

ATTACHMENTS & INSTRUCTIONS

*PLEASE RETURN FORMS IN A SINGLE EMAIL TO LORI SIBILIA
WHEN ALL FORMS ARE FULLY COMPLETE*

Completed forms should be scanned or saved as PDFs

Email to: ewhitley@springfieldcityhall.com

CONTRACT ATTACHMENTS & REQUIRED FORMS

- A. Unique Entity Identifier (UEI) & Subaward Data Form
- B. Program Scope of Services
- C. Program Budget
- D. Duplication of Benefits Certification
- E. City of Springfield Tax Certification
- F. Insurance Certification
- G. Internal Control Questionnaire
- H. Recipient's Conflict of Interest Statement
- I. Debarment Statement
- J. Lobbying Certification (for contracts over \$100,000)
- K. Corporate Certificate
- L. W-9 and Vendor Maintenance Forms
- M. Collusion and Fraud Statement

GUIDANCE FOR SUB-RECIPIENT GRANT AWARDEES

- N. Federal Procurement Guidance / Cheat Sheet
- O. Reimbursement Guidance
- P. Cost Principles Guidance

PLEASE NOTE: If a document requires a notarized signature, the City of Springfield, Office of Disaster Recovery will provide ARPA grantees notary services FREE OF CHARGE for all forms required for contract, as long as the grantee can appear in-person with a state issued identification. You can contact Maricely Vega at the Office of Disaster Recovery at mvega@springfieldcityhall.com or 413-787-6535 to schedule this. Please DO NOT pay for notary services related to these documents.

Neighborhood Council and Community Stabilization Program
Sub-recipient Contract Document Submission Checklist

Organization Name: _____

REQUIRED CONTRACT DOCUMENTS:

- A – Unique Entity Identifier (UEI) & Subaward Data Form
- B – Program Scope of Services
- C – Program Budget
- D – Duplication of Benefits Certification
- E – City of Springfield Tax Certification
- F – Insurance Certificate
- G – Internal Control Questionnaire
- H – Recipient’s Conflict of Interest Statement
- I – Debarment Statement
- J – Lobbying Certification (for contracts over \$100,000)
- K – Corporate Certificate
- L – W-9 and Vendor Maintenance Forms
- M – Collusion and Fraud Statement

A. Unique Entity Identifier & Subaward Data

How to Obtain a Unique Entity Identifier

As of April 2022, the Federal Government requires that each “Entity” provides their Unique Entity Identifier (UEI). They no longer use a DUNS Number.

If your Entity had a DUNS number in April 2022, you should have a UEI. If you do not know your UEI, you can search it by going to SAM.Gov

- Entity Information
- Sign In- You will need to sign into your SAM.Gov account to search for your UEI or to check if you are currently active. To stay active, you must renew your registration annually for it to remain active.
- You can check your status of your registration at anytime after you register by signing into your account. From the HOME page, select the “Check Registration Status” button.
- Enter a Unique Entity ID and select “Search”.

If you are not registered on SAM.Gov, you can start by going to the website SAM.Gov and “Register your Entity or Get a Unique Entity ID”. This could take up to 10 business days after you submit your registration for it to become active in SAM.gov.

Once you are active, you can print out the SAM registration and submit it to the City. This must be renewed annually or you become inactive.

Subaward Data Form

This form provides identifying information about the grant. Most of it has been completed by the City. **GRANTEES ONLY NEED TO FILL IN THE TOP TWO ITEMS ON THE FORM:**

1. The **name of your organization**, and
2. Your organization’s **Unique Entity Identifier (UEI) number**

The name of your organization must match the name associated with your UEI.

Please fill in these top two items and return the form. The City will complete the rest of the form.

Exhibit A: Subaward Data Form

Subrecipient Name:

(Must match name associated with Unique Identifier)

Subrecipient Unique Entity Identifier:

Federal Award Identification Number (FAIN): SLFRP1061

Federal Award Date of Award to the City
by the Federal Agency: May 19, 2021

Subaward Period of Performance Start/End Dates:

Subaward Budget Period Start/End Dates:

Amount of Federal Funds Obligated by this
Action by the City to the Subrecipient:

Total Amount of Federal Funds Obligated to the
Subrecipient by the City including the Current
Obligation:

Total Amount of the Federal Award Committed
to the Subrecipient by the City:

Federal Award Project Description:

Name of Federal Awarding Agency: U.S. Department of the Treasury

Name of Pass-Through Entity: City of Springfield, Massachusetts

Contact Information for City Authorizing Official: Tim Sheehan, Chief Development Officer
70 Tapley Street, Springfield, MA 01104
413-787-6020

Contact Information for City Project Manager:

CFDA Number and Name: 21.027 – Coronavirus State and Local Fiscal
Recovery Funds

Identification of whether Subaward is R&D: Not R&D

Subrecipient Indirect Costs: See Exhibit C – Approved Project Budget

SAMPLE COMPLETED FORM

Exhibit A: Subaward Data Form

Subrecipient Name:

(Must match name associated with Unique Identifier)

XYZ childcare Center, Inc.
U4LVEGAB12A1

Subrecipient Unique Entity Identifier:

Federal Award Identification Number (FAIN):

SLFRP1061

Federal Award Date of Award to the City
by the Federal Agency:

May 19, 2021

Subaward Period of Performance Start/End Dates:

Subaward Budget Period Start/End Dates:

Amount of Federal Funds Obligated by this
Action by the City to the Subrecipient:

Total Amount of Federal Funds Obligated to the
Subrecipient by the City including the Current
Obligation:

Total Amount of the Federal Award Committed
to the Subrecipient by the City:

Federal Award Project Description:

Name of Federal Awarding Agency:

U.S. Department of the Treasury

Name of Pass-Through Entity:

City of Springfield, Massachusetts

Contact Information for City Authorizing Official:

Tim Sheehan, Chief Development Officer
70 Tapley Street, Springfield, MA 01104
413-787-6020

Contact Information for City Project Manager:

CFDA Number and Name:

21.027 – Coronavirus State and Local Fiscal
Recovery Funds

Identification of whether Subaward is R&D:

Not R&D

Subrecipient Indirect Costs:

See Exhibit C – Approved Project Budget

B. Program Scope of Services

The program scope is a short description of the organization's project that will be funded by the ARPA grant.

The scope should include, where relevant:

- The type of activity that will be performed;
- The number of people/households to be served over the grant term, and the assistance to be provided to those people/households
- How members of the public qualify for the program and how the grantee will determine eligibility for the program
- How programs will be marketed/outreach

Please fill out and return the Program Scope of Services form, if you need additional space - please attach additional narrative.

Program Scope of Services

Name of Program: _____

Description of program:

Eligibility requirements for program:

What method will the non-profit utilize to determine eligibility for the program:

Number of people or households to be served:

Service or assistance that will be provided to each person or household:

SAMPLE COMPLETED FORM

Program Scope of Services

Name of Program: XYZ Affordable Childcare Program

Description of program:

XYZ Childcare Center, Inc., will provide free childcare to eligible low-income families that have been disproportionately impacted by the pandemic. Children will receive free enriching childcare that will include appropriate early education curriculum. XYZ Childcare Center, Inc., will provide free snacks, meals and will supply all items associated with childcare needs.

Eligibility requirements for program:

Families must have a household income that does not exceed 185% of the FPG or 40% AMI. or by demonstrating they are a disproportionately impacted household, which includes eligibility or the following public assistance programs: Temporary Assistance for Needy Families (TANF) Supplemental Nutrition Assistance Program (SNAP), Free and Reduced Price Lunch (NSLP), School breakfast (SBP), Medicare Part B Low-Income Subsidies, SSI, Head Start or Early Head Start, Program WIC, Section 8, LIHEAP and/or Pell Grants.

What method will the non-profit utilize to determine eligibility for the program:

Each applicant will be required to fill out an income certification form and/or provide documentation of enrollment/eligibility for one of the eligible programs listed below.

Number of people or households to be served:

50

SAMPLE COMPLETED FORM

Service or assistance that will be provided to each person or household:

Each eligible household will be eligible to enroll in XYZ Childcare Centers free childcare program.

Children will be accepted on a first-come, first-serve basis. Applications will not be reviewed until they are completed. Program will be marketed through community service organizations that serve disproportionately impacted populations and through the Springfield Housing Authority.

C. Program Budget

The program budget provides the categories of expenses, how a number was calculated for that category, and the budget amount for that item.

Funds may be used only in accordance with the agreed-upon Program Budget. No changes to the budget are allowed without prior written approval by the City.

Please use the (separately) attached Excel spreadsheet form for your budget.

NEIGHBORHOOD COUNCIL & COMMUNITY STABILIZATION BUDGET

ORGANIZATION NAME:			
AWARD AMOUNT:			
Program Staffing	Number of Hours	Rate Per Hour	Amount
Fringe	Rate	Base	Amount
Program Direct Costs	Cost	Period	Amount
Program Supplies	Cost	Period	Amount
Outreach			
Other			
	TOTAL:		\$0.00

SAMPLE COMPLETED FORM

REVISED ARPA SUBRECIPIENT AWARD BUDGET

ORGANIZATION NAME:	XYZ Childcare Center		
AWARD AMOUNT:	\$161,000.00		
Program Staffing	Number of Hours	Rate Per Hour	Amount
Program Director	1560.00	\$39.16	\$61,086.00
Childcare Assistant	780.00	\$22.00	\$17,160.00
Fringe	Rate	Base	Amount
Fringe Benefits	23.00%	\$78,246	\$17,996.58
Program Direct Costs	Cost	Period	Amount
Telephone/Internet	\$125/Month	12 Months	\$1,500.00
Rent	\$1200/Month	12 Months	\$14,400.00
Utilities	\$625/Month	12 Months	\$7,500.00
Program Supplies	Cost	Period	Amount
Copier Rental	\$150/Month	12 Months	\$1,800.00
First Aid Kit	\$50/Each	4 Kits	\$200.00
Arts & Crafts Supplies	\$275/Month	12 Months	\$3,300.00
Nap Mats	\$20/Each	50 Mats	\$1,000.00
Snacks and Meals	\$2500/Month	12 Months	\$30,000.00
Desks	\$75.00/Each	50 Desks	\$3,750.00
Cleaning Supplies	\$207.42		\$207.42
Outreach			
Printed Promotional Materials (Advertising, flyers, business cards)	\$500.00		\$500.00
Social Media Promotion	\$50/Month	12 Months	\$600.00
Other			
	TOTAL:		\$161,000.00

D. Duplication of Benefits Certification

This form will certify any COVID-19 related financial assistance or relief received by the entity and will certify that a duplication of benefits has not occurred, it also acknowledges the responsibility of the entity/recipient to repay funding if a duplication of benefits is discovered after grant funds are paid out.

A duplication of benefits occurs if you have already received financial assistance from other public sources for the same purpose within the same time period, and the total assistance received for that purpose is more than the total need for assistance.

By signing, the entity commits to providing the city with all required documents to document this goal.

Please sign and fill out this form.

Duplication of Benefits Certification Form

I, _____, the duly authorized signatory of the
(Authorized Signatory)

_____, located at _____ Springfield
(Neighborhood Council Name) (Neighborhood Council Address)

on oath, hereby depose and state as follows:

1. I am the authorized signatory of the organization _____,
(Neighborhood Council Name)
 and am authorized to request and receive grants on behalf of the organization. As part of my duties, I am responsible for oversight of funding and financial operations for the organization.

2. I affirm that the Neighborhood Council/Civic Association listed above has received the following COVID-19 pandemic related funding:

Fund Type	Amount Received	Purpose/Use of Funding
Paycheck Protection Program (SBA)	\$	
Prime The Pump (City of Springfield)	\$	
Commonwealth of Massachusetts ARPA Funding	\$	
MA COVID-19 Relief Fund	\$	
Shuttered Venues Grant:	\$	
SBA Economic Injury Disaster Loans (EIDL):	\$	
Other:	\$	
Other:	\$	

3. I affirm that _____, has not received any duplicative funding
(Neighborhood Council Name)

of the grant funding requested by the organization and awarded by the City of Springfield. This includes funding from the City of Springfield, Commonwealth of Massachusetts, the U.S. Government (including FEMA, SBA), Insurance, and/or other sources.

4. I affirm that _____, does not anticipate receiving any
(Neighborhood Council Name)
duplicative funding for the purposes of the funding that has been requested and awarded through the City of Springfield ARPA Nonprofit Assistance Program.

5. I affirm that _____, will utilize ARPA SLFRF
(Neighborhood Council Name)
Funding to administer programming and activities that will include community planning, gathering and sharing of information in ways that improve equity and effective implementation of SLFRF funded programs and improve recovery from the COVID-19 pandemic, including community outreach and capacity building activities that ensure residents living with a QCT are informed of and actively engaged in municipal activities, provide assistance to households residing in QCTs in applying for public benefits and/or public services, by ensuring residents receive information regarding eligibility, accessing and applying for public programs, benefits and services and will aid disproportionately impacted residents to advocate for investments in disproportionately impacted neighborhoods to promote improved health outcomes.

6. I acknowledge the obligation of _____, to repay any duplicative
(Nonprofit Name)
funds to the City of Springfield, Massachusetts and the United States Department of Treasury if a Duplication of Benefits is discovered and/or occurs after funds have been disbursed.

SIGNED under penalty of perjury this ____ day of _____, 2023

(Authorized Signatory)

(Neighborhood Council)

SAMPLE COMPLETED DOCUMENT

Duplication of Benefits Certification Form

I, Bob Smith, the duly authorized signatory of the
(Authorized Signatory)

ABC Neighborhood Council, located at 123 Main Street Springfield
(Neighborhood Council Name) (Neighborhood Council Address)

on oath, hereby depose and state as follows:

1. I am the authorized signatory of the organization ABC Neighborhood Council,
(Neighborhood Council Name)
and am authorized to request and receive grants on behalf of the organization. As part of my
duties, I am responsible for oversight of funding and financial operations for the organization.
2. I affirm that the Neighborhood Council/Civic Association listed above has received the following
COVID-19 pandemic related
funding:

Fund Type	Amount Received	Purpose/Use of Funding
Paycheck Protection Program (SBA)	\$ 2,000	payroll - forswen
Prime The Pump (City of Springfield)	\$	
Commonwealth of Massachusetts ARPA Funding	\$	
MA COVID-19 Relief Fund	\$	
Shuttered Venues Grant:	\$	
SBA Economic Injury Disaster Loans (EIDL):	\$	
Other:	\$ 2,000	state ARPA earmark small business TA
Other:	\$	

3. I affirm that ABC Neighborhood Council, has not received any duplicative funding
(Neighborhood Council Name)

of the grant funding requested by the organization and awarded by the City of Springfield. This includes funding from the City of Springfield, Commonwealth of Massachusetts, the U.S. Government (including FEMA, SBA), Insurance, and/or other sources.

4. I affirm that ABC Neighborhood Council, does not anticipate receiving any
(Neighborhood Council Name)
duplicative funding for the purposes of the funding that has been requested and awarded through the City of Springfield ARPA Nonprofit Assistance Program.
5. I affirm that ABC Neighborhood Council, will utilize ARPA SLFRF
(Neighborhood Council Name)
Funding to administer programming and activities that will include community planning, gathering and sharing of information in ways that improve equity and effective implementation of SLFRF funded programs and improve recovery from the COVID-19 pandemic, including community outreach and capacity building activities that ensure residents living with a QCT are informed of and actively engaged in municipal activities, provide assistance to households residing in QCTs in applying for public benefits and/or public services, by ensuring residents receive information regarding eligibility, accessing and applying for public programs, benefits and services and will aid disproportionately impacted residents to advocate for investments in disproportionately impacted neighborhoods to promote improved health outcomes.
6. I acknowledge the obligation of ABC Neighborhood Council, to repay any duplicative
(Nonprofit Name)
funds to the City of Springfield, Massachusetts and the United States Department of Treasury if a Duplication of Benefits is discovered and/or occurs after funds have been disbursed.

SIGNED under penalty of perjury this 1 day of January, 2023

Bob Lauer

(Authorized Signatory)

ABC Neighborhood Council

(Neighborhood Council)

E. Tax Certification Affidavit

This statement affirms that the company does not owe taxes at the local, state, or federal level.

Please note that during the contracting process the city will also check all fines, taxes, and fees.

No contract will proceed with unpaid fines, taxes or fees owed to the city. This includes parking fines and code violations. Grant awardees are encouraged to pay any outstanding taxes and fines they may have as it will delay the contracting process.

Please fill out all sections, sign the certification, and have the document notarized.

Tax Certification Affidavit for Contracts – Non-Profit Organization

State Identification Number

Federal Identification Number

Pursuant to M.G.L. Ch. 62c. sec 49a

Nonprofit Organization: _____

P.O. Box (if any): _____ Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Email Address: _____

List address(es) of all other property owned in Springfield: _____

Confirm that the organization is a corporation: Yes No

Person authorized to sign on behalf of the corporation: _____

Complete the following certification and have the signature notarized below.

Tax Certification

I, _____ certify under the pains and penalties of perjury that _____,
(Authorized Agent) (Nonprofit Organization)
to my best knowledge and belief, has complied with all **United States, Commonwealth of
Massachusetts, and City of Springfield taxes** required by law.

Nonprofit Organization Name

Authorized Person's Signature

Date

Notary Public

STATE OF _____, 2023

County of _____, Ss

Then personally appeared before me [name] _____, [title] _____
Of [nonprofit name] _____, being duly sworn, and made oath that they have read the foregoing
document, and knows the contents thereof, and that the facts stated therein are true of their own knowledge, and stated the
foregoing to be their free act and deed and the free act and deed of [nonprofit name] _____.

Notary Public

My commission expires: _____

SAMPLE COMPLETED FORM

Tax Certification Affidavit for Contracts – Non-Profit Organization

State Identification Number

04-3457895

Federal Identification Number

Pursuant to M.G.L. Ch. 62c. sec 49a

Nonprofit Organization: XYZ Childcare Center, Inc.

P.O. Box (if any): _____ Street Address: 123 Main Street

City/State/Zip Code: Springfield, MA 01103

Telephone Number: 413-123-4567

Email Address: Ssmith@xyzchildcarecenter.com

List address(es) of all other property owned in Springfield: N/A

Confirm that the organization is a corporation: Yes No

Person authorized to sign on behalf of the corporation: Sarah Smith

Complete the following certification and have the signature notarized below.

Tax Certification

I, Sarah Smith certify under the pains and penalties of perjury that XYZ Childcare Center, Inc
(Authorized Agent) (Nonprofit Organization)

to my best knowledge and belief, has complied with all United States, Commonwealth of Massachusetts, and City of Springfield taxes required by law.

<u>XYZ Childcare Center, Inc.</u>	<u>Sarah Smith</u>	<u>1/1/23</u>
Nonprofit Organization Name	Authorized Person's Signature	Date

Notary Public

STATE OF _____, 2023
County of _____, Ss

Then personally appeared before me [name] _____, [title] _____
Of [nonprofit name] _____, being duly sworn, and made oath that they have read the foregoing document, and knows the contents thereof, and that the facts stated therein are true of their own knowledge, and stated the foregoing to be their free act and deed and the free act and deed of [nonprofit name] _____.

Notary Public

My commission expires: _____

F. Certificate of Insurance

This is a form you get from your INSURANCE AGENT.

The form should show two coverages – General Liability Coverage, and Workers Compensation Coverage, look for the stars in the right margin of the sample form.

The grantee is required at all times to carry insurance coverage in amounts satisfactory to City and as required to protect Agreement assets from loss due to theft, fraud, and/or undue personal injury or property. Recipient is required to carry the following types of insurance coverages and amounts:

- Comprehensive General Liability insurance shall be obtained (Limits: \$1,000,000/\$2,000,000 (per occurrence/annual aggregate)).
- Where applicable, Comprehensive Automobile Liability coverage shall be obtained, including all owned Automobiles; Non-Owned Automobiles; Hired Car Coverage (limits: \$500,000/\$1,000,000 (per occurrence/annual aggregate)).
- Workers' Compensation coverage for all of its employees involved in the performance of this Agreement

The City of Springfield shall be listed as Additional Insured on all of the above policies and there shall be a stipulation that insurance provided shall not terminate, lapse or otherwise expire, prior to thirty (30) days written notice to that effect, given by the insurance carrier to the City, and that the insurance carrier will not invoke the defense of performance of governmental function of the provider in performing their contract with the City.

The form should name the **City of Springfield** as additionally insured in the description of operations box, look for the third arrow on the left margin.

Please review the sample form before calling your insurance agent to request your copy.

Please provide a copy of the Certificate of Insurance.

G. Internal Control Questionnaire

This document is to ensure that the non-profit organization has sufficient financial controls to comply with both city and federal financial management requirements.

Please fill out all sections and have a duly authorized representative of the entity sign the form.

Internal Control Questionnaire

DATE _____

NAME OF OPERATING AGENCY _____

ADDRESS OF OPERATING AGENCY _____

TELE # _____ CONTACT PERSON _____

TITLE OF PROJECT _____

PROJECT LOCATION: _____

AMOUNT OF FUNDING _____ SOURCE OF FUNDING: ARPA Nonprofit Assistance

UNIQUE ENTITY ID _____

1. Name and Title of individual(s) signing Schedule of Reimbursable expenses request and checks:

A. REIMBURSABLE EXPENSE REQUEST _____

B. CHECK SIGNATURE _____

2. Name and title of person responsible for maintaining records for this contract:

3. Name of person who is responsible for:

A. Maintaining payroll _____

B. Maintaining Time Sheets _____

C. Reconciling Bank Statements _____

D. Preparing Statement of Project Costs _____

E. Preparing Checks _____

F. Purchasing _____

4. Name of person who will maintain the following books of record (at least)

1. Cash Receipts and Disbursements Ledger _____

2. Voucher Register _____

3. Project Cost Ledger _____

5. Name of Employees Bonded:

6. Does the agency maintain a purchase requisition system, and who authorizes purchases?

7. Who signs all vouchers ready for payment?

8. What is included or needed for authorization to disburse checks? (*E.g.*, voucher, purchase order & receiving slip)

9. Who is responsible for hiring personnel?

10. Who is responsible for submitting time sheets of employees?

11. What controls are in place for equipment purchases?

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

Signature of Authorized Representative for Agency

Date

SAMPLE COMPLETED FORM

Internal Control Questionnaire

DATE 1/1/23

NAME OF OPERATING AGENCY XYZ Childcare Center, Inc.

ADDRESS OF OPERATING AGENCY 123 Main Street, Spfd, MA 01103

TELE # 413-123-4567 CONTACT PERSON Sarah Smith

TITLE OF PROJECT XYZ Childcare center-ARPA NonProfit Assistance Grant

PROJECT LOCATION: 123 Main Street, Spfd, MA

AMOUNT OF FUNDING \$161,000 SOURCE OF FUNDING: ARPA Nonprofit Assistance

UNIQUE ENTITY ID U4LVEGAB12A1

1. Name and Title of individual(s) signing Schedule of Reimbursable expenses request and checks:

- A. REIMBURSABLE EXPENSE REQUEST Jackie Jones, Bookkeeper
- B. CHECK SIGNATURE Sarah Smith, Executive Director

2. Name and title of person responsible for maintaining records for this contract:

Sally Sharp, Grants Manager

3. Name of person who is responsible for:

- A. Maintaining payroll Jackie Jones
- B. Maintaining Time Sheets Jackie Jones
- C. Reconciling Bank Statements Jackie Jones
- D. Preparing Statement of Project Costs Jackie Jones/Sally Sharp
- E. Preparing Checks Jackie Jones
- F. Purchasing Sally Sharp

4. Name of person who will maintain the following books of record (at least)

1. Cash Receipts and Disbursements Ledger Jackie Jones
2. Voucher Register Barbara Boxer, CFO
3. Project Cost Ledger Barbara Boxer, CFO

SAMPLE COMPLETED FORM

5. Name of Employees Bonded:

Barbara Boxer, CFO

6. Does the agency maintain a purchase requisition system, and who authorizes purchases?

Yes, Barbara Boxer

7. Who signs all vouchers ready for payment?

Yes, Barbara Boxer

8. What is included or needed for authorization to disburse checks? (E.g., voucher, purchase order & receiving slip)

Purchase Order

9. Who is responsible for hiring personnel?

Sarah Smith & Barbara Boxer

10. Who is responsible for submitting time sheets of employees?

Jackie Jones

11. What controls are in place for equipment purchases?

-obtain quotes/bids
-summary quote sheet

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

Sarah Smith

Signature of Authorized Representative for Agency

1/1/23

Date

H. Conflict of Interest Statement

This statement affirms that the company has no conflict of interest in receiving an award, either within the business or with any government office or public official.

Please provide your organization's Conflict of Interest Policy, or, if your organization does not have an existing written policy, please print the language on the next page on your organization's letterhead and sign and submit that document.

Conflict of Interest Statement

No staff or Board of Director of the _____ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the _____ resources without express approval of its Board of Director’s Chairperson.

All transactions conducted by staff and the Board of Directors must be arms length transactions, whose sole intent is to enhance the role and the mission of _____.

Dated: _____

Signature of authorized agent

Printed name of agent

SAMPLE COMPLETED FORM

Conflict of Interest Statement

No staff or Board of Director of the XYZ childcare center will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the XYZ childcare center resources without express approval of its Board of Director's Chairperson.

All transactions conducted by staff and the Board of Directors must be arms length transactions, whose sole intent is to enhance the role and the mission of XYZ childcare center

Dated: 1/1/23

Sarah Smith
Signature of authorized agent

Sarah Smith
Printed name of agent

I. Debarment Statement

This statement affirms that the company has not engaged in criminal and related activities as described in the four points of the statement, and is not barred from contracting with Federal, State, and Local contracts.

Please check each of the four points inside the parentheses - either those on the **left** to indicate you "Are/Have" or those to the **right** "Are/Have Not", and sign and date the form.

If these items do not apply to you or your business, you should be checking the parenthesis on the **right** for each of the four points.

Please fill out this form as described above and return.

Debarment Statement

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (Executive Order 12549, Debarment and Suspension, 34 CFR Part 85)

NONPROFIT certifies to the best of its knowledge and belief, that it and its principals:

- A. Are/ are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have/ have not within a three-year period preceding award of this consulting agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are/ are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in Paragraph (b) above; and
- D. Have/ have not within a three-year period preceding award of this consulting agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.

Non-Profit Authorized Signature

Date

Typed or Printed Name

SAMPLE COMPLETED FORM

Debarment Statement

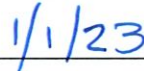
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (Executive Order 12549, Debarment and Suspension, 34 CFR Part 85)

NONPROFIT certifies to the best of its knowledge and belief, that it and its principals:

- A. Are/ are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have/ have not within a three-year period preceding award of this consulting agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are/ are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in Paragraph (b) above; and
- D. Have/ have not within a three-year period preceding award of this consulting agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.



Non-Profit Authorized Signature



Date



Typed or Printed Name

J. Lobbying Certification (For Awards Exceeding \$100,000)

This statement affirms that the grantee has not paid nor will it pay any funding for the purposes of lobbying employees or officers of the City of Springfield, or an employee or member of the United States Congress.

It also affirms that the grantee shall immediately notify the City of Springfield in writing, if any officer, agent or employee of the City of Springfield solicits or accepts gratuities, favors or anything of monetary value from the grantee in exchange for official actions.

This form shall be signed, dated and returned.

Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1326, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The GRANTEE hereby certifies that:

- [a] No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, an employee or officer of the CITY nor member of the CITY's governing body, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal Agreement, the making of any Federal grant, of any Federal loan, the entering into of any cooperative agreement, nor any extension, renewal, amendment, or modification of any Federal Agreement, grant, loan or cooperative agreement;
- [b] If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, an employee or officer of the CITY nor member of the CITY's governing body, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Agreement, grant, loan or cooperative agreement, it will complete and submit Standard Form "Disclosure Form to Report Lobbying," in accordance with its instructions;
- [c] It shall require that the language of paragraph [d] of this certification be included in the award documents for all sub-awards at all tiers (including subcontractors, subgrants, and Agreements under grants, loans and cooperative agreements) and that all GRANTEES shall certify and disclose accordingly; and
- [d] Any attempt by any officer, employee or agent of the CITY in soliciting or accepting gratuities, favors or anything of monetary value from GRANTEE shall be reported in writing immediately to responsible officials of the CITY. Such reports to CITY shall contain the name of the CITY officer, agent or employee and the detailed circumstances of the incident.

GRANTEE

Dated: _____

By: _____

Signature of authorized agent

Printed name of agent

Title of agent

SAMPLE COMPLETED FORM


Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1326, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The GRANTEE hereby certifies that:

- [a] No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, an employee or officer of the CITY nor member of the CITY's governing body, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal Agreement, the making of any Federal grant, of any Federal loan, the entering into of any cooperative agreement, nor any extension, renewal, amendment, or modification of any Federal Agreement, grant, loan or cooperative agreement;
- [b] If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, an employee or officer of the CITY nor member of the CITY's governing body, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Agreement, grant, loan or cooperative agreement, it will complete and submit Standard Form "Disclosure Form to Report Lobbying," in accordance with its instructions;
- [c] It shall require that the language of paragraph [d] of this certification be included in the award documents for all sub-awards at all tiers (including subcontractors, subgrants, and Agreements under grants, loans and cooperative agreements) and that all GRANTEES shall certify and disclose accordingly; and
- [d] Any attempt by any officer, employee or agent of the CITY in soliciting or accepting gratuities, favors or anything of monetary value from GRANTEE shall be reported in writing immediately to responsible officials of the CITY. Such reports to CITY shall contain the name of the CITY officer, agent or employee and the detailed circumstances of the incident.

GRANTEE

Dated: 1/1/23

By: 
Signature of authorized agent

Sarah Smith
Printed name of agent

Director
Title of agent

K. Corporate Certificate/Vote of Corporation

Please fill in the "Authorized Official" blank line in the center of the document the name of the person signing all documents. The Authorized Official is the person who is authorized to sign contracts on behalf of the business/corporation.

A different officer of the company should sign the bottom, giving the Authorized Official the authority to sign contracts. The person signing the bottom should also fill in the information at the top of the page (residence, etc.) and the grant amount in the center.

Please fill out this form as described above and return.

Vote of Corporation Authorizing Execution Of Contract

I, the undersigned, hereby certify that I am the duly elected qualified Clerk of _____,
a Massachusetts Corporation duly organized by law and that this is a true, correct and complete copy of
vote prepared at a meeting of the Directors of said corporation, duly called and held on
_____, at which meeting a majority of the Directors were present and acting
throughout.

VOTED: That _____, _____ of the
(Authorized Official) (Title)
aforementioned corporation, be and hereby is authorized to affix the corporate Seal, sign and deliver in
the name and on behalf of the corporation a contract with the City of Springfield in the amount of
\$_____ for the period commencing _____ and ending _____, for activities authorized in
accordance with the American Rescue Plan Act (ARPA)- State and Local Fiscal Recovery Funds (SLFRF)
Program.

I further certify that the said vote as set out above has not been revoked or rescinded and is now in full
force and effect, that said vote and action ordered thereby are in pursuance of the By-Laws of this
Corporation.

IN WITNESS WHEREOF, I hereto set my hand this _____ day of _____, 2023.

Corporate Seal

Clerk of Corporation

SAMPLE COMPLETED FORM

Vote of Corporation Authorizing Execution Of Contract

I, the undersigned, hereby certify that I am the duly elected qualified Clerk of Xyz Childcare Center a Massachusetts Corporation duly organized by law and that this is a true, correct and complete copy of vote prepared at a meeting of the Directors of said corporation, duly called and held on April 5, 2021, at which meeting a majority of the Directors were present and acting throughout.

VOTED: That Sarah Smith, Executive Director of the
(Authorized Official) (Title)
aforementioned corporation, be and hereby is authorized to affix the corporate Seal, sign and deliver in the name and on behalf of the corporation a contract with the City of Springfield in the amount of \$161,000 for the period commencing 1/1/23 and ending 12/31/23, for activities authorized in accordance with the American Rescue Plan Act (ARPA)- State and Local Fiscal Recovery Funds (SLFRF) Program.

I further certify that the said vote as set out above has not been revoked or rescinded and is now in full force and effect, that said vote and action ordered thereby are in pursuance of the By-Laws of this Corporation.

IN WITNESS WHEREOF, I hereto set my hand this 1st day of January, 2023.

Corporate Seal

Bethany Boyer
Clerk of Corporation

L. W9 and Vendor Maintenance Form

These forms are required to be entered into the city finance system.

The W9 form should be filled out in your business name with your Employer ID number. If you do not have an Employer ID number, please enter your social security number.

Please do not forget to sign the W9 – it is in the middle of the form.

The Vendor Maintenance Form is standard business information for city records. You may skip the sections related to “type of service, and terms”

Request for Taxpayer Identification Number and Certification

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

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

Part I Taxpayer Identification Number (TIN)

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

Social security number									

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

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

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

General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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 Publication 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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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 Part II instructions on page 3 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* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

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* on page 3 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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

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 Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must 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 the "Name" line. 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 the "Business name/disregarded entity name" line. 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.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. 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 the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 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 possession of the United States, 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 possession of the United States
- 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 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, 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—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 possession of the United States, 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 Reg. 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 Reg. 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

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration office or get this form online at 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 and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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 items 1, 4, or 5 below indicate 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 the "Name" line 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

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

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

³ You must show your individual name 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.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. 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, social security number (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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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.

SAMPLE COMPLETED FORM

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Sarah Smith	
	Business name/disregarded entity name, if different from above xyz childcare center, Inc.	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) 123 Main Street		Requester's name and address (optional)
City, state, and ZIP code Springfield, MA 01103		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)											
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.											
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.											
Social security number <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td></tr></table>					-			-			
			-			-					
Employer identification number <table border="1" style="width: 100%; text-align: center;"><tr><td>04</td><td>-</td><td>34</td><td>57</td><td>89</td><td>5</td></tr></table>		04	-	34	57	89	5				
04	-	34	57	89	5						

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 ▶ Sarah Smith Date ▶ 1/1/23

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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.

**CITY OF SPRINGFIELD OFFICE OF PROCUREMENT
36 COURT STREET - CITY HALL
SPRINGFIELD, MA 01103
413-787-6284 Telephone, 413-787-6295 Fax**

VENDOR MAINTENANCE FORM

To be Completed by Vendor (print clearly):

Business Name: _____

DBA: _____

Send Purchase Order To:

Street: _____

City: _____ State: _____ Zip Code: _____

Remit To:

Street: _____

City: _____ State: _____ Zip Code: _____

Federal ID# _____ or SS# _____

Type of Service Providing to City: Technology _____ Medical _____ Contract Labor _____ Service _____

Other: _____

Terms:

Discount % _____ Days to Discount _____ Minimum Order _____ Days to Net: _____

Vendor Class: Minority Owned _____ Woman Owned _____ Minority-Woman Owned _____

Purchase Order Delivery Method: E-Mail: _____ FAX: _____ Regular Mail: _____

Contact Information:

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Business Website: _____

NOTE: This document must be included with your completed W-9 Form in order to be set-up as a City of Springfield Vendor. Mail or fax completed forms to the Office of Procurement. Thank you.

SAMPLE COMPLETED FORM

CITY OF SPRINGFIELD OFFICE OF PROCUREMENT
36 COURT STREET - CITY HALL
SPRINGFIELD, MA 01103
413-787-6284 Telephone, 413-787-6295 Fax

VENDOR MAINTENANCE FORM

To be Completed by Vendor (print clearly):

Business Name: XYZ Childcare Center, Inc.

DBA: _____

Send Purchase Order To:

Street: 123 Main Street

City: Springfield State: MA Zip Code: 01103

Remit To:

Street: _____

City: _____ State: _____ Zip Code: _____

Federal ID# 04-3457895 or SS# _____

Type of Service Providing to City: Technology _____ Medical _____ Contract Labor _____ Service _____

Other: grant award

Terms:

Discount % _____ Days to Discount _____ Minimum Order _____ Days to Net: _____

Vendor Class: Minority Owned _____ Woman Owned _____ Minority-Woman Owned _____

Purchase Order Delivery Method: E-Mail: FAX: _____ Regular Mail: _____

Contact Information:

Contact Name: Sarah Smith Title: Executive Director

Telephone: 413-123-4567 Fax: 413-222-3333 Email: SSmith@xyzchildcarecenter.com

Business Website: www.xyzchildcarecenter.com

NOTE: This document must be included with your completed W-9 Form in order to be set-up as a City of Springfield Vendor. Mail or fax completed forms to the Office of Procurement. Thank you.

M. Collusion and Fraud Statement

This form is required by state law to be included in any competitive procurement process. It certifies that the applicant submitted a fair proposal/bid and didn't collude or fraudulently submit their proposal.

Please complete and sign this form.

COLLUSION OR FRAUD STATEMENT

THE UNDERSIGNED CERTIFIES UNDER PENALTIES OF PERJURY THAT THIS BID IS IN ALL RESPECTS BONA FIDE, FAIR, AND MADE WITHOUT COLLUSION OR FRAUD WITH ANY OTHER PERSON. AS USED IN THIS SECTION THE WORD "PERSON" SHALL MEAN ANY NATURAL PERSON, JOINT VENTURE, PARTNERSHIP, CORPORATION OR OTHER BUSINESS OR LEGAL ENTITY.

Printed Name of Person Signing Bid

Signature

Organization

SAMPLE COMPLETED FORM

COLLUSION OR FRAUD STATEMENT

THE UNDERSIGNED CERTIFIES UNDER PENALTIES OF PERJURY THAT THIS BID IS IN ALL RESPECTS BONA FIDE, FAIR, AND MADE WITHOUT COLLUSION OR FRAUD WITH ANY OTHER PERSON. AS USED IN THIS SECTION THE WORD "PERSON" SHALL MEAN ANY NATURAL PERSON, JOINT VENTURE, PARTNERSHIP, CORPORATION OR OTHER BUSINESS OR LEGAL ENTITY.

Sarah Smith

Printed Name of Person Signing Bid

Sarah Smith

Signature

xyz childcare center, Inc.

Organization

N. Federal Procurement Guidance / Cheat Sheet

Grantees that will be utilizing ARPA funding to carry-out public/community programs that are for the benefit of the public and will address COVID-19 related harms experienced by the community are considered “sub-recipients.”

Sub-recipients are required to comply with all of the same federal procurement and reporting requirements that apply to the public entity that is granting them funding. Sub-recipients are also required to assume responsibility for determining eligibility of all applicants for their programs in accordance with the grant rules, track all accomplishments in accordance with grant requirements and regularly report on accomplishments to the public granting entity. Sub-recipients must track, manage and utilize program income in accordance with all grant rules.

Enclosed is a federal procurement “cheat sheet” for grantees to utilize as they are determining how to make purchases that will be paid for with ARPA funding, **ALL purchases made by sub-recipients with ARPA funding must comply with federal procurement rules included in 2 CFR 200.**

Federal Procurement Requirements Summary – 2 CFR Part 200

Non-federal entities, including non-profit organizations, should review the requirements, compare them to their current policies and procedures, and consult with legal counsel to evaluate.

Procurement Method	Threshold	Implementation Requirements
<p>Micro-Purchases (Informal): Purchases that do not require rate quotation or competitive price solicitation in order to minimize associated administrative burden and cost. To the maximum extent practicable, purchases are to be distributed equitably among qualified suppliers. 200.320(a)(1)</p>	<p>Anything below \$10,000 is a micro-purchase. This is the current threshold established in the Federal Acquisition Regulation (FAR).</p>	<ul style="list-style-type: none"> • No requirements to competitively bid or get quotes if the price is reasonable based on research, experience, purchase history, or other information that is documented accordingly. • Local procurement policy still applies meaning if your local rules require competitive bids or quotes then these requirements must be followed and documented. • Non-Federal entities may establish a threshold higher than the Federal threshold established in the FAR. Guidance is provided in 200.320(a)(1)(iv) and (v).
<p>Small Purchases (Informal): These are the purchases that fall in between a micro-purchase but are less than the Simplified Acquisition Threshold (SAT) threshold. 200.320(a)(2)</p>	<p>Below the \$250,000 (current SAT).</p>	<ul style="list-style-type: none"> • Non-Federal entity is responsible for determining an appropriate SAT based on internal controls, an evaluation of risk, and its documented procurement procedures which must not exceed the threshold in the FAR. • When applicable, a lower SAT used by the non-Federal entity must be authorized or not prohibited under State, local, or tribal laws or regulations. • Non-Federal entity makes determination for adequate number of qualified sources.
<p>Sealed Bids/Competitive Bidding (Formal): Applicable to construction contracts, regardless of contract price. 200.320(b)(1)</p>	<p>Required when the amount of money being spent on a contract for goods or services exceeds \$250,000 (current SAT).</p>	<ul style="list-style-type: none"> • Follow documented procedures • Complete, adequate, and realistic specification or purchase description • Publicly advertise bid solicitation (contract for firm fixed price) unless a non-competitive procurement can be used. • Sufficient response time provided for bid • Bids opened publicly • Awarded to the responsible bidder whose conforming bid is lowest in price. • Written contract
<p>Proposals (Formal): Proposals are used for fixed price or cost</p>	<p>Proposals are used when conditions are not appropriate for</p>	<ul style="list-style-type: none"> • Contract awards should be given to a responsible firm with the most

reimbursement contracts. Used for architectural/engineering and other professional services. 200.320(b)(2)	the use of sealed bids for a contract more than \$250,000 (current SAT).	<p>advantageous proposal, taking into account price and other factors identified in the RFP.</p> <ul style="list-style-type: none"> • Award for Architectural/engineering services may strictly be based on qualifications and does not need to factor in price. • Follow requirements in 200.320(b)(2).
Non-Competitive: There are specific circumstances in which noncompetitive procurement can be used. 2 CFR 200.320(c) .	Exceptions to requirements for small purchase or formal method competitive rules.	<p>Allowed if one or more of the following circumstances apply:</p> <ul style="list-style-type: none"> • The anticipated acquisition cost for the property or services does not exceed the established micro-purchase threshold; • The item is available only from a single source; • There is a public urgent need or demand, or otherwise emergency, for the required goods or services and the requirement to publicize a competitive solicitation will cause delay. • Competition is determined inadequate after solicitation results in inadequate response.

Overarching federal standards under 2 CFR Part 200 include:

<ul style="list-style-type: none"> • Ensure full and open competition – Design specifications and requirements to not be prohibitive to potential bidders. 200.319(a) and (b) 	<ul style="list-style-type: none"> • Contracts must have a firm price, or an amount that cannot be exceeded must be set. 200.318 (j) 	<ul style="list-style-type: none"> • Affirmative steps to assure that minority businesses, women’s business enterprises, and labor surplus area firms are used when possible. 200.321
<ul style="list-style-type: none"> • Have an ethics code covering conflicts of interest. 200.318(c) 	<ul style="list-style-type: none"> • Only enter into contracts with responsible contractors. 200.318(h) 	<ul style="list-style-type: none"> • Maintain records sufficient to detail history of procurement. 200.318(i)
<ul style="list-style-type: none"> • Avoid buying duplicative items 200.318 (d) 	<ul style="list-style-type: none"> • Perform cost or price analysis for contracts over \$250,000. 200.324 	<ul style="list-style-type: none"> • Other potentially required contract provisions. 200.327 (Appendix II to Part 200).
<ul style="list-style-type: none"> • Purchase domestically (to the greatest extent practicable. Should be indicated as contract provision. 200.322 	<ul style="list-style-type: none"> • Purchase recovered material –certain materials in excess of \$10,000 must contain highest percentage possible. 200.323 	<ul style="list-style-type: none"> • Prohibition on certain telecommunications and video surveillance services or equipment. 200.216(a)
<ul style="list-style-type: none"> • Construction contracts must contain Equal Opportunity Clause, 41 CFR 60-1.4(b). (Appendix II to Part 200) 	<ul style="list-style-type: none"> • Contracts for more than \$10,000 must address termination for cause or convenience. (Appendix II to Part 200) 	<ul style="list-style-type: none"> • Contracts for more than \$250,000 must address administrative, or legal remedies for breach of contract. (Appendix II)

O. Payment and Reimbursement Guidance

This grant award is a reimbursement based award, meaning the organization will need to make the expenditures outlined in their budget first, and then provide the receipts to the city for reimbursement from the grant. Please see the end of this section for information on Advance payments if necessary.

Below are listed some frequent categories of expenses that funding has been awarded for and documentation organizations will need to provide in order to receive reimbursement/payment for these expenses.

IMPORTANT: Please **DO NOT** pay cash for any items as you will need to provide records of your transactions in order to be reimbursed. If a vendor you are purchasing from does not accept credit cards or checks, please utilize money orders so there is a receipt/record of the transaction that you can provide to the city.

In general, when you purchase something, you'll need to provide two items to the city – a receipt/invoice that shows it is paid, and proof that you provided the payment (credit card/bank statement/cleared check copy).

Payroll Expenses

Entity will need to provide proof of payment to employees **if** you plan to use grant funding for payroll expenses. This will include relevant payroll ledgers and/or cancelled checks, for employees paid. This should include name of the employee, hours worked, dates of pay period, and withholdings. PLEASE NOTE: Payroll submissions will be reviewed to ensure compliance with minimum wage, overtime and tip credit requirements.

Rent/Lease Expenses

Entity will be required to submit a current copy of the lease and use and occupancy agreement. Entity will also be required to submit documentation demonstrating that payment of the monthly rental amount has been made. This will include cancelled checks, proof of electronic payment and/or written receipt that documents payments.

Utility Expenses

Entity will be required to submit copies of relevant utility bills. Utility bill must show the date of the charges that funding is requested for and may not be “past due balance” that doesn't show date of accrual of charges. Entity will also be required to submit documentation demonstrating that payment of the utility bill has been made. This will

include cancelled checks, proof of electronic payment and/or written receipt that documents payments.

Equipment Purchases

Entity will be required to submit copies of invoices, purchase orders, etc. for equipment. Entity will also be required to submit documentation demonstrating that equipment has been purchased. This may include cancelled checks, proof of electronic payment, receipts showing payment has been received by the equipment vendor. The City may also need to photograph equipment to document it has been received. Grantee may be required to comply with federal procurement (see "Procurement Guidance/Cheatsheet")

Capital Improvements/Upgrades

Entity will be required to submit copies of invoices, purchase orders, etc. for capital improvements. Contractors performing capital improvements shall be adequately licensed and insured and have the ability to pull all necessary permits.

Invoices for capital improvements shall be submitted by the contractor in AIA format, or another format pre-approved by the City of Springfield.

Prior to beginning of improvements, grantee will be required to submit the following documents:

- Copy of necessary permits
- Copy of the contract between the grantee and the selected contractor.
- If the grantee is not the legal owner of the property, the grantee will be required to submit written permission from the property owner to completed improvements.
- Copy of the contractor's license
- Copy of the contractor's insurance certification that has the City of Springfield listed as additional insured
- Documentation of compliance with federal procurement rules and 2 CFR 200

After completion of improvements, the grantee will be required to submit documentation demonstrating that capital improvements have been completed and paid for. This may include cancelled checks, proof of electronic payment, receipts showing payment has been received by the equipment vendor.

The City reserves the right to inspect and photograph all improvements to ensure they have been completed in accordance with the contract documents

ADVANCE PAYMENTS

Advance payments may be made in certain instances, the grantee will need to submit written request for advance payment and receive approval by the City of Springfield. Advance payment will be made for limited expenses where grantees can demonstrate they do not have the financial ability to cover the costs and seek reimbursement and grantees will be required to submit supporting documentation for the costs.

P. Cost Principles Guidance

The Uniform Administrative Requirements and Cost Principles provided for the 2 CFR Part 200 are rules and regulations that govern the recipients of all federal funding grants. Since the origin of the funds made available under this Agreement are federal in nature, the Recipient is required to abide by the Uniform Administrative Requirements and Cost Principles. For purposes of this Agreement, Recipients should be particularly aware of the requirements imposed by the Cost Principles. There are four relevant Cost Principles that Recipients should be cognizant of when incurring costs and seeking advances under this Agreement, these four principles are outlined as follows:

Allowable Costs – 24 CFR 200.403. Recipient must demonstrate that any and all costs incurred are necessary for performance of the federal award. What this means is that all costs must be documented and accounted for according to generally accepted accounting practices (or “GAAP”). Documentation must be original and be directly related to the products or services performed. This means in essence that a Recipient must carefully document all costs incurred, ensure that no related-party transactions are occurring and that all costs are eligible under the terms of this Agreement.

Reasonable – 24 CFR 200.404. All costs incurred must be reasonable, in that the Recipient must be able to demonstrate that the costs incurred would be the same or similar if another individual were to seek the same products or services at the same time and place as the Recipient. This reasonableness principle incorporates what is known as the “Prudent Person Test” which is in essence is whether the actions of a another person exercising common sense in a similar situation would deem the Recipients’ actions with regard to the cost of products or services to be reasonable.

Allocable – 24 CFR 200.405. The charges incurred by the Recipient are proportionate to the work performed, in that the products or services received are reasonably related to the Scope of Work in this Agreement.

Treated Consistently – 24 CFR 200.419. This cost principle embodies the prohibition on the reimbursement of non-direct costs incurred under this Agreement. In general, this principle means that all costs for which the Recipient is seeking reimbursement by the City must be directly related to the subject matter contained in the Scope of Work. For example, administrative salaries are not direct costs and thus would be ineligible expenses.