

**DURHAM COUNTY
NORTH CAROLINA**



REQUEST FOR PROPOSALS

RFP No. 25-036

**SOLID WASTE COLLECTION AND HAULING SERVICES
FOR DURHAM COUNTY FACILITIES**

Proposals Due:

April 10, 2025

**2:00 P.M.
Eastern Time**

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**Solid Waste Collection and Hauling Services
For Durham County Facilities**

RFP No. 25-036

PROPOSAL SCHEDULE

(Note: The below dates are subject to change)

Advertisement Date	February 28, 2025
Site Visit Date & Location	Tuesday, March 11, 2025 at 10am Meet in the Back Lobby of Admin. II Bldg. 201 East Main Street, Durham, NC 27701
Last Date for Questions	March 18, 2025 at 3:00PM, EST
Proposal Due Date	April 10, 2025 at 2:00PM, EST



REQUEST FOR PROPOSALS

SOLID WASTE COLLECTION AND HAULING SERVICES FOR DURHAM COUNTY FACILITIES RFP No. 25-036

ISSUE DATE: February 28, 2025

ISSUING DEPARTMENT: County of Durham Purchasing Division of Finance
201 East Main Street, 7th Floor, Room 703
Durham, NC 27701

Sealed proposals will be received until 2:00 P.M., Eastern Time on April 10, 2025. The purpose and intent of the Request for Proposals (RFP) is to solicit proposals from qualified firms to provide solid waste collection and hauling services for Durham County facilities.

All inquiries concerning the Scope of Services, Proposal Submission Requirements or Procurement Procedures should be directed to:

Rishanda Fowler, Procurement Specialist
Purchasing Division of Finance
Email: purchasinggroup@dconc.gov
Telephone: 919-560-0041

Sealed proposals shall be mailed and/or hand delivered to the Issuing Department shown above, and the envelope shall bear the name and number of this Request for Proposals (RFP). It is the sole responsibility of the Proposer to ensure that his/her Proposal reaches the Purchasing Division by the designated date and hour indicated above.

In compliance with this Request for Proposals and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the goods and services described in accordance with the attached signed proposal.

Firm Name: _____

Date: _____

Address: _____

By: _____
(Name Typed/Printed)

Phone: _____

(Signature in Ink)



LEGAL NOTICE

SOLID WASTE COLLECTION AND HAULING SERVICES FOR DURHAM COUNTY FACILITIES

RFP No. 25-036

The County of Durham will receive sealed proposals for qualified Contractor(s) to establish a contract to provide solid waste collection and hauling services for Durham County facilities on April 10, 2025 at 2:00 P.M Eastern Time, in the Durham County Purchasing Division of Finance, 201 East Main Street, 7th Floor, Room 703, Durham, North Carolina 27701. No proposals will be accepted after the official time and date.

A Site Visit will be held at 10:00 A.M., Eastern Time, on March 11, 2025. Proposers will meet in the back lobby of the Administration II Bldg. of Durham County Government located at 201 East Main Street, Durham, North Carolina 27701.

An electronic copy of this Request for Proposal (RFP) can be obtained from Durham County's eBid System located under Bid Opportunities <https://www.dconc.gov/county-departments/departments-f-z/finance/bid-opportunities>. Proposers can download a copy of the solicitation and all addenda without registering in the system. However, to **automatically** receive email notifications of solicitations and addenda issued by the Purchasing Division, Proposers **MUST** register in the eBid system.

Proposals are encouraged and welcomed by historically underutilized businesses (HUBs).

The County reserves the right to accept or reject, in whole or in part, such proposals as appear in its judgment to be in the best interest of the County.

Publication Date: February 28, 2025

INSTRUCTIONS TO PROPOSERS

SOLID WASTE COLLECTION AND HAULING SERVICES FOR DURHAM COUNTY FACILITIES RFP No. 25-036

1. In order for a proposal to be considered, it must be based on terms, conditions and scope of services contained herein and must be a complete response to this RFP. **One (1) hard copy Original, and two (2) hard “copies” of the Original and shall be submitted to the Issuing Department. The original Proposal should be marked “Original”. The copies must consist of all documents that are included in the “Original” Proposal.** No other distribution of the Proposal shall be made by the Proposer. Proposals shall be limited to thirty (30) double-sided/single-sided pages or less and must be signed by an authorized representative. Each Proposal should be bound in a single volume with all relevant documentation. The letter of introduction, section dividers, detailed Résumés, forms and dividers **are not** included in this page limit. The County may elect to require oral presentations after receipt of the proposals.

2. **SITE VISIT:** Site Visit will be held on March 11, 2025. Proposers will meet in the back lobby of the Administration II Bldg. of Durham County Government located at 201 East Main Street, Durham, North Carolina 27701.
For additional Site Visit information contact:

Project Manager: Chrissie Koroivui
Telephone: 919-560-0442
Email: mkoroivui@dconc.gov

3. **PROPOSAL DUE DATE: Sealed proposals will be received until 2:00 P.M. Eastern Time, on April 10, 2025.**

Sealed Proposals must be mailed, or hand delivered to:

Durham County Purchasing Division of Finance
Attn: Rishanda Fowler, Procurement Specialist
201 East Main Street, 7th Floor, Room 703,
Durham, NC 27701

Sealed proposals shall be duly marked and/or identified with Proposer name, address and RFP number.

4. **COMMUNICATION WITH PROPOSERS:** All communication between the Purchasing Division and prospective Proposers shall be in writing. E-mailed questions will be accepted and can be sent to purchasinggroup@dconc.gov. Any inquiries, requests for interpretation, technical questions, clarification, or additional information shall be directed to Rishanda Fowler, Procurement Specialist at the email address above. All questions concerning this RFP shall

reference the RFP number, section number and paragraph. Questions and responses concerning the Scope of Services will be provided to all Proposers by issuance of an Addendum.

All questions shall be received by the Purchasing Division no later than 3:00 P.M., Eastern Time on March 18, 2025. NO EXCEPTIONS.

5. **LATE PROPOSALS:** Sealed proposals received after the date and time specified will not be considered for award and will be returned to the Proposer unopened.
6. **VENDOR APPLICATION:** All Proposers shall complete and submit the Vendor Application along with the W-9 Form. This information will be used to create or update the County's electronic vendor database upon award of contract.
7. **MWBE REQUIRMENTS:** Proposals are required to make a good faith effort to include Minority and Women Business Enterprises (MWBEs) as part of their Proposal to provide services to the County.

Durham County hereby establishes the following goals for the expenditure of funds with MWBE firms. Questions concerning MWBE should be directed to Rick Greene, Assistant Procurement Manager, at rgreene@dconc.gov or (919) 560-0059.

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

MWBE is a business that is at least 51% owned and controlled by minority group members or women. MWBE is bona fide only if the minority group or female ownership interests are real and continuing and not created solely to meet the MWBE requirement. In addition, the MWBE shall itself perform satisfactory work or service or provide supplies under the contract and not act as a conduit. The contractual relationship shall be bona fide owned and controlled as: (1) a sole proprietorship legitimately owned by an individual who is a minority group member or female; (2) a partnership or joint venture controlled by minorities and/or females;; (3) a corporation or other entities controlled by minorities or females, and in which at least 51% of the voting interests and 51% of the beneficial ownership interests are legitimately held by minorities and/or females. These persons shall control the management and operations of the business on a day-to-day basis:

A person who is a citizen or lawful permanent resident of the United States and who is:

“Black American”; a person having origins in any of the black racial groups of Africa;

“Asian American”; A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands;

“Hispanic American”; a person of Spanish culture with origins in Mexico, Central or South America, or the Caribbean, regardless of race;

“Native American Indian tribe”; a federally recognized Indian tribe means an Indian tribe, or band, nation, rancheria, pueblo, colony, or other organized group or community, including any Alaska native village, which is recognized by the Secretary of the Interior on October 1, 1985 as having special rights and is recognized as eligible for service provided by the United States to Indians because of their status as Indians, a tribe that has a pending application for Federal recognition on October 1, 1985.

8. **DISCREPANCIES AND OMISSIONS:** Should a Proposer find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, he/she should at once notify the County, and a written Addendum shall be issued. The County will not be responsible for any oral instructions. Acknowledgment of any Addendum received shall be noted on the Addendum Acknowledgement Form included in the Proposal. In closing of a contract, any Addendum issued shall become a part thereof.
9. **SECURITY OF NON-PUBLIC RECORDS:** Pursuant to N.C.G.S. § 132-1.7, entitled, “Sensitive Public Security Information”, public records, as defined in G.S. 132-1, shall not include information containing specific details of public security plans and arrangements or the detailed plans and drawings of public buildings and infrastructure facilities. Therefore, all information provided, received, gathered or obtained by BIDDER containing specific details of public security plans and arrangements or the detailed plans and drawings of public buildings and infrastructure facilities shall be held confidential and shall be used by the BIDDER only for the purpose of responding to this bid. All plans and drawings shall be returned to the County. Any breach of this paragraph by the BIDDER may result in BIDDER being barred from being awarded any contracts with the COUNTY.
10. **E-VERIFY:** As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the COUNTY.

END OF INSTRUCTIONS TO PROPOSERS

EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this contract, the contractor agrees as follows:

- A. The contractor will not discriminate against any employee or applicant for employment because of race, handicap, age, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, handicap, age, color, religion, sex or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruiting advertising, layoff or termination rates of pay or other forms of compensation, and selection for training including apprenticeship. The contractor agrees to post in conspicuous places available to employees and applicants for employment notices setting forth the provisions of the nondiscrimination clause.
- B. The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor state that all qualified applicants will receive consideration for employment without regard to race, handicap, age, color, religion, sex, or national origin.
- C. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice to be provided advising the labor union or workers' representative of the contractor's commitments under the Equal Employment Opportunity section of this contract and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- D. In the event of the contractor's noncompliance with nondiscrimination clauses of this contract or with any such rules, regulations or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further County contracts.
- E. The contractor will include the provisions of this section in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Board of County Commissioners of the County of Durham, North Carolina so that such provisions will be binding such Subcontractor or Proposer.

QUALIFICATIONS AND SUBMISSION REQUIREMENTS

SOLID WASTE COLLECTION AND HAULING SERVICES FOR DURHAM COUNTY FACILITIES

RFP No. 25-036

The Proposal must include all of the information set forth in this Section and other Sections of this RFP and should be organized and tabbed appropriately. Unnecessary elaborate brochures or other materials beyond those sufficient to present a complete and effective response to this solution are not desired and may be construed as an indication of the Proposer's lack of cost consciousness. Therefore, elaborate artwork, expensive paper and bindings, etc., are strongly discouraged.

One (1) Original hard copy, and two (2) hard copies of the Original, shall be submitted to the Issuing Department.

Tab 1 – Signed Forms

This Tab should include the following forms and information.

- a. Proposal Form**
- b. No Proposal Reply Form (If Applicable)**
- c. Addendum Acknowledgement Form**
- d. Non-Collusion Affidavit Form (*Notarized*)**
- e. Affidavit of Compliance (E-Verify) Form (*Notarized*)**
- f. Vendor Application/W-9 Form**
- g. MWBE Forms:**

Affidavit A – List of the Good Faith Efforts

DUE WITH BID

All Bidders are required to make good faith efforts and to demonstrate that they have made such efforts. Affidavit A is a tool for Bidders to use to show that they have made good faith efforts. Affidavit A is required to be submitted with your bid.

Affidavit B – Intent to Perform Contract with Own Workforce

DUE WITH BID

Affidavit B is required if your company has no opportunity to sub-contract and will complete all work with Bidder's own workforce. Even if utilizing your own workforce, Affidavit A is also required.

Affidavit C - Portion of Work to be Performed by Certified MWBE Businesses
DUE WITH BID

Bidders shall complete Affidavit C to identify the minority business that it will use on the project. Affidavit C is required to be submitted with your bid. Even if your company has MWBE participation, Affidavit A is also required.

Affidavit D – Good Faith Efforts
DUE 72 HOURS AFTER NOTIFICATION

Affidavit D is to be submitted **only** by the apparent lowest, responsible, responsive bidder within 72 hours after notification.

The apparent lowest, responsible, responsive Bidder shall file within 30 days after the award of the contract, a list of all identified subcontractors that the Contractor (Bidder) will use on the project.

IMPORTANT MWBE INSTRUCTIONS: It is mandatory for all Bidders to demonstrate their good faith efforts in seeking MWBE participation and provide supporting documentation upon request. The MWBE supporting documentation and information is still required even if using your own workforce. MWBE Prime Contractors will also be required to document good faith efforts.

The above information must be provided as required. Failure to submit these MWBE documents may be grounds for rejection of the bid.

Tab 2 – Executive Summary

This Tab should provide a brief summary of the Proposer’s understanding of the Scope of Services presented in this RFP and emphasize any unique aspects or strengths of the Proposal.

Tab 3 – Corporate Overview

This Tab should present an overview of the Proposer’s organization and should include the firm’s name, address, phone and fax numbers, firm history, email address and phone number of the firm’s representative for the Proposal.

Tab 4 – Approach

This Tab should present the Proposer’s approach to providing the services specified in this RFP. This Tab should describe the services to be provided, who will provide the services, how the services will be provided, etc. This Tab should include a description of activities, such as the project methodology and timeline for project completion, etc. The Proposer should also include in this Section its plan for managing the work requirements. Most of the proposed responses to the requirements found in Work Requirements should be included under this Tab.

Tab 5 – Organization and Staffing

This Tab should present the Proposer's proposed organization structure and staffing chart showing specific job classifications, number of employees and full-time equivalent employees by position and reporting relationships. Résumés for all managerial and key personnel should be provided in sufficient detail to be able to determine the nature and depth of each individual's relevant experience. This Tab should also identify any of the required services that the Proposer intends to subcontract, if any, providing for each (i) the reasons for subcontracting, (ii) the proposed subcontractor's responsibilities, and (iii) information identifying proposed subcontractor's name, location, relevant personnel and experience. The Proposer's proposed MWBE utilization and explanation of their involvement on this project must also be included under this Tab.

Tab 6 – Qualifications and Experience

In this Tab, the Proposer should describe its track record in performing services comparable to those specified in this RFP and other information relevant to making a determination as to the ability of the Proposer to perform these services. This tab should also include a list of all similar work performed by your firm over the past five (5) years. This list should include the name of each client, a client contact and telephone number, the size and Scope of Work provided, effective dates of the contract(s) with this client, and the annual contract amount.

Tab 7 – MWBE Participation

Describe the program (plan) that your firm has developed to encourage participation by MWBEs to meet or exceed the goals set by the County of Durham's MWBE Program Ordinance. If your firm has no opportunity to contract with MWBEs please explain why.

Tab 8 – Conflict of Interest

In this Tab the Proposer should describe any involvement that your firm, its employees, or its owner(s) have that may constitute a conflict of interest.

EVALUATION AND AWARD CRITERIA

SOLID WASTE COLLECTION AND HAULING SERVICES FOR DURHAM COUNTY FACILITIES

RFP No. 25-036

Based on the evaluation criteria outlined below, all Proposals will be evaluated and scored by the Evaluation Committee designated by the County of Durham. Written or oral discussions may be requested to resolve issues relating to individual proposals.

1. Evaluation Criteria:

Proposals will be evaluated using the following criteria:

- a) Experience in providing this type of service for this size contract.
- b) Public Sector Experience
- c) Demonstrated ability to meet commitments requested in the RFP
- d) Qualifications of staff to be assigned to this project
- e) Specific plans and methodology for providing the proposed services
- f) References from at least three (3) similar clients
- g) Compliance with Durham County MWBE requirements
- h) Financial stability
- i) Training
- j) Price

2. Award of Contract

The County reserves the right to award to a single contractor or multiple contractors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals. Price shall be considered but shall not be the sole determining factor. Once the proposals are ranked and the most qualified firm is determined, the County may conduct further negotiations, and/or request presentations from firm to further assist in the clarification of information and selection process.

The County reserves the right accept or reject, in whole or in part, such proposals as appears in its judgment to be in the best interest of the County.

SCOPE OF SERVICES

SOLID WASTE COLLECTION AND HAULING SERVICES FOR DURHAM COUNTY FACILITIES

RFP No. 25-036

This Scope of Services will become an integral part of the contract between the County of Durham and the Contractor. The Contractor hereby agrees to provide services and/or materials to the County pursuant to the provisions set forth below.

- 1.0 PURPOSE:** The purpose and intent of the Request for Proposals (RFP) is to solicit proposals from qualified firms to provide solid waste and recycling services for Durham County Government owned and/or operated facilities (hereinafter referred to as Service Area). Services to be provided in the Service Area include the collection, transportation, disposal, and processing of solid waste and recyclable material. In addition, the proposer/contractor will be required to provide dumpster, roll off container, and compactor rental, delivery, maintenance, and procurement.
- 2.0 INVOICE PAYMENT:** Invoices submitted will be paid net 30 days. Invoices shall be forwarded to the County's Designated Representative for review and payment approval.
- 3.0 TERMS OF CONTRACT:** The initial term of the contract is from **July 1, 2025** through **June 30, 2026** with the option to renew by the County for up to four (4) additional terms in one (1) year increments under the same terms and conditions. Any renewal shall be based on satisfactory performance by the Contractor(s) during the previous years for the services provided. The compensation payable to the Contractor may be adjusted on July 1 of each renewal to reflect the increase or decrease in the cost of living as described in the National Consumer Price Index (CPI) published by the United States Bureau of Labor Statistics (or any successor thereto) All Urban Consumers, US City Average, for the period of February to February, not to exceed two percent (2%).
- 4.0 CANCELLATION OF CONTRACT:** The County of Durham reserves the right to cancel and terminate any resulting contract(s), in part or in whole, without penalty, upon 30 days written notice to the Contractor. Any contract cancellation shall not relieve the Contractor(s) of the obligation to deliver and/or perform services on all outstanding orders issued prior to the effective date of cancellation.

5.0 **COUNTY DESIGNATED REPRESENTATIVE:**

Chrissie Koroivui, Solid Waste Program Manager

Phone: 919-560-0442

Email: mkoroivui@dconc.gov

6.0 **BACKGROUND:**

The land area of Durham County is 299 square miles. The economy is comprised mainly of industry, business, and some agriculture. Durham County is located in the North Piedmont region of the State. The predominate incorporated municipality centered in Durham County is the City of Durham.

7.0 **WORK REQUIREMENTS:**

The County's contract with the selected proposer(s)/contractor(s) will set forth the option(s) chose by the County that best provide solid waste and recycling services. Service received include:

- Providing eight-yard dumpsters, open top dumpsters, and compactors at locations as requested by the County;
- Hauling commingled recycling, municipal solid waste, and cardboard and ensuring proper disposal and/or processing of materials collected;
- Maintenance, including routine and emergency, to County owned containers and compactors;
- Procurement assistance of solid waste and recycling containers which may or may not result in the County entering into a purchase and/or lease arrangement for such items;
- Consultation assistance with solid waste container needs at new facilities;

and should be:

- At a reasonable cost
- In a clean, courteous, and well executed manner;
- With uninterrupted, consistent, and continuous service, and
- Efficient to limit the number of trucks.

- A) **Disposal:** Solid waste and recycling collected on the County's behalf shall be disposed of at the City of Durham's Waste Disposal and Recycling Facility (Transfer station) located at 2115 E. Club Blvd. In the event that the Transfer Station becomes in operable at any time during the term of the contract, the Contractor would be required to direct haul to another transfer station, or landfill in consultation with the County.

Recyclables collected on behalf of the County may not be deposited in any landfill or deposited as municipal solid waste at any transfer station.

- B) **Cleaning Containers:** The contractor will be responsible for cleaning the containers and sanitizing them as needed or as requested by the County. The Contractor will also be responsible for painting the containers and keeping them neat in appearance. If repairs are necessary to the containers provided by the Contractor, the Contractor will be responsible for the repair or replacement.
- C) **Pickup Adjustments:** The County shall have the right to require the Contractor to relocate containers and/or adjust pickup times within a 48-hour period.
- D) **Addition or Removal of Locations:** The County shall have the right to add additional locations or remove locations throughout the contract period.
- E) **Inclement Weather:** The contractor shall notify the County within 48 hours of any weather-related situation that will result in the cancellation or delay of solid waste and recycling collection.
- F) **Invoicing:** Invoices shall be submitted monthly and itemized to include each facility location, date of collection, and weight of material, where applicable. Maintenance and repair (M & R) charges will be included on the monthly invoice and will include the container and building location.
- G) **Office Hours:** The contractor shall maintain an office or such other facilities through which they can be contacted. It shall be equipped with sufficient local service telephones and shall have a responsible person in charge from 8:00am to 5:00 pm on regular collection days.

- **SEE NEXT PAGE**

H) Collection Locations and Current Service Level:

Facility Name	Address	Container Specs				Hauling Frequency			
		Amt	Type	Size/Type	Leased from Contractor	On Call	1x week	2x Week	Bi-weekly
Judicial Annex	201 N. Roxboro St	1	MSW	8 yd Dumpster	x		x		
Youth Home	2432 Broad Street	1	MSW	8 yd Dumpster	x		x		
Emergency Management	2422 Broad Street	1	MSW	8 yd dumpster	x	X			
Main Library	300 N. Roxboro St	1	MSW	8 yd Dumpster	x		x		
Main Library	300 N. Roxboro St	1	OCC	8 yd Dumpster	x	X			
East Regional Library	211 Lick Creek Lane	1	MSW	8 yd Dumpster	X		X		
East Regional Library	211 Lick Creek Lane	1	OCC	8 yd Dumpster	x	X			
North Regional Library	221 Milton Road	1	MSW	8 yd Dumpster	x		x		
North Regional Library	221 Milton Road	1	OCC	8 yd Dumpster	x	X			
Health & Human Services	414 E. Main Street	1	MSW	30 yd Compactor		X			
Health & Human Services	414 E. Main Street	1	OCC	30 yd Compactor		X			
Health & Human Services	414 E. Main Street	1	CoRec	30 yd Recycler		X			
General Services Dept.	310 S. Dillard Street	1	MSW	8 yd Dumpster	x		x		
Detention Center	217 S. Mangum St	1	MSW	30 yd Compactor					x
Detention Center	217 S. Mangum St	1	CoRec	8 yd dumpster	x		x		
Detention Center	217 S. Mangum St	1	OCC	30 yd Dumpster	x	x			
Cooperative Extension	721 Foster Street	1	MSW	8 yd Dumpster	x				x
Cooperative Extension	721 Foster Street	1	OCC	8 yd Dumpster	x				x
Stanford L. Warren Library	1201 Fayetteville Rd	1	MSW	8 yd Dumpster	x		x		
County Stadium	705 Stadium Drive	2	MSW	8 yd Dumpster	x		x		
County Stadium	705 Stadium Drive	1	CoRec	8 yd Dumpster	x				x
EMS #6	226 Milton Road	1	MSW	8 yd Dumpster	x		x		
EMS #6	226 Milton Road	1	OCC	8 yd Dumpster	x	X			
Southwest Regional Library	3605 Shannon Road	1	MSW	8 yd Dumpster	x		x		
Southwest Regional Library	3605 Shannon Road	1	OCC	8 yd Dumpster	x	x			
South Regional Library	4505 S. Alston Ave.	1	MSW	8 yd Dumpster	x		x		
South Regional Library	4505 S. Alston Ave.	1	OCC	8 yd Dumpster	x	x			
Justice Services Resouce Center (Criminal Justice)	326 E. Main St	1	MSW	8 yd Dumpster	X		x		
Hillsborough Road Warehouse	4527 Hillsborough Rod	1	MSW	30 Yard Open Top		x			
Dco Courthouse	510 S. Dillard St	1	MSW	30 yd Compactor		x			
Dco Courthouse	510 S. Dillard St	1	CoRec	8 yd Dumpster	X	x			

Admin 1 Building	200 E. Main Street	2	MSW	8 yd Dumpster	X		x		
BOE @ Shops of HV	3825 S. Roxboro St Ste 101	1	MSW	8 yd dumpster	X		x		
BOE @ Shops of HV	3825 S. Roxboro St Ste 101	1	CoRec	8 Yd dumpster	X	X			
EMS Fleet	120 Stone park Ct	1	OCC	8 yd Dumpster	X		x		
EMS Fleet	120 Stone Park Ct	1	MSW	8 yd Dumpster	X		x		
Admin 2	201 E. Main St	1	MSW	Vertical Compactor				x	
Admin 2	201 E. Main St	1	CoRec	8 yd Dumpster	X		X		
Bethesda EMS/Fire	1724 S. Miami Blvd	1	MSW	8 yd Dumpster	X		x		
EMS 1	402 Stadium Dr	1	MSW	8 yd Dumpster	X		x		
EMS 1	402 Stadium Dr	1	OCC	8 yd Dumpster	X	X			
EMS Warehouse	2330 Presidential Dr #114	1	MSW	8 yd Dumpster	X		x		
EMS Warehouse	2330 Presidential Dr #114	1	OCC	8 yd Dumpster	X	x			
DCo Sheriff Firing Range	100 Electra Rd	1	MSW	8 yd Dumpster	X				X
DCo Sheriff East Station	5323 Wake Forest Rd	1	MSW	8 yd dumpster	X				x
DCo Sheriff North Station	11821 US 501 Hwy N	1	MSW	8 yd dumpster	X				x
Queen St Parking Deck	115 N Queen St	2	MSW	4 yd dumpster	X	x			
Queen St Parking Deck	115 N Queen St	2	CoRec	4 yd dumpster	X	x			

CoRec= Commingled Recycling; OCC: Old Corrugated Containers aka Cardboard

I) Collection Container Specifications:

a) Containers: The Contractor shall equip each County building/facility site with the required collection containers as listed in the Collection Locations and Frequency Table of this Proposal for the designated material. Contractor shall provide sufficient collection container capacity to meet expected demand. Contractor's container specifications and designs must be submitted to the County for approval prior to procurement and/or use as part of the Services.

b) Materials to be Collected: Roll off containers, dumpsters, and/or compactors to be supplied by the Contractor and designated for disposal should be capable of accepting government generated municipal solid waste (MSW), bulky wastes, cardboard, and commingled recyclables.

J) Collection Vehicle Specifications

a) **Truck Capability:** All collection vehicles used in accordance with the provisions of this contract shall be of the type capable of lifting, transporting, and dumping the specified cubic yard containers identified in this Proposal. Trucks shall be equipped with a fully enclosed body sufficiently tight in construction to prevent leakage or spillage of the loaded refuse and/or

recyclables. Due to road size variations in the County, the Contractor will need to provide equipment that will accommodate both public and neighborhood streets and alleys. Special collections shall be made using appropriate equipment.

b) **Vehicle Identification:** All collection and service vehicles used in performance of the obligations herein created shall be clearly marked with the Contractor's name, telephone number and unit number legible from 150 feet. No advertising shall be permitted on vehicles unless approved in writing by the County.

c) **Vehicle Maintenance and Cleanliness:** All collection equipment shall be maintained in a first class, safe, and efficient working condition throughout the term of the Contract. Contractor's vehicles shall be maintained and painted as often as necessary to preserve and present a well- kept appearance and be on a regular preventative maintenance program. Vehicles shall be externally washed and painted or repainted as often as necessary to keep them in a neat and sanitary condition. Contractor shall, hand-clean all spillage and power wash all hydraulic oil and vehicle fluid leaks from public and/or private property resulting from its collection activities by end of the next business day after learning of such spillage or leak.

d) **Vehicle Inspection:** The County may inspect the Contractor's vehicles at any time to ensure compliance of equipment with the Contract or require equipment replacement schedule to be submitted to County.

8.0 **SCHEDULES/TIMELINES:**

Haul frequency will vary based on building and service level. For "On Call" services, the County will notify the contractor when a pull is needed. The contractor must provide the pull within 2 business days. For example, if the haul is requested on Monday, the contractor must provide the haul by Wednesday afternoon. The Contractor will provide the County with a phone number and/or email address to use for this purpose (email is preferred). Locations may be added or removed, or service levels changed or modified at the sole discretion of the County at any time throughout the life of the contract.

ATTACHMENTS AND AFFIDAVITS



PROPOSAL FORM
SOLID WASTE COLLECTION AND HAULING SERVICES
FOR DURHAM COUNTY FACILITIES

RFP No. 25-036

In accordance with the attached instructions, terms, conditions, and Scope of Services we submit the following proposal to the County of Durham.

Container	Material	Rental Fee	Monthly Fees					
			On Call*	1x week	2x Week	3x Week	Daily	Bi-weekly
8 yd Dumpster	MSW							
8 yd Dumpster	OCC							
30 yd Compactor	MSW							
30 yd Compactor	OCC							
30 yd Recycler	Commingled Recyclables							
8 yd Dumpster	Commingled Recyclables							
Vertical Compactor	MSW							
4yd Dumpster	MSW							
4yd Dumpster	Commingled Recyclables							
		Monthly Rental	Daily Rental	Drop Off Charge	Haul Charge	Other Charges		
Temporary 40 yd Open Top	Bulky Waste and/or bagged MSW							

*On Call service fee would be charged per instance. Current service level is based on Table in 7.8, however additional services and/or locations may be added or subtracted during the life of the contract at the County's discretion.

PROPOSED ROLL OFF CONTAINER AND COMPACTOR MAINTENANCE AND REPAIR COSTS

Description	Price
Preventative Maintenance	\$ Per Compactor
Repair Service	\$ Per Hour
Travel Charges (Repair Services Only)	\$ Per Repair
Painting	\$ Per 40-yard .open top
	\$ Per Precrusher
	\$ Per Compactor

Notes:

- Parts shall be a pass-through cost to Durham County without a price mark-up.
- No separate charges will be allowed for travel for the Preventive Maintenance. Any travel charges/costs should be included in the total annual cost.
- County will pay vendor within 30 days upon receipt of invoice.

I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Date: _____ Authorized Signature: _____

Name

Title

Firm Name

Attachment B

NO PROPOSAL REPLY FORM

TO: Durham County
Purchasing Division
201 East Main Street, 7th Floor
Durham, NC 27701

PROPOSAL #: RFP NO. 25-036

**PROPOSAL TITLE: Solid Waste Collection & Hauling
Services for Durham County Facilities**

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received an invitation, but does not wish to submit a proposal, state their reason(s) below and return to this office. This information will not preclude receipt of future invitations unless you request removal from the Bidders' List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- _____ 1. We do not wish to participate in the proposal process.
- _____ 2. We do not wish to submit a proposal under the terms and conditions of the Request for Proposal document. Our objections are:

- _____ 3. We do not feel we can be competitive.
- _____ 4. We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company.
- _____ 5. We do not wish to sell to Durham County. Our objections are:

- _____ 6. We do not sell the items/services on which Proposals are requested.

- _____ 7. Other: _____

FIRM NAME

DATE

SIGNATURE

PHONE

_____ We wish to remain on the Bidders' List.

_____ We wish to be deleted from the Bidders' List.

Attachment C

ADDENDUM ACKNOWLEDGEMENT

**SOLID WASTE COLLECTION AND HAULING SERVICES
FOR DURHAM COUNTY FACILITIES**

RFP No. 25-036

Receipt of the following Addendum is acknowledged:

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Signature Date: _____

(Print Name)

Title

Name of Firm

Attachment D

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Durham

_____, being first duly sworn, deposes and says that:

1. He/She is the _____ of _____ the Proposer that has submitted the attached proposal;
2. He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
3. Such Proposal is genuine and is not a **collusive** or **sham** Proposal;
4. Neither the said Proposer nor any of its officers, partners, owners agents, representatives, employees or parties of interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or person to submit a **collusive** or **sham** Proposal in connection with the contract for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit or cost element of the Proposal price of any other Proposer or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Durham or any person interested in the proposed contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

Signature of Proposer

Date

Subscribed and sworn before me,
this ____ day of _____, 20__

(Seal

Notary Public

Notary Public
My Commission Expires: _____

Attachment E

MWBE FORMS

(Affidavits A-D and Appendix E)

Affidavit A

ATTACH TO BID

State of North Carolina AFFIDAVIT A - List of the Good Faith Effort

COUNTY OF DURHAM

Affidavit of

(Name of Bidder)

I have made a good faith effort to comply under the following areas checked:
(A minimum of 5 areas must be checked in order to have achieved a "good faith effort")

- ☐ 1-Contacted minority businesses that reasonably could have expected to submit a quote and that were known to the contractor, or available on State or local government-maintained lists, at least 10 days before the bid date and notified them of the nature and scope of the work to be performed.
- ☐ 2-Made the construction plans, specifications and requirements available for review by prospective minority businesses or providing these documents to them at least 10 days before the bids are due.
- ☐ 3-Broken down or combined elements of work into economically feasible units to facilitate minority participation.
- ☐ 4-Worked with minority trade, community, or contractor organizations identified by the Office of Historically Underutilized Businesses and included in the bid documents that provide assistance in recruitment of minority business.
- ☐ 5-Attended pre-bid meetings scheduled by the public owner.
- ☐ 6-Provided assistance in getting required bonding or insurance or provided alternatives to bonding or insurance for subcontractors.
- ☐ 7-Negotiated in good faith with interested minority businesses and did not reject them as unqualified without sound reasons based on their capabilities. Any rejection of a minority business based on lack of qualification should have the reasons documented in writing.
- ☐ 8-Provided assistance to an otherwise qualified minority business in need of equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letters of credit, including waiving credit that is ordinarily required. Assisted minority businesses in obtaining the same unit pricing with the Bidder's suppliers in order to help minority businesses in establishing credit.
- ☐ 9-Negotiated joint venture and partnership arrangements with minority businesses in order to increase opportunities for minority business participation on a public construction or repair project when possible.
- ☐ 10-Provided quick pay agreements and policies to enable minority contractors and suppliers to meet cashflow demands.

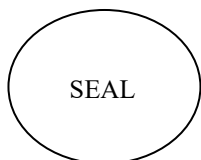
In accordance with GS 143-128.2(d) the undersigned will enter into a formal agreement with the firms listed in the Identification of Minority Business Participation schedule conditional upon execution of a contract with the Owner. Failure to abide by this statutory provision will constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of the minority business commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Affidavit B

ATTACH TO BID – IF YOU ARE NOT UTILIZING SUBCONTRACTORS

State of North Carolina AFFIDAVIT B - Intent to Perform Contract with Own Workforce

COUNTY OF DURHAM

Affidavit of _____
(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for the _____ contract.
(Name of Project)

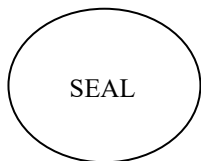
In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and agrees to provide any additional information or documentation requested by the owner in support of the above statement.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Affidavit C**ATTACH TO BID - IF YOU HAVE MWBE PARTICIPATION****State of North Carolina AFFIDAVIT C - Portion of the Work to be Performed by Minority Firms****COUNTY OF DURHAM**

Durham County Goals for MWBE Participation in the Procurement of Goods, Services and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____ I do hereby certify that on the
(Name of Bidder)

(Project Name)

Project ID No. _____ Amount of Bid \$ _____

I will expend a minimum of _____ % of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Firm Name (Street Address/Zip/Telephone)	*Minority Category	Work Description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

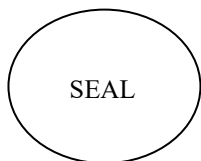
Pursuant to GS 143-128.2(d), the undersigned will enter into a formal agreement with Minority Firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID
(NOTE: This form is to be submitted only by the apparent lowest responsible, responsive bidder.)

If you do not meet the MWBE Goal, the Bidder shall provide the following documentation of his Good Faith Efforts within **72 hours** after notification of being the low bidder.

State of North Carolina AFFIDAVIT D – Good Faith Efforts
COUNTY OF DURHAM

Durham County Goals for MWBE Participation in the Procurement of goods, Services, and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____
 _____ (Name of Bidder)

I do certify the attached documentation as true and accurate representation of my good faith efforts.

I will expend a minimum of ____% of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Name and Phone Number	*Minority Category	Work description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

Documentation of the Bidder's good faith efforts to meet the goals set forth in the provisions. Examples of documentation include, but are not limited to, the following evidence:

- A. Copies of solicitation for quotes to at least three (3) minority business firms from the source list provided by the State for each subcontract to be let under this contract (if 3 or more firms are shown on the source list). Each solicitation shall contain a specific description of the work to be subcontracted, location where bid documents can be reviewed, representative of the Prime Bidder to contact, and location, date and time when quotes must be received
- B. Copies of quotes or responses received from each firm responding to the solicitation.
- C. A telephone log of follow-up calls to each firm sent a solicitation.
- D. For subcontracts where a minority business firm is not considered the lowest responsible sub-bidder, copies of quotes received from all firms submitting quotes for that particular subcontract.
- E. Documentation of any contacts or correspondence to minority business, community, or contractor organizations in an attempt to meet the goal.
- F. Copy of pre-bid roster.
- G. Letter documenting efforts to provide assistance in obtaining required bonding or insurance for minority business.

- H. Letter detailing reasons for rejection of minority business due to lack of qualification.
- I. Letter documenting proposed assistance offered to minority business in need to equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letter of credit, including waiving credit that is ordinarily required.

Failure to provide the documentation as listed in these provisions may result in rejection of the bid and award to the next lowest responsible and responsive bidder.

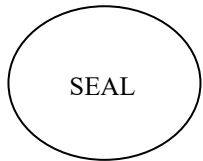
Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with Minority firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Appendix E

MWBE DOCUMENTATION FOR CONTRACT PAYMENTS

Prime Contractor/Architect: _____

Address & Phone: _____

Project Name: _____

Pay Application #: _____ Period: _____

The following is a list of payments to be made to minority business contractors on this project for the above-mentioned period.

Firm Name	*Minority Category	Total Contract Amount	Amount Paid this Period	Total Payment Amount to date	Percentage of Work Completed	Scheduled Start Date	Scheduled End Date

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

Date: _____ Approved/Certified By: _____

Name

Title

Signature

THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT

Attachment F

AFFIDAVIT OF COMPLIANCE

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

**AFFIDAVIT OF COMPLIANCE
with N.C. E-Verify Statutes**

I, _____ (hereinafter the "Affiant"), being duly authorized by and on behalf of
_____ (hereinafter "Contractor") after first being duly sworn hereby swears or
affirms as follows:

1. Contractor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with Article 2 of Chapter 64 of the North Carolina General Statutes; and
2. Contractor understands that an "Employer", as defined in NCGS§64-25(4), is required by law to use E-Verify to verify the work authorization of its employees through E-Verify in accordance with NCGS§64-26(a). The term "Employer" does not include State agencies, counties, municipalities, or other governmental bodies.
3. Contractor is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in the state of North Carolina. (mark Yes or No)
 - a. YES ____
 - b. NO ____
4. Contractor will ensure compliance with E-Verify to the extent applicable and will ensure compliance by any subcontractors subsequently hired by Contractor to perform work under Contractor's contract with Durham County.

This ____ day of _____, 20__.

Signature of Affiant

Print or Type Name: _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me, this the ____

day of _____, 20__.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

Attachment G

VENDOR APPLICATION & W-9



VENDOR APPLICATION

IT IS CRITICAL TO THE COUNTY THAT YOU COMPLETE ALL DATA - PLEASE PRINT OR TYPE
(A W-9 FORM IS REQUIRED AND MUST BE SUBMITTED WITH THIS FORM)

1. Vendor Name: _____

Do you require a 1099? Yes ☐ No ☐

2. Mailing address for payments: _____

3. Mailing address for purchase orders, proposals and bids: _____

4. Contact Person _____ Phone #: _____

Email: _____ Fax #: _____

5. In what City and State is your firm licensed? _____

If licensed in NC, indicate County (for tax purposes) _____

Individual Partnership ☐ Corporation ☐ Governmental Agency ☐ Other ☐

6. Is your firm a large business? Yes ☐ No ☐ 7. Is your firm a small business? Yes ☐ No ☐

8. Is your firm 51 percent or more owned and operated by a woman? Yes ☐ No ☐

If yes, with what governmental agencies are you certified? _____

9. Is your firm 51 percent or more owned and operated by a minority? Yes ☐ No ☐

10. If yes, with what governmental agencies are you certified? _____

11. Identify appropriate minority group:

Black American ☐ Native American ☐ Hispanic ☐ Asian/Pacific ☐ Asian Indian ☐

12. Is your firm incorporated? Yes ☐ No ☐

13. Is your firm a not-for-profit concern? Yes ☐ No ☐

14. Is your firm a handicapped business concern? Yes ☐ No ☐

15. Give a brief description of goods or services your firm provides: _____

Signature: _____ Title: _____

Print name: _____ Date: _____

If you have any questions concerning this form, email Durham County Purchasing Division at purchasinggroup@dconc.gov

NOTICE TO THE BIDDERS/PROPOSERS

Please return this Vendor Application and W-9 along with your Bid Proposal packet.

PURCHASING TO COMPLETE (when received from the department)

Listed as Debarred or Suspended Vendors?

<https://www.sam.gov> Yes No <https://www.doa.nc.gov/divisions/purchase-contract/debarred-vendors> Yes No

Verified by: _____ Date: _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) Durham County Government 201 East Main Street, Finance Durham, North Carolina 27701
	6 City, state, and ZIP code	
7 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 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.

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

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II 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 II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

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 their 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 their 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, 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 instructions for Part II 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, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

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.

• **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 for 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 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** 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.

• **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. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner 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. 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, enter it on line 2.

Line 3a

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

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

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 on 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 territory, 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 territory.
- 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 as defined under section 581.
- 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.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

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

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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 ITIN. Enter it in the entry space for the Social security number. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at www.SSA.gov. You may also get this form by calling 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/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 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), ABLE 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 ¹
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 ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

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 ⁴
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
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 Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. 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.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 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 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.