

**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT  
BOARD OF EDUCATION  
REQUESTS FOR PROPOSALS**

Notice is hereby given that pursuant to the provisions of N.J.S.A. 19:44A-20, New Jersey Pay to Play, and other legislative enactments, more specifically Chapter 271 of the laws of the State of New Jersey, the Black Horse Pike Regional School District Board of Education located at 580 Erial Road, Blackwood, New Jersey 08012 is seeking RFP's for professional services to be provided to the Board of Education as listed below for the period July 1, 2020 to June 30, 2021.

Requests for proposals as attached, are on file at the Board Secretary/Business Administrator's office at 580 Erial Road, Blackwood, New Jersey 08012, and may also be downloaded from the Board of Education's website.

**PHYSICIAN**

**Scope of Services:**

The Black Horse Pike Regional Board of Education desires to appoint a School Physician who will be a primary resource to provide emergency medical attention as required for students and employees of the Black Horse Pike Regional Board of Education and regular care and services including but not limited to student physical exams and screenings, athletic examinations, referral services for employees, consultations and review services in the development of district policies and procedures related to health, safety and emergency medical care, as well as, attend all football games and other events or be able to arrange for said coverage, as required in order to provide on the spot first aid. Applicants should demonstrate knowledge and experience serving as physicians for governmental entities. Any experience of knowledge of matters that directly affect the Black Horse Pike Regional Board of Education should be addressed.

**Mandatory Minimum Qualifications:**

1. Familiar with the School District and requirements of the Department of Education concerning School Physicians.
2. Licensed to practice medicine in the State of New Jersey for a minimum of three (3) years prior to appointment.
3. Must have a minimum of three (3) years' experience in treatment and care as it relates to occupational health issues.
4. Must have demonstrated experience in dealing with issues particular to the fitness of public employees.
5. Must have sufficient staff to perform all clerical functions required by a governmental entity of its appointed physician.
6. Must have an office in close proximity to Gloucester Township for the purpose of providing prompt access for school employees and students.
7. Must provide proof of medical malpractice insurance.
8. Provide a list of any professional affiliations and provide listing of possible covering physicians.
9. Must be able to review and assess requests for home instruction services, which may include making medical determinations and consultation with other physicians.

All statements of proposals for professional service contracts shall include at a minimum the following information.

1. Names of individuals who will perform required tasks as well as the listing of their licenses.
  - A. Identify the person who will be primarily responsible for the services required by the Board of Education and provide a description of the experience of the primary person with projects and issues similar to those more specifically set forth in this RFP's and on behalf of the Board of Education of the Black Horse Pike Regional School District.
  - B. Identify persons who will serve as back up to the primary person including resumes of all parties.
2. Describe ability to provide services in a timely fashion including a description of your staffing and a description of your familiarity with the services required by the Board of Education of the Black Horse Pike Regional School District.

**Evaluation of Proposals:**

The School District intends to award a professional services contract for the defined scope of work under the Fair and Open Process in accordance with N.J.S.A. 19:44A-20.4 et seq.

The proposals will be evaluated by a committee of School District staff based upon information supplied by each Proposer in response to this RFP and the following criteria:

- Ability to meet all minimum qualifications.
- Overall knowledge and familiarity with the operations of the School District.
- Experience of the firm in providing similar services to other public bodies, with special emphasis on experience in New Jersey.
- Qualifications and experience of the professional.
- Qualifications and experience of the other members of the professional's firm.
- The hourly rates proposed. The proposal shall identify whether clerical and other overhead costs will be billed separately or included in the hourly labor rate for the professionals.

Any questions regarding this Request for Proposals should be directed to Mr. Frank Rizzo, School Business Administrator of the Black Horse Pike Regional School District.

Please submit two (2) copies of the proposal to:

Please be advised that due to the COVID-19/Coronavirus, the RFP opening scheduled for 12:00 PM on **Friday, May 15, 2020** at the Black Horse Pike Regional School District Board of Education Administration Office, located at 580 Erial Road, Blackwood, New Jersey 08012 **will have the following restriction:**

Bidders are required to drop off the proposal package by 12:00 PM on Friday, May 15, 2020. No one will be permitted to enter into the building. Please note that UPS and Fed Ex deliveries are not reliable as our hours have been limited. We will have someone available at the Central Administration to receive the Proposals on Thursday, May 14, 2020 from 9:00 AM -1:00pm and on Friday, May 15, 2020 from 9:00am-12:00pm

**Black Horse Pike Regional School District  
580 Erial Road  
Blackwood, New Jersey 08012  
856-227-4106**

All RFP's must be received at the School District's Administrative Office by 12:00 pm. on Friday, May 5, 2020 at which time they will be publicly opened.

**AFFIRMATIVE ACTION QUESTIONNAIRE**

This form is to be completed and returned with the bid. However, the Board will accept in lieu of this Questionnaire, Affirmative Action Evidence Employee Information Report.

1. Our company has a federal Affirmative Action Plan approval.  Yes  No

*If yes*, please attach a copy of the plan to this questionnaire.

2. Our company has a N.J. State Certificate of Employee Information Report  Yes  No

*If yes*, please attach a copy of the certificate to this questionnaire.

3. If you answered "NO" to both questions No.1 and 2, you must apply for an Affirmative Action Employee Information Report - Form AA302.

Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment Opportunity Compliance: [www.state.nj.us/treasury/contractcompliance/](http://www.state.nj.us/treasury/contractcompliance/)

- Click on "Employee Information Report"
- Complete and submit the form with the appropriate payment to:

Department of Treasury  
Division of Public Contracts/EEO Compliance  
P.O. Box 209  
Trenton, NJ 08625-0002

All fees for this application are to be paid directly to the State of New Jersey. A copy shall be submitted to the Board of Education within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

I certify that the above information is correct to the best of my knowledge.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP**

Re: Proposal for the Black Horse Pike Regional Board of Education.

Proposal Date: \_\_\_\_\_

Please check one type of Ownership. complete the form. and execute where provided.

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability Corp
<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Limited Liability Partnership
<input type="checkbox"/>	Sub Chapter S Corp	<input type="checkbox"/>	Other

No corporation "or partnership" shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any material or supplies, the cost of which is to be paid with or out of any public funds, by the State or any county, municipality or school district, or any subsidiary or agency of the State, or by an authority, board or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid of said corporation or said partnership, there is submitted a statement setting forth the names and all individual partners in the partnership who own a 10% or greater interest therein, as the case may be." If one or more such stockholder "or partner" is itself a corporation "or partnership", the stockholder holding 10% or more of that corporation "or partnership" the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be, continued until names and addresses of every non-corporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.

**IT IS MANDATORY THAT THIS FORM BE COMPLETED AND SUBMITTED WITH BID.** In the event that there are no persons who own ten percent or more of the stock or ownership of the bidder, then such fact should be certified below as part of this disclosure.

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***List of Owners with Ten Percent (10%) or More Interest***

Owner's Name	Home Address	Title/Office Held	Percent (%) of Partnership Shares Owned

**NOTE:** If you need more space than that provided above, please use an extra sheet for furnishing the above required information for any remaining persons or entities.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***(form continued on next page)***

*To be completed and signed below.*

**STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (con't)**

If your firm is not a corporation and/ or partnership, please explain below how your firm is organized and include a list of the various principals.

Our firm, \_\_\_\_\_, is organized

\_\_\_\_\_

\_\_\_\_\_

Names of Principals

Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use additional paper if needed. Check here  if additional sheets are attached.

*Name of Company* \_\_\_\_\_

*Address* \_\_\_\_\_

*City, State, Zip* \_\_\_\_\_

**Authorized Agent** \_\_\_\_\_ **Title** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF AUTHORIZED AGENT**

## C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

**This form or its permitted facsimile must be submitted to the local unit  
no later than 10 days prior to the award of the contract.**

**Part I - Vendor Information**

Vendor Name:			
Address:			
City:		State:	Zip:

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.I.S.A. 19:44A-20.26 and as represented by the instructions accompanying this form.

Signature _____	Printed Name _____	Title _____
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**Part II - Contribution Disclosure**

Disclosure requirement: Pursuant to NJ.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

Check here if the information is continued on subsequent page( s)

## C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee\*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
  - of the public entity awarding the contract
  - of that county in which that public entity is located
  - of another public entity within that county
  - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

'N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

**BLACK HORSE PIKE REGIONAL BOARD OF EDUCATION**

Business Office  
580 Erial Road  
Blackwood, New Jersey 08012

***Proposal Form***

**Title of Proposal**

**RFP – PHYSICIAN**

The respondent by signing this proposal form, acknowledges that he/she has carefully examined the proposal specifications and documents; and further acknowledges he/she understands and is able to render the scope of activity and services outlined in the proposal

Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ Extension \_\_\_\_\_

Fax No. (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_

***Agent's Signature*** \_\_\_\_\_ Date \_\_\_\_\_

All proposals must be received no later than **12:00 pm. on Friday, May 5, 2020.** All proposals are to be sent to:

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Mr. Frank Rizzo, Business Administrator  
Board Secretary, Purchasing Agent  
580 Erial Road  
Blackwood, New Jersey 08012  
Phone # 856-227-4106/Fax # 856-401-8763



ETHICS IN PURCHASING  
*Statement to Vendors*

**School District Responsibility**

Recommendation of Purchases

It is the desire of the Black Horse Pike Regional Board of Education to have all Board employees and officials practice exemplary ethical behavior in the procurement of goods, materials, supplies, and services.

School district officials and employees who recommend purchases shall not extend any favoritism to any vendor. Each recommended purchase should be based upon quality of the items, service, price, delivery, and other applicable factors in full compliance with N.J.S.A. 18A:18A-1 et.seq.

Solicitation/Receipt of Gifts – Prohibited

School district officials and employees are prohibited from soliciting and receiving funds, gifts, materials, goods, services, favors, and any other items of value from vendors doing business with the Black Horse Pike Regional Board of Education or anyone proposing to do business with the Black Horse Pike Regional School District.

**Vendor Responsibility**

Offer of Gifts, Gratuities -- Prohibited

Any vendor doing business or proposing to do business with the Black Horse Pike Regional School District, shall neither pay, offer to pay, either directly or indirectly, any fee, commission, or compensation, nor offer any gift, gratuity, or other thing of value of any kind to any official or employee of the Black Horse Pike Regional School District or to any member of the official's or employee's immediate family.

Vendor Influence -- Prohibited

No vendor shall cause to influence or attempt to cause to influence, any official or employee of the Black Horse Pike Regional School District, in any manner which might tend to impair the objectivity or independence of judgment of said official or employee.

**Vendor Certification**

Vendors or potential vendors will be asked to certify that no official or employee of the Black Horse Pike Regional Board of Education or immediate family members are directly or indirectly interested in this request or have any interest in any portions of profits thereof. The vendor participating in this request must be an independent vendor and not an official or employee of the Black Horse Pike Regional Board of Education.

**Mr. Frank Rizzo**  
Business Administrator  
Board Secretary  
Purchasing Agent

**NON-COLLUSION AFFIDAVIT**

Re: Proposal for the Black Horse Pike Regional Board of Education.

STATE OF \_\_\_\_\_)

Date: \_\_\_\_\_

:ss:

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_ of the City of \_\_\_\_\_

in the County of \_\_\_\_\_ and the State of \_\_\_\_\_

of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of

Position in Company

the firm of \_\_\_\_\_ and the bidder making the Proposal for the above names contract, and that I executed the said Proposal with full authority so to do; that I have not, directly or indirectly, entered into any agreement, participated in any collusion, discussed any or all parts of this proposal with any potential bidders, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named bid, and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Black Horse Pike Regional Board of Education relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said bid.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of bona fide established commercial or selling agencies maintained by

\_\_\_\_\_  
(Print Name of Contractor/Vendor)

Subscribed and sworn to: \_\_\_\_\_

**(SIGNATURE OF CONTRACTOR/VENDOR)**

before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
**NOTARY PUBLIC SIGNATURE**

\_\_\_\_\_  
Print Name of Notary Public

My commission expires \_\_\_\_\_, \_\_\_\_\_.  
Month Day Year – Seal –

**STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

Quote Number: \_\_\_\_\_

Bidder/Offeror: \_\_\_\_\_

**PART 1: CERTIFICATION**

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

**FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

**PLEASE CHECK THE APPROPRIATE BOX:**

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

**OR**

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

**EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.**

Name _____	Relationship to Bidder/Offeror _____	<input type="button" value="Delete"/>
Description of Activities _____ _____		
Duration of Engagement _____	Anticipated Cessation Date _____	
Bidder/Offeror Contact Name _____	Contact Phone Number _____	

Certification: I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that I am authorized to execute this certification on behalf of the bidder; that the State of New Jersey is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Do Not Enter PIN as a Signature**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**BUSINESS REGISTRATION CERTIFICATE** (N.J.S.A. 52:32-44)

Pursuant to N.J.S.A. 52:32-44 as amended by P.L. 2004 – Chapter 57, all respondents shall submit with their proposal package a copy of their “New Jersey Business Registration Certificate” as issued by the Department of Treasury of the State of New Jersey. Failure to provide the New Jersey Business Registration Certification with the proposal package, or prior to the award of contract, will be cause for the rejection of the entire proposal.

**INSURANCE; PROFESSIONAL LIABILITY – CERTIFICATE REQUIRED**

Required

Not Required

The successful respondent to whom the contract is awarded shall provide to the Board of Education with contract documents a Professional Liability Insurance Certificate with the following limits:

\$1,000,000 Each Incident; Occurrence; Wrongful Act  
\$3,000,000 Aggregate

The insurance certificate name as to the certificate holder shall be as follows:

The Black Horse Pike Regional Board of Education  
c/o The Business Office  
580 Erial Road  
Blackwood, NJ 08012

The insurance certificate shall remain in full force during the term of contract.

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

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

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	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.

**PRICE SCHEDULE MUST BE THE LAST PAGE OF YOUR SUBMISSION**