's research needs are met, and actionable results are provided.

Dr. Schneiderman will be supported by Julie Gammel Bailey, Ivy Hood, and other CGS staff as needed.

Project Director  
***Dr. Schneiderman can be contacted at:***  
  
**815-753-0039**  
**OR**  
[schneiderman@niu.edu](mailto:schneiderman@niu.edu)



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**Mindy Schneiderman, Ph.D., Assistant Director of Survey Research, Center for Governmental Studies.**

Dr. Schneiderman began her career as a Program Evaluation Specialist at Creedmoor Psychiatric Center. She was the Director of the Division of Survey Research and Analysis at the American Medical Association for 10 years, conducting surveys of physicians and other healthcare professionals. Dr. Schneiderman joined NIU as the Associate Director of NIU's Public Opinion Laboratory in 2008. She is an instructor for a survey research methodology course at NIU and provides workshops on conducting Community Needs Assessment, Surveys, and Focus Groups. Her survey research has been cited in the New York Times and Wall Street Journal, as well as used in U.S. Congressional testimony. She has a Ph.D. in Cognitive Psychology from Rutgers University. Dr. Schneiderman brings to the project more than thirty years of experience managing survey research projects using online, mail, and telephone surveys, focus groups, interviews, and multi-mode survey data collection methodologies.

**Julie Gommel Bailey, MPH, Research Specialist, Center for Governmental Studies.**

Ms. Gommel Bailey has worked with the Survey Research Team at NIU CGS since 2007 and has 17 years of experience managing research projects, including project management, design, analysis, and reporting. She has conducted community surveys for colleges, county health departments, non-profit organizations, libraries, park districts, school districts, and municipalities. Her research has been cited in the U.S. Congressional Testimony and State of the Union Address (2018) for the Chicago Longitudinal Study for the University of Minnesota. Specifically related to this proposal, Ms. Gommel Bailey has experience managing survey research at NIU and conducting community surveys for a wide range of healthcare entities, including township mental health boards, hospitals, and county health departments, such as the Hanover Township Mental Health Board (2018, 2021) and the McHenry County Healthy Communities Study (including mental health components) (2019, 2020). Supporting her work experience, Ms. Gommel Bailey holds a Master of Public Health with a focus in health promotion from Northern Illinois University.

**Ivy Hood, MPPA, Research Specialist, Center for Governmental Studies.**

Ivy Hood has 7 years of research, analytics, and project management experience, including data analysis, designing and conducting surveys, interviews, focus groups, workshops, and educational outreach in northern Illinois. Her experience includes work for the 2020 Census, economic development groups, elections authorities, electric vehicle and other transportation planning, collaborative governance, government revitalization, budgets, and community needs/development. Ivy began working at NIU in **April** 2022 and completed a Master of Public Policy and Administration with a focus in public policy from Northwestern University in December 2022. Ivy earned a B.S. in Economics and International Studies from Rockford University.



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## **PROPOSED WORK PLAN**

To assist the Dundee Township Mental Health Board plan for the future we propose constructing an inventory of mental health, substance abuse, and intellectual/developmental disability services in Dundee Township, focus groups with service providers and community leaders in the Township to obtain detailed information about the current mental health system in the Township, interviews with members of the Mental Health Board, a survey of Dundee Township residents to determine their needs, and demographic data of Dundee Township residents. Preliminary data collected from those initiatives will be presented at a workshop with the Mental Health Board members where they will determine budgeting and funding priorities.

## **INVENTORY OF MENTAL HEALTH, SUBSTANCE ABUSE, AND INTELLECTUAL/DEVELOPMENTAL DISABILITY SERVICES**

CGS will identify the mental health substance abuse, and intellectual/developmental disability services available in the Township using a variety of methods including but not limited to, internet searches and interviews with staff of organizations, such as local governments, non-profits, and County health department, Contact information and a description of the service will be provided. CGS will map the locations of the identified services.

## **DUNDEE TOWNSHIP RESIDENT SURVEY**

To understand Dundee Township residents' mental health service needs we propose conducting a survey of residents. A multi-mode methodology will achieve a higher response rate and more representative respondents than other methodologies by allowing residents to complete the Questionnaire using their most preferred method.

CGS will develop a Questionnaire in consultation with Dundee Township Mental Health Board staff that will determine households' needs for mental health services, as well as gaps in services and barriers to accessing services. CGS will ensure that all questions are worded in an unbiased and non-leading manner. The final survey will be translated into Spanish and then formatted and printed for mailing and programmed into our online survey software.

We propose obtaining a random sample of 2,000 households from the Marketing Systems Group, a survey sampling firm. Names, mailing addresses, telephone numbers and email addresses for the randomly selected households will be provided. We estimate five hundred (500) completed Questionnaires from Dundee Township households. With approximately 21,700 households in Dundee Township the margin of error for the findings will be  $\pm 4.33$  percentage points.

First, all sampled households will be sent an invitation email that briefly explains the purpose of the Survey, how the results will be used, expresses assurances of confidentiality, identifies the Dundee Township Mental Health Board as the sponsor, and provides a unique link for completing the Online Survey. Up to four e-mail reminders will be sent to non-responding households.

Four (4) weeks after the invitation email is sent, non-responding households will be mailed a cover letter, the Questionnaire, and a self-addressed and stamped envelope in which to return the Questionnaire to CGS staff. The cover letter will explain the purpose of the Survey and how



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the results will be used, express assurances of confidentiality, identify Dundee Township Mental Health Board as the sponsor, and provide a web address and unique password for completing the online survey. The cover letter will also include the telephone number of the Project Director if the individual has questions about the Survey.

Households who do not respond to the Online or Mail Survey will receive a telephone reminder call.

Frequencies of the questions as well as cross tabulations of all questions by demographic questions, such as respondent's gender, age, race/ethnicity, and annual household income, asked in the survey will be performed.

## **MENTAL HEALTH BOARD MEMBER INTERVIEWS**

A 1-hour interview with each of the Mental Health Board Members will be conducted via Zoom by CGS. The interview will cover the perceived strengths and weaknesses of Township mental health, substance use, and intellectual or developmental disability services in the Township, suggested improvements needed to services, and perceived gaps in services.

## **SERVICE PROVIDERS AND COMMUNITY LEADERS FOCUS GROUPS**

CGS will conduct two in-person focus groups, one with service providers and one with community leaders from the following organizations:

- Government (County, Dundee Township Board, Municipal Leaders)
- First Responders (Police/Fire/EMT)
- Schools
- Religious Leaders
- Health Care Providers

A total of 13 individuals will be recruited for each group by the Dundee Township Mental Health Board. Based on past experience, we anticipate 8-12 individuals to attend each group. The recruited individuals will receive a confirmation email prior to the focus group and a reminder email the day before the focus group.

The focus groups will be conducted at a location selected by the Mental Health Board. The location will have a room large enough for 12 participants, one moderator and one note taker. CGS staff will moderate the focus groups. Each focus group will be 60-75 minutes in length. The focus groups will be recorded. The Mental Health Board will provide food for the participants.

Service providers and community leaders will be asked questions about residents' service needs, gaps, and barriers for mental health, substance abuse, and developmental disability services, and suggestions for specific areas that require improvement. Additionally, service providers will be asked about the system issues they identify as needing improvement.

CGS will use content analysis to analyze the data and will identify key themes.



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*Democracy, Governance, and Regional Development*

## DEMOGRAPHIC DATA

CGS will provide demographic data of Township residents including, but not limited to age, gender, race/ethnicity, education, annual household income, language spoken at home.

## WORKSHOP

CGS will conduct a 4-hour workshop with the Mental Health Board members. The preliminary data from the above-described initiatives will be presented. CGS will assist the Board members with determining what budget needs should be requested and prioritized and which 708 services should be funded.

## SCHEDULE

Based on similar past projects, we estimate that it will take approximately 5 months to complete the project.

- Inventory: September 18-October 13
- Resident Survey: September 18-December 15
- Interviews with Mental Health Board Members: October 13-October 23
- Service Providers and Community Leaders Focus Groups: October 13-November 7
- Demographic Analysis: November 13-December 4
- Workshop-December 20
- Report of Findings-February 23

## COSTS

- Inventory: \$3,500
  - Resident Survey: \$12,500
  - Interviews with Mental Health Board Members: \$500
  - Service Providers and Community Leaders Focus Groups \$2,500
  - Demographic Analysis \$500
  - Workshop-\$1,000
- Total \$20,500**

The costs for conducting the work are guaranteed through December 31, 2023. The proposed figures include all personnel costs, as well as travel. The deliverables will be an in-person presentation of preliminary findings at the workshop and an electronic version of the final report of the findings.



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1100 S. UNIVERSITY AVE. DEPARTMENT OF POLITICAL SCIENCE, SUITE 2000, DEKalb, IL 60115

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return) Name is equated on this line; do not leave this line blank.

Township of Dundee

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to 10cc01.nl? maintain-d mt side file US)

5 Address (number, street, and apt. or suite no.) See instructions

611 East Main Street, Suite 201

6 City, state, and ZIP code  
East Dundee IL 60110

Requester's name and address (optional)

7 List account number(s) here (optional)

## III Taxpayer Identification Number (TIN)

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

I Social security number

[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

or  
Employer identification number

3

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

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## Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part 11, later.

Sign Here

Signature of U.S. person ►

*Katie Meyer*

Date ►

9/19/2023

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



**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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities-** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) ...	THEN check the box for ...
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• TrusVestate	TrusVestate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7-A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9-An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12-A middleman known in the investment community as a nominee or custodian
- 13-A trust exempt from tax under section 664 or described in section 4947

**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 made in settlement of payment card and third party network transactions, 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), ABL accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3 Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4 Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5 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 <sup>1</sup> The actual owner <sup>1</sup>
6 Sole proprietorship or disregarded entity owned by an individual	The owner <sup>1</sup>
7 Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>1</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>1</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup>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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or OBA 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.

<sup>1</sup> 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*, earlier.

**Note:** The 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, 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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.

