



SMALL ORDER BID No. 2017-304
Title: Pest Control and Extermination Services
DATE: May 15, 2017

Fort Worth Housing Solutions is seeking quotes for Pest Control and Extermination Services.

SCOPE OF WORK

This small order bid (SOB) is for Pest Control and Extermination Services

- Contractor must become familiar with and conform to FWHS's "Integrated Pest Management Policy" (Exhibit A)

(A copy of the policy is attached to this bid Packet)

- FWHS has a zero threshold level (zero Tolerance) for the following pests, (Roaches, Rats, Mice, Ants, Wasps, Bee's) this list may be amended as deemed necessary. The pest control contractor shall provide services at a level that will achieve this threshold level at no additional cost to FWHS.
- **The Contractor shall provide with their bid** a detailed plan of treatment method(s) to be used for the treatment of the zero tolerance pests, including chemicals to be used and the application ratio based on the following level of observed pest infestation.
 - (level 1) Low level of infestation
 - (level 2) Moderate level of infestation
 - (level 3) Severe level of infestation
- The Contractor shall furnish all labor, materials, equipment and services necessary for the extermination services for control of insect infestation.
- Contractor shall apply chemicals in the interior offices, and other areas as specified herein.

- Contractor shall provide an exterior perimeter spray to the outside of all buildings for control of ants, silverfish, etc.
- Contractor is encouraged to visit the sites; A walk-through can be scheduled by contacting Antonio Settle at (817) 333-3665.
- Extermination services at all sites shall be inclusive to all offices, commercial lease space, kitchens, kitchenettes, break-rooms, common hallways, mechanical rooms, HVAC and water heater closets.
- Contractor must be presently licensed and in good standing as a Commercial Pest Control Operator in the State of Texas.
- **The Contractor shall provide with their bid** a separate line item detailing a plan of treatment method(s) and cost **per site location** for the treatment of bed bugs in a commercial environment, including chemicals to be used and the application ratio based on the following level of observed pest infestation.
 - (level 1) Low level of infestation
 - (level 2) Moderate level of infestation
 - (level 3) Severe level of infestation

CONTRACTOR PERFORMANCE

- Contractor shall submit with the bid sheet a detailed description of the Method (s) of extermination proposed for use targeted specifically for control, eradication, and elimination of specific pests, as shown in the “**IPM Policy**”
- It is FWHS's goal to eliminate all Roaches, and other such insect life from FWHS sites. The Contractors proposed method of extermination must accomplish this need.
- Contractor shall apply chemicals around appliances and in appliance cabinets or shells when required to eliminate vermin.
- Chemicals or baits shall be applied in non-dwelling areas in quantity necessary to eradicate roaches and other insects.
- All buildings are to receive a quarterly perimeter treatment.
- All buildings scheduled for service are to be completed on a monthly schedule without exception.
- All exterior perimeter spraying is to be completed in conjunction with interior spraying, so as to complete both inside and outside of each individual building on the same day.
- FWHS will be responsible to provide all notices required notifying and instructing occupants / tenants of scheduled spray dates and preparation required. Notices for scheduled exterminations will be prepared by FWHS will distribute the notices.

- Contractor shall treat all buildings in which access is allowed to the fullest extent possible regardless of preparation (i.e.) if cabinets are not emptied, chemicals shall be applied at accessible and safe locations.
- Contractor shall develop and maintain a log which identifies each treatment method, chemical used and any corrective measures that need to be addressed to maintain a pest free working environment. This log shall be forward to FWHS upon completion of scheduled exterminations.
- Contractor shall complete all re-treats within ten (10) working days of reschedule notification. All units are to receive treatment under this contract.
- Contractor shall complete requested re-treatments for buildings which are heavily infested, within 72-hours of notification by FWHS at no additional cost to FWHS.
- Contractor shall provide to IPM Manager a copy of the MSDS associated with any product used on FWHS properties.

SITE LOCATION AND SIZE

- FWHS Administrative Office Facility is located at 1201 E. 13th Street, Fort Worth, Texas 76102.
 - 30,000 S.F
 - 10 - restrooms
 - 4 - break-rooms
 - 1 - Kitchen
 - Offices, lobbies, storage & mechanical rooms
- The Beach Street Facility is located at 300 South Beach Street, Fort Worth, Texas 76105.
 - 10,000 S.F.
 - 4 - restrooms
 - break-room / kitchen
 - conference room
 - Offices, warehouse, and maintenance shop
- Amaka Child Development Center is located at 1501 Stephenson St. Fort Worth, Texas 76102.
 - 6,000 S.F.
 - Commercial Kitchen
 - 8 Restrooms
 - 1 Nursery

SCHEDULING FOR COMPLETION OF EXTERMINATION

- Services shall be scheduled for monthly service.
- Contractor will be allowed to enter offices between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday.

PROTECTION OF PROPERTY

- The Contractor shall be responsible for the protection of property of both the FWHS and its residents. Any damages to FWHS lawns, curbs, sidewalks, shrubs, or other structures and any damages to residents' personal belongings shall be repaired and/or replaced at the Contractor's expense.

MISCELLANEOUS PROVISIONS

- The Contractor shall use appropriate chemicals to treat all interior environments, however the FWHS desires that an "odorless chemical" be applied. The Contractor should be mindful that many of the FWHS Staff, clients, and visitors are Senior Citizens, and children that may have and/or have serious respiratory conditions. This is particularly true but not limited to Amaka Child Development Center. Chemical types should be rotated periodically to minimize insects developing immunity to a product.
- The intent of this contract is to effectively treat 100% of all offices, Child Development Center etc. to provide a sustained pest control with a quick kill approach in conjunction with sustained residual capability.
- FWHS shall reserve the right at its discretion and expense to have an entomologist review and approve any and all treatment plans, and / or methods prior to the award of a contract, and during any treatment cycle. FWHS furthermore reserves the right at its discretion to terminate the contract if it is deemed by the FWHS IPM Program Coordinator or an Entomologist that treatment methods are ineffective or do not satisfy the needs of FWHS.

BIDDER'S QUALIFICATIONS

- All bidders shall be qualified prior to performance the work required under the contract.
- Documentation to evidence the bidder's qualifications shall be not less than the following.
 - Three Business References (within past year) (**Exhibit A**)
 - List work force to be used for this Service.

CONTRACT TERM

This contract shall be for a three (3) year term with an option for extension two, one (1) year option if both parties agree to the extension. The pricing for the option year must be the same as the 2018 term.

INSURANCE REQUIREMENTS

Prior to commencing work, the Contractor shall submit a current Certificate of Insurance showing coverage.

Professional Liability	Required Limits
FWHS and its affiliates must be named as an Additional Insured and be a Certificate Holder. This is required for vendors who render observational services to FWHS such as appraisers, inspectors, attorneys, engineers or consultants.	N/A
Business Automobile Liability	Required Limits
FWHS and its affiliates must be named as an additional insured and as the certificate holder. This is required for any vendor that will be using their vehicle to do work on FWHS properties.	\$500,000 combined Single limit, per occurrence
Workers Compensation and Employer's Liability	Required Limits
Workers' Compensation coverage is Statutory and has no pre-set limits. Employer's Liability limit is \$500,000. Workers' Compensation is required for any vendor made up of more than two persons. A Waiver of Subrogation in favor of FWHS must be included in the Workers' Compensation policy. FWHS and its affiliates must be a Certificate Holder.	Statutory Employer's Liability is \$500,000
Commercial General Liability	Required Limits
This is required for any vendor who will be doing hands on work at FWHS properties. FWHS and its affiliates must be named as an Additional Insured and as the Certificate Holder.	\$500,000 per accident \$1,000,000 aggregate

FWHS RESERVATION OF RIGHTS

- Reject any or all quotes, to waive any informalities in the SOB process, or to terminate the SOB process at any time, if deemed by FWHS to be in the best interest of the agency;
- Terminate a contract awarded pursuant to this SOB at any time for its convenience upon delivery of a 5-day written notice to the apparent or successful vendor;
- Determine the days, hours and locations that the successful vendor shall provide the items or services called for in this SOB;
- Reject and not consider any quote that does not, in the opinion of the agency, meet the requirements of this SOB, including but not necessarily limited to incomplete quotes offering alternate (not including "or equal" items) or non-requested items or services;

SUBMITTALS REQUIRED

References (**Exhibit A**)
Certificate of Insurance (**Exhibit B**)
W-9 (**Exhibit C**)

BID FORM

Fort Worth Housing Solutions is requesting cost submissions for **Pest Control and Extermination Services** at the following locations:

	Year 1 2017 - 2018	Year 2 2018 - 2019	Year 3 2019 - 2020	Total Cost
Administrative Offices 1201 E. 13 th Street Fort Worth, TX 76102	\$	\$	\$	\$
Amaka Learning Center 1501 Stephenson Street Fort Worth, TX 76102	\$	\$	\$	\$
Beach Street Offices 300 South Beach Fort Worth, TX 76105	\$	\$	\$	\$
			Grand Total	\$

PAYMENT

The Fort Worth Housing Solutions will process payment within thirty (30) calendar days after receipt of acceptable invoice(s) completed in accordance with the terms specified herein, and **all supporting documentation** necessary for the FWHS to verify the services invoiced. Please remit to FWHS at invoices@fwhs.org or mail to Accounts Payable Dept. 1201 E. 13th St, Fort Worth, TX 76102.

HUD TABLE 5.1

Mandatory Contract Clauses for small purchases other than construction.

If you are in agreement and will comply with the requirements, please sign below and return **ALL** applicable forms. Please **email** to procurement@fwhs.org or fax your response to **(817) 333-3594**, attention Brian Hogan.

All bids must be received no later than Friday, May 26, 2017 at 1:00 p.m. Local Time.

Name of Firm

Authorized Signature

Date

Email Address

Phone Number

Exhibit "A"

FORT WORTH HOUSING SOLUTIONS

INTEGRATED PEST

MANAGEMENT

POLICY

(IPM)

Integrated Pest Management Policy (IPM)

Overview

Building and landscape pests can pose significant problems to residents, staff, property and the environment. Through pest exclusion and other non-pesticide tactics, education of residents, and safe pesticide selection and use; Fort Worth Housing Solutions (FWHS) will maintain control of building and landscape pests while maintaining a safe environment to residents, guests, and staff.

Policy Statement

Fort Worth Housing Solutions is committed to the use of Integrated Pest Management (IPM) in all facility and landscape maintenance pest control activities. FWHS employees and contractors shall follow IPM procedures at all times.

Definition of IPM

Integrated pest management is a strategy that focuses on long-term prevention or suppression of pest populations using a combination of tactics that minimize the impact of control activities on human health, and other non-targeted biological organisms (i.e. pets and plants). Under an IPM program, pesticide applications will be made only when pests are present in unacceptable numbers or when experience shows they are likely to be present at unacceptable numbers. IPM does not support the use of scheduled pesticide treatments without evidence of need.

The IPM program for FWHS shall include:

- **Proper pest identification.** The pest's biology and life cycles will be a basis for selecting appropriate thresholds, monitoring techniques and control actions.
- **Pest management plans for key pests.** Plans will include recommended monitoring procedures, thresholds, and recommended control tactics.
- **Thresholds.** Criteria used to determine need and type of control activities. Control tactics will include appropriate chemical (pesticide) and non-chemical methods of controlling specified pest.
- **Records.** Monitoring efforts will be used to assess the success of IPM actions and identify sites that require intervention.
- **Service report forms.** Contractors and FWHS personnel will record times and dates of service, pests treated, chemicals used and any other records required by the Texas Department of Agriculture.
- **Records of all pesticides used.** Data base must include trade names, active ingredients, concentrations and amounts used.
- **Inventory** of pesticides stored on FWHS property.
- **Budget records.** Costs of supplies and major expenditures must be tracked.
- **An educational plan.** Activities and training materials for staff and residents concerning responsibilities for helping maintain a clean and safe community.
- **Training records and certifications.** Record must be maintained of all staff authorized to use pesticides.

Pesticide Selection and Use

Pesticides can be useful tools in maintaining a safe and pest-free living environment for FWHS residents. Every effort shall be made to use the least hazardous pesticides necessary to provide adequate pest control. Pesticides will be used only when necessary, and will be applied according to label directions.

Notification

Fort Worth Housing Solutions takes the responsibility to notify the residents and staff of upcoming treatments which will involve a pesticide. Notification of the use of pesticides will be printed on the "Notice of Pest Control Treatment. Proper notification to all residents is given within 48 hours prior to treatment, as required by the Texas Department of Agriculture Structural Pest Control Service. For further information, please contact the IPM Coordinator in the Facilities Management Department.

Pesticide Storage / Delivery

Pesticides will be stored and disposed of in accordance with the Texas Department of Agriculture Structural Pest Control Service registered label directions and State or Local regulations. Pesticides that are stored in the Maintenance Department shall not be accessible to residents, or unauthorized personnel. Maintenance personnel shall not deliver or apply any chemical style pest control product inside, or to the exterior of residential housing sites, unless certified as a noncommercial applicator by the State of Texas, this includes any chemical specific to, but not limited to Mouse, Rat, Fleas, Bed Bugs, Roaches, and Ants

IPM Program Coordinator

FWHS will appoint an IPM coordinator whose duties include the development and implementation of a pest management plan. Objectives of the IPM plan:

- Elimination of significant threats caused by pests to the health and safety of residents, staff or the public.
- Prevention of loss or damage to housing sites or property by pests.
- Protection of environmental quality inside and outside housing units.
- The IPM coordinator shall make decisions concerning whether or not pesticides should be applied in a given situation based on a review of all available options. Efforts will be made to avoid the use of pesticides by adequate pest-proofing of facilities, good sanitation practices, selection of pest-resistant plant materials, and appropriate horticultural practices.
- When it is determined that a pesticide must be used in order to meet pest management objectives, the least-hazardous material, adequate for the job, will be chosen.

Contractual Agreements with IPM Providers

Contractors providing pest control services to all FWHS Facilities will be required to adhere to IPM standards required by FWHS. All contracted pest control activities will follow IPM plans based on the IPM principles outlined above. FWHS will ensure that contractor selection is determined not solely according to price, but also by the contractor's ability to provide satisfactory IPM services.

Licensing and Training for Pesticide Applicators

All pesticide applicators will be trained in the principles and practices of IPM and the use of pesticides approved for use on FWHS sites. All applicators must comply with this IPM policy and follow appropriate regulations and label precautions when using pesticides in or around FWHS facilities.

**TABLE 5.1 MANDATORY CONTRACT CLAUSES FOR SMALL PURCHASES
OTHER THAN CONSTRUCTION**

The following contract clauses are required in contracts pursuant to **24 CFR 85.36(i)** and Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. HUD is permitted to require changes, remedies, changed conditions, access and records retention, suspension of work, and other clauses approved by the Office of Federal Procurement Policy. The PHA and contractor is also subject to other Federal laws including the U.S. Housing Act of 1937, as amended, Federal regulations, and state law and regulations.

Examination and Retention of Contractor's Records. The PHA, HUD, or Comptroller General of the United States, or any of their duly authorized representatives shall, until three years after final payment under this contract, have access to and the right to examine any of the Contractor's directly pertinent books, documents, papers, or other records involving transactions related to this contract for the purpose of making audit, examination, excerpts, and transcriptions.

Right in Data and Patent Rights (Ownership and Proprietary Interest). The PHA shall have exclusive ownership of, all proprietary interest in, and the right to full and exclusive possession of all information, materials, and documents discovered or produced by Contractor pursuant to the terms of this Contract, including, but not limited to, reports, memoranda or letters concerning the research and reporting tasks of the Contract.

Energy Efficiency. The Contractor shall comply with all mandatory standards and policies relating to energy efficiency which are contained in the energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub.L. 94-163) for the State in which the work under this contract is performed.

Procurement of Recovered Materials

(a) In accordance with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, the Contractor shall procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition. The Contractor shall procure items designated in the EPA guidelines that contain the highest percentage of recovered materials practicable unless the Contractor determines that such items: (1) are not reasonably available in a reasonable period of time; (2) fail to meet reasonable performance standards, which shall be determined on the basis of the guidelines of the National Institute of Standards and Technology, if applicable to the item; or (3) are only available at an unreasonable price.

(b) Paragraph (a) of this clause shall apply to items purchased under this contract where: (1) the Contractor purchases in excess of \$10,000 of the item under this contract; or (2) during the preceding Federal fiscal year, the Contractor: (i) purchased any amount of the items for use under a contract that was funded with Federal appropriations and was with a Federal agency or a State agency or agency of a political subdivision of a State; and (ii) purchased a total of in excess of \$10,000 of the item both under and outside that contract.

Termination for Cause and for Convenience (contracts of \$10,000 or more).

(a) The PHA may terminate this contract in whole, or from time to time in part, for the PHA's convenience or the failure of the Contractor to fulfill the contract obligations (cause/default). The PHA shall terminate by delivering to the Contractor a written Notice of Termination specifying the nature, extent, and effective date of the termination. Upon receipt of the notice, the Contractor shall: (1) immediately discontinue all services affected (unless the notice directs otherwise), and (2) deliver to the PHA all information, reports, papers, and other materials accumulated or generated in performing the contract, whether completed or in process.

(b) If the termination is for the convenience of the PHA, the PHA shall be liable only for payment for services rendered before the effective date of the termination.

(c) If the termination is due to the failure of the Contractor to fulfill its obligations under the contract (cause/default), the PHA may (1) require the Contractor to deliver to it, in the manner and to the extent directed by the PHA, any work described in the Notice of Termination; (2) take over the work and prosecute the same to completion by contract of otherwise, and the Contractor shall be liable for any additional cost incurred by the PHA; and (3) withhold any payments to the Contractor, for the purpose of set-off or partial payment, as the case may be, of amounts owned by the PHA by the Contractor. In the event of termination for cause/default, the PHA shall be liable to the Contractor for reasonable costs incurred by the Contractor before the effective date of the termination. Any dispute shall be decided by the Contracting Officer.

BUSINESS REFERENCES

Please provide a minimum of three (3) references and a brief description of the business relationship. Additional pages may be used, if necessary.

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Email: _____
Description: _____

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Email: _____
Description: _____

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Email: _____
Description: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YY)
THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	Date the Certificate is issued
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	

PRODUCER <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 This block identifies the Agent or Broker and their address. </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 2 This block may include contact information for the broker / agency. It's often helpful to contact the broker directly for clarification, revision requests or renewal certificates. Some agencies will only communicate with their insureds and do not allow or respond to 3rd requests. </div>
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INSURED <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 4 The Insured is Vendor, Contractor or lessee (the policy holder). </div>	INSURER(S) AFFORDING COVERAGE <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width:50px;">INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 3 The insurance company will be identified here. The insurer letter appears again in the left-hand margin near the center of the page (*3) to show which insurer provides which type of coverage. </div>	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURER A:											
INSURER B:											
INSURER C:											
INSURER D:											
INSURER E:											

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
*3	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT				FIRE DAMAGE (Any one fire) \$ MED EXPENSE (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
*3	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY- EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
*3	GARAGE LIABILITY				EACH OCCURRENCE \$
	ANY AUTO <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS M DEDUCTIBLE RETENTION \$				AGGREGATE \$
*3	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS
					OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

7	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS Forth Worth Housing Solutions is endorsed as additional insured on the general and auto liability policies on a primary and non-contributory basis.
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CERTIFICATE HOLDER <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 8 [Firm Name] [Address] ATTN: PM contact or Procurement Team </div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 9 Must be signed by an authorized representative of the brokerage agency. </div>
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Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="3"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table>	Social security number																				-			-							or										Employer identification number																				-			-						
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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 on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

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?* on page 2 for further information.