

**DURHAM COUNTY  
NORTH CAROLINA**



**REQUEST FOR PROPOSALS  
RFP NO. 19-032**

**EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES**

**Proposals Due:**

**April 5, 2019  
2:00 P.M.**

# **TABLE OF CONTENTS**

## **EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES**

**(RFP No. 19-032)**

<b><u>SECTION</u></b>	<b><u>PAGE(S)</u></b>
<b>BID SCHEDULE</b>	<b>3</b>
<b>REQUEST FOR PROPOSAL</b>	<b>4</b>
<b>LEGAL NOTICE</b>	<b>5</b>
<b>INSTRUCTIONS TO PROPOSERS</b>	<b>6-8</b>
<b>EQUAL EMPLOYMENT OPPORTUNITY</b>	<b>9</b>
<b>QUALIFICATIONS AND SUBMISSION REQUIREMENTS</b>	<b>10-12</b>
<b>EVALUATION AND AWARD CRITERIA</b>	<b>13</b>
<b>SCOPE OF SERVICES</b>	<b>14-19</b>
<b>PROPOSAL FORM</b>	<b>20</b>
<b>NO PROPOSAL REPLY FORM</b>	<b>21</b>
 <b><u>ATTACHMENTS</u></b>	
<b>A. ADDENDUM ACKNOWLEDGEMENT</b>	<b>22</b>
<b>B. NON-COLLUSIVE AFFIDAVIT</b>	<b>23</b>
<b>C. MWBE FORMS (Affidavits A-D and Appendix E)</b>	<b>24-30</b>
<b>D. VENDOR APPLICATION/W-9 Form</b>	<b>31</b>
<b>E. AFFIDAVIT OF COMPLIANCE (E-Verify)</b>	<b>32</b>
<b>F. SERVICE CONTRACT – SAMPLE</b>	<b>33-38</b>

## **EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES**

**RFP No. 19-032**

### **PROPOSAL TIMELINE**

**(Note: The below dates are subject to change)**

Advertisement Date	March 18, 2019
Last Date for Questions	March 22, 2019 by 3:00 P.M.
Addendum Published	March 29, 2019 by 3:00 P.M.
Proposal Due Date	April 5, 2019 by 2:00 P.M.
Firm Presentations	The week of April 8, 2019

Note: A County representative will contact the most qualified firms to schedule a presentation to EMS and Finance staff for the week of April 8, 2019. The length of the presentations will be 1 hour.



# REQUEST FOR PROPOSALS

## EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

(RFP No. 19-032)

**ISSUE DATE:**

**Date: March 18, 2019**

**ISSUING DEPARTMENT:**

**County of Durham Purchasing Division of Finance  
1st Floor / 200 East Main Street  
Durham, NC 27701**

Proposals will be received until 2:00 P.M., on April 05, 2019. The purpose and intent of the Request for Proposals (RFP) is to solicit Proposals from qualified firms to provide assistance in updating Durham County's Emergency Medical System (EMS) Billing and Collection Services

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

**Hilda Williams, Senior Procurement Specialist, (919) 560-0054**

**Purchasing Division**

**Email: [purchasinggroup@dconc.gov](mailto:purchasinggroup@dconc.gov)**

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**

### **EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES REQUEST FOR PROPOSALS (RFP No. 19-032)**

The County of Durham will receive Proposals for Durham County Emergency Medical System Billing and Collection Services on April 5, 2019 at 2:00 P.M., in the Durham County Purchasing Division, 200 East Main Street, 1st Floor, Durham, North Carolina 27701. No Proposals will be accepted after the official time and date.

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

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

**Publication Date: March 18, 2019**

## INSTRUCTIONS TO PROPOSERS

### RFP 19-032

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, Seven (7) hard “copies” of the Original, and a soft copy of your Proposal on a flash drive 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 must be signed by an authorized representative. Each Proposal should be bound in a single volume with all relevant documentation. The County may elect to require oral presentations after receipt of the Proposals.
2. **COMMUNICATION WITH PROPOSERS:** All communications 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](mailto:purchasinggroup@dconc.gov). Any inquiries, requests for interpretation, technical questions, clarification, or additional information shall be directed to Hilda W. Williams, Senior Procurement Specialist, at the email address above. All questions concerning this RFP shall reference the RFP number, section number and paragraph. Questions and responses affecting 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., on March 22, 2019. NO EXCEPTIONS.**
3. **PROPOSAL DUE DATE:** Proposals will be received until 2:00 P.M., on April 5, 2019. Proposals must be mailed, or hand delivered to: Durham County Purchasing Division, Attn: Hilda W. Williams, Senior Procurement Specialist, 200 East Main Street, 1st Floor, Durham, NC 27701. Proposals shall be duly marked and/or identified with Proposer name, address and RFP number.
4. **LATE PROPOSALS:** Proposals received after the date and time specified will not be considered for award and will be returned to the Proposer unopened.
5. **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.

6. 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 (919) 560-0059.

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

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:

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

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

a "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**

### **RFP 19-032**

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 for the Issuing Department, Seven (7) hard copies of the Original, and a soft copy of your Proposal on a flash drive shall be submitted to the Procurement Division of Finance.**

#### **Tab 1 – Signed Forms**

This Tab should include the following forms and information.

**a. Addendum Acknowledgement Form**

**b. Non-Collusion Affidavit**

**c. MWBE Forms:**

- **Affidavits A and C** are required to be submitted with your Proposal if your company has MWBE participation.
- **Affidavit B** is required if your company has no opportunity to sub-contract and will complete all work with their own work force. No other Affidavits must be returned.

**NOTE: Appendix E is not to be returned with your Proposal. However, this form must be submitted with each pay request for documentation of contract payment to MWBEs. In addition, Affidavit D does not need to be returned with your Proposal. This form may be requested by the County from the most qualified Proposer for documentation of their “good faith efforts” in meeting the MWBE goals.**

**d. Vendor Application/W-9 Form**

**e. Affidavit of Compliance (E-verify)**

**f. Signed Proposal Signature Sheet (page 4)**

**g. Proposal Form (page 20)**

#### **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 the Section Work/Requirements, should be included under this Tab. Additionally, a discussion of the data conversion process should be addressed to include implementation time, IT Staff dedicated to the conversion and internal capabilities.

#### **Tab 5 – Proposed Billing and Collection Computer System**

The Proposer must present in detail the version, features and capabilities of the billing software system the Proposer plans to use to service the Durham County EMS System account. These details shall include:

1. Technology architecture
2. Administration Toolsets
3. Reporting tools
4. Security
5. Data Center Storage and Security
6. Disaster Recovery/Redundancy
7. Data Backup and Archive

#### **Tab 6 - 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.

#### **Tab 7 – 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. Provide a list of North Carolina based debt recovery firms.

#### **Tab 8 – Unique Offering**

Provide a summary or description of what separates your firm from the rest of the industry. This can include additional areas of expertise or services that your firm can offer regarding EMS billing and collections that would be included should your firm be selected that perhaps other firms currently do not provide. It can also include anything that makes your firm the most qualified to serve Durham County.

#### **Tab 9 – Initial and On-Going Training and Updates**

Provide an outline of how initial and on-going training support is accomplished by your firm. This should include any regular updates as well as formal or informal training opportunities (e.g., certified training, educational updates, etc.), seminars, informative sessions, etc.

#### **Tab 10 – Client References**

The County considers references to be important in its decision to award a contract. The Proposal must contain five (5) verifiable references of the vendor's proposed billing, collection and subscription services that have been operational for a minimum of one (1) year, preferably local government. The names and phone numbers of the project manager for each reference must be listed. The County will not call Proposers to tell them that their references will be contacted because all references provided will be contacted by the County during the selection process. Similarly, the County will not work through a Proposer's Reference Manager to complete a reference.

**Tab 11 –Financial Stability**

In this Tab the Proposer will provide the past two (2) years of audited financial statements with audit opinions. These financial statements will allow Durham County to evaluate the financial stability and longevity of the Proposer as it relates to the performance of the necessary financial duties involved in EMS Billing and Collection Services.

**Tab12- Cost Proposal**

Proposers should submit an estimate of project costs in the proposal for services/cost breakdown. Proposers should include any additional costs as applicable. Any proposed annual cost increases will be clearly discussed and defined with this section of the response.

**Tab13-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**

### **RFP 19-032**

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 five (5) similar clients
- g) Financial stability
- h) Price
- i) Compliance with Durham County MWBE requirements
- j) Training

#### **2. Award of Contract**

The County reserves the right to award to multiple or a single Contractor 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(s) are determined, the County may conduct further negotiations, and/or request presentations from firm(s) to further assist in the clarification of information and selection process.

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

## EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

### SCOPE OF SERVICES (RFP No. 19-032)

This Scope of Services will become an integral part of the contract between the County of Durham, North Carolina ("The County") 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 Ambulance Transportation Billing, Accounts Receivable Management, and Medical Records System (e.g., Emergency Medical Services (EMS) billing and collections services) to the Durham County EMS System. The purpose of this Request for Proposals is to identify entities qualified to provide these services, and to select a Contractor that can provide the best quality of EMS billing and collections services for the citizens and visitors of Durham County.
- 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 in the County's Finance Department.
- 3.0 **TERMS OF CONTRACT:** The initial term of the contract will be from **Date of Award** through **June 30, 2020** with the option for annual renewal at the sole discretion of the County. The County shall make notice of such intent to renew approximately sixty (60) days prior to the expiration of the current term. Any renewal shall be based on satisfactory performance by the Contractor during the previous years for the EMS billing and collection services provided. Price increases may only be considered within what is presented as a part of the RFP response.
- 4.0 **CANCELLATION OF CONTRACT:** The County 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 of the obligation to deliver and/or perform services on all outstanding orders issued prior to the effective date of cancellation. Should the County cancel the contract, the contractor will work with the County and the newly selected contractor to successfully convert the County's EMS billing and collection data (e.g., records/accounts/historical transactional data/etc.).
- 5.0 **COUNTY DESIGNATED REPRESENTATIVES:**

David B. McNulty, Assistant Chief - Finance and Administration

(919) 560-8236

[dmcnulty@dconc.gov](mailto:dmcnulty@dconc.gov)

Zac Anderson, Assistant Chief Financial Officer

(919)-560-0067

[zaanderson@dconc.gov](mailto:zaanderson@dconc.gov)

## 6.0 **BACKGROUND:**

The Durham County EMS System is a progressive Advanced Life Support Emergency Medical System that serves the citizens and visitors of Durham County, North Carolina. Durham County EMS is the sole provider of 911 emergency ambulance services in Durham County. Located in the Triangle region of east-central North Carolina, the County has an area of 299 square miles and a resident population of approximately 308,941 persons. The County presently operates advanced life support (paramedic) ambulances and will respond to approximately 51,000 requests for service in the coming fiscal year. This is expected to result in approximately 31,000 ambulance transports. The County's total EMS historical revenues are shown in the below tables and charts. Durham County utilizes the ESO Solutions Electronic Health Record (EHR) system which the selected vendor should have a well-developed interface with. The Durham County EMS System currently contracts with Intermedix to provide EMS billing and collection services and has since Fiscal Year 2016. In Fiscal Year 2018, the Durham County EMS System sent 29,588 trips for billing a 4.1% growth rate from the year before. EMS fees are tied to the Medicare flat rate structure and we do not itemize charges, or charge for rural miles. The average loaded miles billed this past year was 5.82 miles. Also, please note that the County continues to utilize the AIM (Ambulance Information System) from RAM Software with internal Durham County staff for EMS billings and Collections June 30, 2015 and prior that still have balances due to the County (e.g., these accounts were not converted to the Intermedix System).

<b>Current Fees</b>	
BLS Transport	\$610.00
ALS 1 Transport	\$700.00
ALS 2 Transport	\$800.00
Treatment No Transport	\$250.00
Loaded Miles	\$12.00/Mile
Special Event Coverage	\$250/Hour/ambulance
Special Event QRV	\$150
QVR Non-Transport	\$125/Hour
Foot Medic Supervisor	\$150/Hour
Bike Team/Foot Patrol	\$150/Hour

The included tables show five years of billable trips, payer mix, charge mix, net collections and amount sent to collections.

Year	Billed Trips
FY 2015	26,073
FY 2016	27,672
FY 2017	28,420
FY 2018	29,558

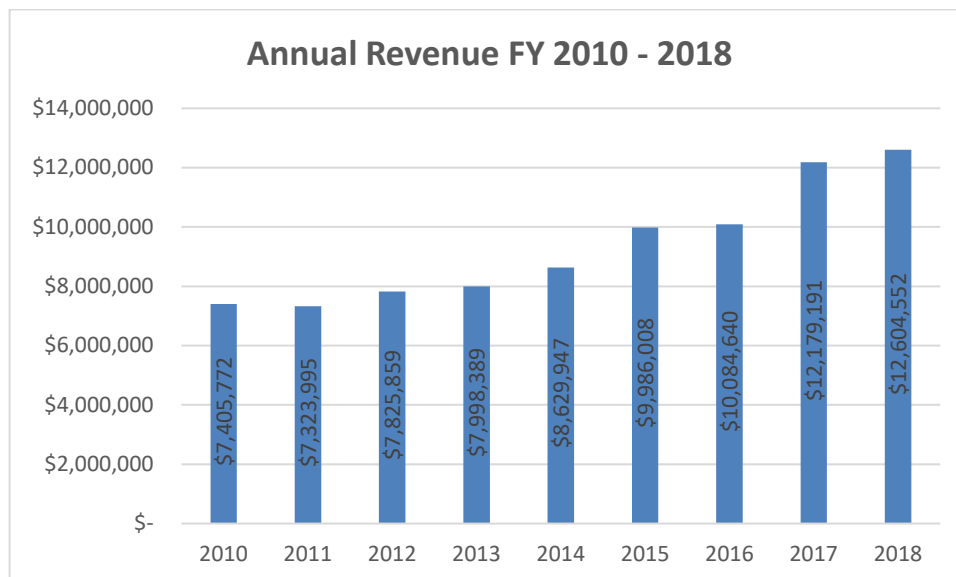
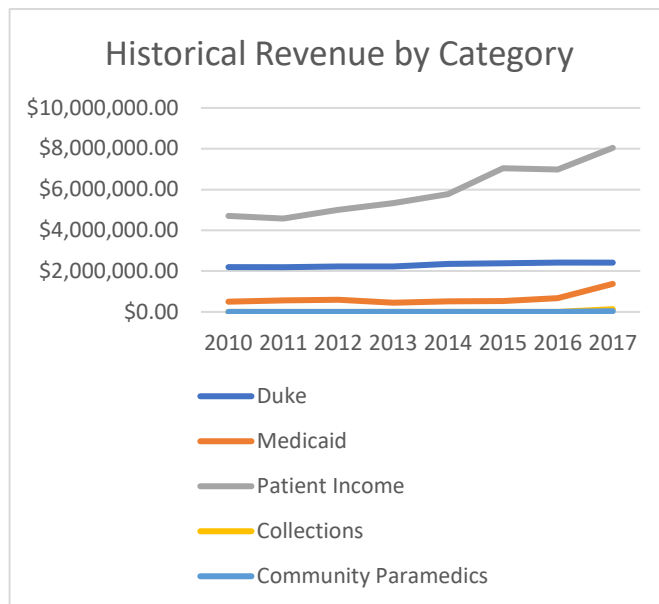
Payer Mix	Medicare	Medicaid	Insurance	Patient
FY 2015	8,486	2,567	6,906	8,114
FY 2016	10,269	4,608	5,011	7,784
FY 2017	11,172	5,045	5,735	6,468
FY 2018	11,437	4,978	6,407	6,736

Charge Mix	ALS 2	ALS 1	BLS	TNT
FY 2015	333	14,190	10,834	488
FY 2016	764	19,193	6,386	1,263
FY 2017	677	20,470	6,221	929
FY 2018	745	21,172	5,900	1,574

Note: The “Net Collections” in the below chart includes only three fiscal years because that is the timeframe that the County has outsourced the EMS billing and collections services to a 3<sup>rd</sup> party provider. Also, the “Net Collections” amount provided is the amount collected by the 3<sup>rd</sup> party provider, Intermedix, and does not include the delinquent collections for delinquent accounts in the AIM System (e.g., when the billing and collections were done “in-house” rather than through a 3<sup>rd</sup> party).

	Total Billed	Net Collections
FY 2016	\$19,012,011.20	\$5,871,636.51
FY 2017	\$19,605,485.02	\$7,726,049.49
FY 2018	\$21,669,826.01	\$8,241,380.86

Note: The County performed the EMS billing and collections “in-house” until Fiscal Year 2016. As such, the revenue performance in the charts below prior to Fiscal Year 2016 was performance with County staff internally.



In addition to emergency EMS response, the Durham County EMS System provides community paramedicine services through the Durham County Community Paramedic Pilot program. Future



billing structures may include new funding models and avenues to support this program and is charging entities for alternate destination diversion and data collection that our billing and collections vendor supports.

7.0 **WORK REQUIREMENTS:** Durham County is searching for the firm that can provide the best quality EMS billing and collection services for the citizens of Durham County and for the visitors to the County. Durham County expects the selected firm to perform the following:

1. Provide excellent customer service to the patients of the Durham County EMS System
2. Certify compliance with the Health Insurance Portability and Accountability Act (HIPAA); the Health Information Technology for Economic and Clinical Health (HITECH) Act; the Red Flag Rules promulgated by the Federal Trade Commission pursuant to the Fair and Accurate Credit Transactions Act of 2003, and other applicable state and federal laws and regulations. Execute a HIPAA Business Associate Agreement in a form prescribed by the County.
3. Sufficient support and capacity to assist with credentialing and Medicare / Medicaid revalidation.
4. An internal Compliance Program that meets all Office of Inspector General (OIG) and other associated federal program requirements shall be maintained by the vendor at all times.
5. Dedicated representative to Durham County will be required.
6. Invoicing patients and/or third parties responsible for ambulance services for the amount owed to the County.
7. Providing Durham County EMS and/or Durham County Finance Department with all daily and monthly financial, billing, receivable, collections and other reports as stated herein as well as any ad hoc reports that Durham County deems necessary.
  - a. Current Month Collections & Fiscal YTD summary and detail
  - b. Current Month Billings & Fiscal YTD summary and detail
  - c. Accounts Receivables Summary to include Prior Month Balance, Billings (e.g., Beginning Balance, Collections, any Adjustments, and Ending Balance)
  - d. Aged Receivable Report Summary & Detail
  - e. Other reports as may be deemed necessary in the future that have not been specifically listed to include ad hoc reports
8. Conduct any follow-up required to obtain the necessary insurance information to process invoices for payment. Provide Electronic Claims Processing for Medicare, Medicaid and any private or commercial insurance, which accepts electronic claims.
9. Provide complete access to the ESO EHR system without interruption for the duration of this Contract, including payment of all involved fees to ESO SOLUTIONS INC.
10. Provide complete interfaces required for data exchanges between receiving hospitals using the Elderly Pharmaceutical Insurance Coverage (EPIC) healthcare medical patient management system (Duke Health System, UNC Health Care, and Wake Medical Hospital).
11. Review and code each EHR appropriately.
12. The Contractor shall be responsible for the invoicing, collection, and generation of all insurance forms and filings, record maintenance and reports.
13. The invoices for services rendered shall contain the following information:
  - a. Durham County Logo
  - b. Account number
  - c. Account Invoice Date
  - d. Name of Patient
  - e. Name of responsible person if different from patient

- f. Complete address
  - g. Date of transport
  - h. Call Center Hours of Operation
  - i. Cost of transport (including cost breakdown, if necessary)
  - j. Transport from and to including ZIP Code Number
  - k. Payment method(s)
  - l. Insurance coverage and instructions (if applicable)
  - m. Durham County EMS Privacy policy
14. Provide customers access to billing information on-line and over the phone to include payments. Contractor shall provide either toll-free or local Durham telephone number access for customers. Provide customers access to billing and collections staff for at least 12 hours a day. Records of all customer contacts shall be maintained by account.
  15. Ensure that all invoicing and reporting systems are automated and data is updated in real time.
  16. Mail bill (including a return envelope) to the patient/debtor within no more than ten (10) days of receiving the transport information from Durham County when a valid patient address exists at the time of information receipt.
  17. When a valid address is present, the contractor shall be responsible for sending a second notice within forty-five (45) days from the first mailing, a third notice within forty-five (45) days from the second notice, and a fourth (final) notice within forty-five (45) days from the third notice. If new information is obtained by the billing and collections company, an additional notice (within forty-five (45) days of the previous) should be mailed out again and this process should continue as long as new or different information is obtained. This will ensure that patient/debtor is kept informed on the account balance and what is going on with the account.
  18. Accounts will become eligible to be sent to the collection agency contracted with Durham County within forty-five (45) days from mailing of the final notice when no additional information or payment has been received.
  19. Accounts sent to the collection agency must be electronically transferred to the collection agency contracted with Durham County. The County and Contractor will mutually agree on a file format to be used prior to the effective date of this contract.
  20. Option for the selected vendor to buy old Durham County debt.
  21. Manage uncollected accounts associated with the NC Debt Setoff Program.
  22. Deposit funds received daily into a bank account or lockbox designated by the County, to which the County alone will have signature authority.
  23. Agree to negotiate and arrange modified payment schedules for those individuals unable to pay the full amount when billed, subject to such policy guidelines as the County may establish. If patient/debtor makes monthly payments, a statement should be mailed out monthly showing the balance still due.
  24. Maintain all documentation, records, and patient information in a safe and secure manner that will allow inspection and audit by Durham County or its agents upon proper notification.
  25. Provide and furnish all materials and personnel required for the performance of the Agreement.
  26. The Contractor must provide the County with a bi-weekly refund request including all pertinent information relating to refunds, overpayments, or other associated billing and collection reversions.

27. The Contractor shall allow for an external audit of Durham County's accounts each year by the accounting agency of the County's choice. The audit will not be at the cost of the County.
28. Establish internal performance metrics, monitor compliance and report on same. Conduct quarterly updates on revenue statuses and provide electronic database access for regular administrative review.
29. Provide Durham County yearly revenue projections.
30. Properly manage special billing situations Durham County currently has and may be involved in including but not limited to:
  - a. On Duty Public Safety Transport
  - b. Emergency Triage, Treat, and Transport (ET3) Model (CMS Innovation grant)
  - c. Organ Transport
  - d. Community Paramedicine Services
  - e. Physician Services Billing
  - f. Ad-hoc Billing
  - g. Special Event Billing
31. Provide access to third party data systems selected by the County
32. Conduct the conversion of data from legacy systems to the selected solution working with the appropriate/designated staff of the County.
33. Archival of County data in the system

8.0 **SCHEDULES/TIMELINES:** The Contractor must propose a timeline for the project in their Proposal responses under Tab 4. The timeline shall address data conversion process, implementation time, IT Staff dedicated to the conversion and internal capabilities...etc.



**PROPOSAL FORM**  
**RFP 19-032**

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

**TOTAL PROPOSED COST**

Proposers should submit a project cost Proposal using the grid below as a guide for services/cost breakdown.

<b>Patient Billing, Collection and Subscription Services</b>	<b>Count</b>	<b>Cost (Indicate percentage or fixed cost)</b>
Implementation	One Time	
EHR Interface Development	One Time	
HDE Hospital Interface Development	One Time	
Data Conversion	One Time	
Training	One Time	
EMS service billing	\$22,000,000 Estimated Annual	

**The above Total Proposed Cost should be based on being awarded the entire project.**

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

## NO PROPOSAL REPLY FORM

TO: Durham County  
Purchasing Division of Finance  
200 East Main Street, 1<sup>st</sup> Floor  
Durham, NC 27701

PROPOSAL #: RFP No. 19-032

PROPOSAL TITLE: EMS Billing and Collection Services

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 the 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 A**

**ADDENDUM ACKNOWLEDGEMENT  
(RFP NO. 19-032)**

Receipt of the following Addendum is acknowledged:

Addendum no. \_\_\_\_\_ Date \_\_\_\_\_

Addendum no. \_\_\_\_\_ Date \_\_\_\_\_

Addendum no. \_\_\_\_\_ Date \_\_\_\_\_

Addendum no. \_\_\_\_\_ Date \_\_\_\_\_

Addendum no. \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Firm

**Attachment B**

**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 \_\_\_\_\_, 2019

(Seal)

\_\_\_\_\_  
Notary Public

Notary Public  
My Commission Expires: \_\_\_\_\_

## **Attachment C**

### **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.

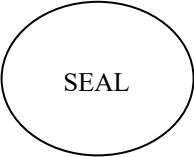


In accordance with GS 143-128.2(d) the undersigned will enter into a formal agreement with the firms listed in the Identification of Minority Business Participation schedule conditional upon execution of a contract with the Owner. Failure to abide by this statutory provision will constitute a breach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

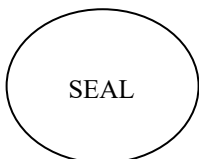
The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

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

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

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.

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

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

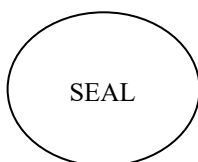
Pursuant to GS 143-128.2(d), the undersigned will enter into a formal agreement with Minority Firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

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 \_\_\_\_\_

(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	<b>10.4%</b>
Asian American	1.3	3.0	1.1	.43	<b>1.3%</b>
Hispanic American	4.2	1.8	1.1	.43	<b>1.5%</b>
American Indian	.65	.75	1.0	.5	<b>.70%</b>
White Female	13.8	11.0	9.5	7.1	<b>10.3%</b>
<b>Overall MWBE Participation Goal =</b>					<b>25.0%</b>

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.

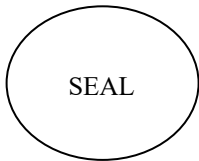
Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with Minority firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

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 D**

**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) \_\_\_\_\_

6. Indicate your firm's organizational type:

Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Governmental Agency \_\_\_\_ Other \_\_\_\_\_

7. Is your firm a large business? Yes \_\_\_\_ No \_\_\_\_

8. Is your firm a small business? Yes \_\_\_\_ No \_\_\_\_

9. Is your firm 51 percent or more owned and operated by a woman? Yes \_\_\_\_ No \_\_\_\_

If yes, with what governmental agencies are you certified? \_\_\_\_\_

10. Is your firm 51 percent or more owned and operated by a minority? Yes \_\_\_\_ No \_\_\_\_

If yes, with what governmental agencies are you certified? \_\_\_\_\_

Identify appropriate minority group:

Black American \_\_\_\_ Native American \_\_\_\_ Hispanic \_\_\_\_ Asian/Pacific \_\_\_\_ Asian Indian \_\_\_\_

11. Is your firm incorporated? Yes \_\_\_\_ No \_\_\_\_

12. Is your firm a not-for-profit concern? Yes \_\_\_\_ No \_\_\_\_

13. Is your firm a handicapped business concern? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

Print name: \_\_\_\_\_

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

**If you have any questions concerning this form, call Durham County Purchasing Division - (919) 560-0051.**

---

**FOR DEPARTMENT COMPLETION**  
*(Prior to Vendor Distribution)*

**Email to:**

**or**

**Fax to:**

**Department Contact Email**

**Department Contact Fax No.**



# Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <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 FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
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. Also see *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:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	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](http://www.irs.gov/FormW9).

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. 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).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

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

**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, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, 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 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, 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 under 4 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.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States 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 no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

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

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



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

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

## Specific Instructions

### Line 1

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

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

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

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

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

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

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

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

### Line 3

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

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

### Line 4, Exemptions

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

#### Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

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

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

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

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947



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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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) written or printed 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 possession, 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, write 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 individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

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). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *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](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://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](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded 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 <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 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 <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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

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

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

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

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

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

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](mailto: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 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://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 possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Attachment F**

**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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature of Affiant

Print or Type Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me, this the \_\_\_\_  
day of \_\_\_\_\_, 201\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

(Affix Official/Notarial Seal)

**THIS CONTRACT** is made, and entered into this the \_\_\_\_\_ day of \_\_\_\_\_, 2019, by and between the **COUNTY of DURHAM**, a political subdivision of the State of North Carolina, (hereinafter referred to as "COUNTY"), and \_\_\_\_\_ a corporation duly authorized to do business in the state of North Carolina, (hereinafter referred to as "CONTRACTOR").

For and in consideration of mutual promises to each as herein after set forth, the parties hereto do mutually agree as follows:

1. **SCOPE OF SERVICES.** CONTRACTOR hereby agrees to provide the services and/or materials under this contract pursuant to the provisions and specifications identified in "Attachment 1" (hereinafter collectively referred to as "Services"). Attachment 1 is hereby incorporated herein and made a part of this contract. Time is of the essence with respect to all provisions of this contract that specify a time for performance.

The COUNTY will perform on-going contract monitoring to ensure that the terms of this contract are complied with. CONTRACTOR agrees to cooperate with the COUNTY in its monitoring process and provide documentation and/or information requested during the term of this Agreement for the purpose of monitoring the services provided by CONTRACTOR.

2. **TERM OF CONTRACT.** The Term of this contract for services is from \_\_\_\_\_ to \_\_\_\_\_ unless sooner terminated as provided herein.

3. **PAYMENT TO CONTRACTOR.** CONTRACTOR shall receive from COUNTY an amount not to exceed \_\_\_\_\_ Dollars (\$\_\_\_\_\_) as full compensation for the provision of Services. COUNTY agrees to pay CONTRACTOR at the rates specified for Services performed to the satisfaction of the COUNTY, in accordance with this contract, and Attachment 1. Unless otherwise specified, CONTRACTOR shall submit an itemized invoice to COUNTY by the end of the month during which Services are performed. A Funds Reservation number may be assigned to encumber the funds associated with this contract and must appear on all invoices and correspondence mailed to Purchaser. Payment will be processed promptly upon receipt and approval of the invoice by COUNTY.

4. **INDEPENDENT CONTRACTOR.** COUNTY and CONTRACTOR agree that CONTRACTOR is an independent contractor and shall not represent itself as an agent or employee of COUNTY for any purpose in the performance of CONTRACTOR's duties under this Contract. Accordingly, CONTRACTOR shall be responsible for payment of all federal, state and local taxes as well as business license fees arising out of CONTRACTOR's activities in accordance with this Contract. For purposes of this contract taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

CONTRACTOR, as an independent contractor, shall perform the Services required hereunder in a professional manner and in accordance with the standards of applicable professional organizations and licensing agencies.

5. **INDEMNIFICATION.** To the fullest extent permitted by laws and regulations, CONTRACTOR shall indemnify and hold harmless the COUNTY and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or mediation) arising out of or resulting from CONTRACTOR's performance of this Contract or the actions of the CONTRACTOR or its officials, employees, or subcontractors under this Contract or under contracts entered into by the CONTRACTOR in connection with this Contract. This indemnification shall survive the termination of this Contract.

In claims against any person or entity indemnified under this provision by an employee of the CONTRACTOR, a subcontractor, an employee of a subcontractor, or an agent of the CONTRACTOR or a subcontractor, the indemnification obligation under this provision shall not be limited by a limitation on



amount or type of damages, compensation or benefits payable by or for the CONTRACTOR or a subcontractor under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts.

- 6. INSURANCE.** CONTRACTOR shall procure and maintain for the duration of the contract the following insurance coverage from an insurance company(s) possessing a rating of A-VII or higher from the A.M. Best Company and licensed to do business in North Carolina. All of the policies required of the CONTRACTOR shall contain a waiver of subrogation provision to waive all rights of recovery under subrogation or otherwise against the COUNTY. In the event CONTRACTOR'S Insurance Policy or Certificate of Insurance conflicts with the aforesaid language concerning "waiver of subrogation" this contract shall govern. CONTRACTOR shall advise the COUNTY of any cancellation, non-renewal, or material change in any policy within ten (10) days of notification of such action and provide updated certificates of insurance evidencing renewals within fifteen (15) days of expiration. CONTRACTOR'S insurance shall be primary and any insurance or self-funded liability programs maintained by the COUNTY shall not contribute with respect to the CONTRACTOR's insurance. COUNTY shall not be listed as an additional insured on any Insurance Policy or Certificate of Insurance of the CONTRACTOR. In the event CONTRACTOR'S Insurance Policy or Certificate of Insurance conflicts with the aforesaid language concerning "additional insured" this contract shall govern.

**6.1 Commercial General Liability:** Insurance Services Office (ISO) Form CG 00 01 on an "occurrence" basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than **\$1,000,000** per occurrence and **\$2,000,000** aggregate.

**6.2 Commercial Automobile Liability:** ISO Form CA 00 01 covering any auto with limit not less than **\$1,000,000** per accident for bodily injury and property damage.

**6.3 Worker's Compensation and Employers Liability:** as required by The State of North Carolina, with statutory limits, and Employers Liability Insurance with a limit of no less than \$1,000,000 per occurrence.

By requiring insurance herein, the COUNTY does not represent that coverage and limits will necessarily be adequate to protect CONTRACTOR, and such coverage and limits shall not be deemed as a limitation on CONTRACTOR's liability under the indemnities granted to the COUNTY in this Contract. CONTRACTOR shall provide the COUNTY a valid certificate of insurance, in advance of the performance of any work, exhibiting coverage required. CONTRACTOR shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein.

The failure of the COUNTY at any time to enforce the insurance provisions, to demand such certificates of insurance, or to identify a deficiency shall not constitute a waiver of those provisions, nor reduce obligations of the CONTRACTOR to maintain such insurance or to meet its obligations under the indemnification provisions. Notwithstanding the foregoing, nothing contained in this section shall be deemed to constitute a waiver of the governmental immunity of the COUNTY, which immunity is hereby reserved to the COUNTY.

## **7. TERMINATION.**

**7.1. EVENT OF DEFAULT.** Any one or more of the following acts or omissions of the Contractor shall constitute an Event of Default hereunder:

- a. Failure to perform the Services satisfactorily or on schedule,
- b. Failure to submit any report required hereunder; and/or
- c. Failure to perform any other covenant, term, or condition of this Agreement.

Upon the occurrence of an Event of Default, the County may take one or more or all of the following actions:

1. Give Contractor written Notice of the Event of Default, specifying the Event of Default

and requiring it to be remedied within, in the absence of greater or lesser specification of time, seven (7) calendar days from the date of the notice; and if the Event of Default is not timely remedied, terminate the agreement, effective two (2) days after giving the Contractor written Notice of Termination; and/or

2. Deduct any and all expenses incurred by the County for damages caused by the Contractor's Event of Default; and/or
3. Treat the agreement as breached and pursue any of its remedies at law or in equity, or both, including damages and specific performance.

**7.2 TERMINATION FOR CONVENIENCE.** This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period shall begin upon receipt of the Notice of Termination. Termination of this Contract, under either section 7.1 or 7.2, shall not form the basis of any claim for loss of anticipated profits by either party.

**8. COUNTY NOT RESPONSIBLE FOR EXPENSES.** COUNTY shall not be liable to CONTRACTOR for any expenses paid or incurred by CONTRACTOR, unless otherwise agreed in writing.

**9. EQUIPMENT.** CONTRACTOR shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide Services hereunder, unless otherwise agreed in writing.

**10. COMPLIANCE WITH LAWS.** CONTRACTOR shall abide by all statutes, rules, regulations, laws, and executive orders Federal, State and Local as they relate to, but are not limited to, (i) services in general, (ii) payment of employees, subcontractors and agents, (iii) the Fair Labor Standards Act and (iv) the Wage and Hour Division. In the event CONTRACTOR is determined by the final order of a court or appropriate agency to be in violation of any Federal, State or Local statute, rule, regulation, law or executive order or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY and CONTRACTOR may be declared ineligible for further COUNTY contracts.

**11. HEALTH AND SAFETY.** CONTRACTOR shall be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.

**12. NON-DISCRIMINATION IN EMPLOYMENT.** CONTRACTOR shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. CONTRACTOR shall take affirmative action to ensure that qualified applicants are employed and that employees are treated fairly and legally during employment with regard to their age, sex, race, creed, national origin, or disability. In the event CONTRACTOR is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY, and CONTRACTOR may be declared ineligible for further COUNTY contracts.

**13. EMPLOYMENT ADVERTISING REQUIREMENTS.** CONTRACTOR shall post local job openings, in connection with this contract, with the City of Durham's Office of Economic and Workforce Development, the North Carolina Department of Commerce-Division of Employment Services (formerly ESC, Employment Security Commission) and with the Durham County Department of Social Services throughout the term of this Agreement; provided that the foregoing requirement does not limit CONTRACTOR'S ability to advertise and/or otherwise post job openings with other organizations or media outlets.

**14. 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 North Carolina 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 North Carolina General

Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the COUNTY.

- 15. AFFORDABLE CARE ACT REQUIREMENTS (Applicable Only to Staffing Agencies).** Beginning in 2015, employers with 100 or more full-time equivalent employees (50 or more beginning in 2016) must offer health insurance coverage that is affordable and provides “minimum value” to full-time employees and dependents as defined by the Patient Protection and Affordable Care Act or face penalties. Staffing companies under contract with Durham County are required to provide affordable minimum essential coverage as defined by the Patient Protection and Affordable Care Act and to indemnify Durham County against any 4980H penalties that result from their failure to provide the appropriate coverage. By signing this contract as a Staffing Company, CONTRACTOR shall comply with the aforementioned health insurance coverage requirements of the Affordable Care Act and to indemnify the County against any associated 4980H penalties. Please complete Exhibit A and return with this contract.

- 16. SECURITY BACKGROUND CHECKS.** The Contractor is responsible for requesting and paying for criminal history checks on all individuals providing services under this contract who will be obtaining County identification badges and allowed unescorted access to County facilities. Background checks can be provided by any vendor, or from a North Carolina State agency, providing that the criminal history check is done nationwide. The Sheriff’s Office will conduct background investigations for those Contractor employees who will be working at the Courthouse or Detention Center. A criminal history will not automatically disqualify a Contractor employee from employment on a County contract unless explicitly mandated by law.

The Contractor will send the results of the background checks to their County point of contact who will provide them to the Durham County Security Manager. The Security Manager will individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform contract services in Durham County buildings. The Security Manager will consult the Legal Office on any negative determinations. The Security Manager will notify the Contractor’s County point of contact of the results of the review. A Contractor can appeal a negative determination by the Security Manager to the County Manager for final disposition. Appeals need to be submitted in writing to the contract point of contact within 30 days of notice of a decision to remove or deny an individual from working the County contract due to adverse information in the background check.

This information will be updated annually by the Contractor, 90 days prior to the renewal or extension of the contract, and submitted to their County point of contact who will provide them to the Durham County Security Manager. Personnel without a currently approved background check will have their access to those buildings restricted.

Additional background screening may be necessary at specific county buildings. The Contractor shall provide names of all individuals in the Contractor communications log and to the County Representative. This information will be reviewed annually.

For those Contractor employees who will be working at the Courthouse or Detention Center, the Sheriff’s Office will make the security determination. The Contractor will provide the results of their background check to the Major for Support Services who will conduct an additional investigation and then individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform contract services in the Courthouse or Detention Facility. A Contractor can appeal a negative determination to the Chief Deputy for final disposition. Appeals need to be submitted in writing to the Chief Deputy within 30 days of notice of a decision to remove or deny an individual from working the contract due to adverse information in the background check. While an appeal is pending, the employee will not be allowed access to the Courthouse or Detention Facility.

This information will be updated by the Contractor and submitted to the Sheriff’s Office annually, 90 days prior to the renewal or extension of the contract. Personnel without a currently approved background check will have their access to those buildings restricted.

**17. AUDIT RIGHTS.** For all Services being provided hereunder, COUNTY shall have the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of the Services. Audits shall take place at times and locations mutually agreed upon by both parties. Notwithstanding the foregoing, CONTRACTOR must make the materials to be audited available within one (1) week of the request for them.

**18. DISPUTE RESOLUTION PROCEDURE.** To prevent disputes and litigation, it is agreed by the parties that any claim or dispute between COUNTY and the CONTRACTOR, arising from this Agreement or the services and/or materials being provided by the CONTRACTOR, shall be sent to the Durham County Manager who shall appoint a qualified mediator to address the issue. Such request shall be submitted to the County Manager in writing within ten (10) days of the claim or dispute. Upon receipt of a timely written claim, the Manager, or his designee, shall notify the Mediator who will conduct a mediation and notify the CONTRACTOR in writing of the decision within forty five (45) calendar days from the date of the submission of the claim or dispute, unless the Mediator requires additional time to gather information or allow the parties to provide additional information. The Mediator's orders, decisions and decrees shall be non-binding. Mediation, pursuant to this provision, shall be a pre-condition to initiating litigation concerning the dispute. During the pendency of any dispute and after a determination thereof, parties to the dispute shall act in good faith to mitigate any potential damages including utilization of schedule changes and alternate means of providing services and/or materials. The costs of mediation shall be divided equally between parties to the dispute.

The mediation session shall be private and shall be held in Durham County, North Carolina. Mediation under this provision shall not be the cause for a delay of services and/or materials being provided which is the focus of the dispute.

If the disputed issue cannot be resolved in mediation or either party disagrees with the results of the mediation, the parties may seek resolution in the General Court of Justice in the County of Durham and the State of North Carolina. If a party fails to comply in strict accordance with the requirements of this provision, the non-complying party specifically waives all of its rights provided hereunder, including its rights and remedies under State law.

**19. EXISTENCE.** CONTRACTOR warrants that it is a corporation or otherwise legal entity duly organized, validly existing, and in good standing under the laws of the State of \_\_\_\_\_ and is duly qualified to do business in the State of North Carolina and has full power and authority to enter into and fulfill all the terms and conditions of this contract.

**20. CORPORATE AUTHORITY.** By execution hereof, the person signing for CONTRACTOR below certifies that he/she has read this contract and that he/she is duly authorized to execute this contract on behalf of the CONTRACTOR.

**21. SUCCESSORS AND ASSIGNS.** CONTRACTOR shall not assign its interest in this Contract without the written consent of COUNTY. CONTRACTOR has no authority to enter into contracts on behalf of COUNTY.

22. **NOTICES.** All notices which may be required by this contract or any rule of law shall be effective when received by certified mail sent to the following addresses:

**COUNTY OF DURHAM**  
**ATTN: PURCHASING DIVISION OF FINANCE**  
**1ST FLOOR, 200 EAST MAIN STREET**  
**DURHAM, NORTH CAROLINA 27701**

**CONTRACTOR**  
**ATTN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. **HEADINGS.** The subject headings of the sections are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This contract shall be deemed to have been drafted by both parties and no interpretation shall be made to the contrary.

24. **GOVERNING LAW.** This Contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Contract shall be brought in the General Court of Justice in the County of Durham and the State of North Carolina.

25. **REQUIRED PROVISIONS FOR CONTRACTS/AGREEMENTS/GRANTS UTILIZING FEDERAL FUNDS.** Pursuant to the Federal Uniform Guidance Appendix II to 2 CFR Part 200, if Federal Funds are involved in this Contract/Agreement/Grant Agreement, by executing this Contract/Agreement/Grant Agreement, the Contractor/Vendor/Grantee, certifies that it agrees to and is in compliance with the provisions specified in **Exhibit B – Federal Uniform Guidance Contract Provisions Certification.**

26. **ENTIRE CONTRACT.** This contract, including Attachment 1, shall constitute the entire understanding between COUNTY and CONTRACTOR and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties.

**IN TESTIMONY WHEREOF,** the parties have expressed their agreement to these terms by causing this Service Contract to be executed by their duly authorized officer or agent.

**COUNTY OF DURHAM**

\_\_\_\_\_  
**Name and Title**

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Budget Control Act.

\_\_\_\_\_  
**Susan Tezai, Durham County Chief Financial Officer**

**CONTRACTOR**

By: \_\_\_\_\_  
Authorized Representative

**Print Name/Title:** \_\_\_\_\_

ATTACHMENT 1” to follow