



CITY OF SPRINGFIELD, MASSACHUSETTS

Mayor Domenic J. Sarno

Springfield's Small Business Assistance Program

SMALL BUSINESS LOAN APPLICATION

Revised April 9, 2018

Please return complete application to:

Anthony Moore

City of Springfield

Office of Planning & Economic Development

70 Tapley Street, Springfield, MA 01104

Phone: (413) 750-2810

E-mail: amoore@springfieldcityhall.com

APPLICATION CHECKLIST

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION

- Copy of your business certificate
- Business Plan Required
- Most recent 3 Years of Tax returns if applicable
- If funding is committed from other sources, include a copy of the commitment letter(s).
- If funding from other source(s) was rejected, include a copy of the rejection letter(s)
- Employer CDBG Job Form (included)
- W-9 (DUNS # Required) and Tax Certification Affidavit (included)
Note: Please visit <http://www.sba.gov/content/getting-d-u-n-s-number> for assistance on how to get a DUNS number.
- Copies of artists' drawings or architectural plans
- Copy of Construction bids from (2) acceptable contractors
- Copy of the Lease;
- Copy of the Purchase and Sale agreement if applicable
- Copy of Liability Insurance Cover Sheet
- Copy of Workers Comp Insurance if applicable
- Any other information deemed necessary by the City of Springfield, Office of Planning & Economic Development

PROGRAM INFORMATION

| | | | |
|---------------------|------------------|-----------------|---------------------------|
| PROGRAM TYPE: | AMOUNT REQUESTED | PROGRAM MAXIMUM | MONEY CAN NOT BE USED FOR |
| Small Business Loan | \$ | \$15,000 | Tax on material |

APPLICANT/OWNER INFORMATION

| | | | | |
|---------------------------------|--------|------------------------|--------------------|--|
| Nam of Business/Building Owner: | | Business Phone: () | Federal Tax ID: | Social Security Number (if you do not have a FID): - - |
| Mailing Address: St./PO Box | | Home Phone: () | FAX Number: () | E-Mail Address: @ |
| City: | State: | Zip: | Contact Name: | |

Building Project Name:

| | | | |
|---------|-------|--------|------|
| Street: | City: | State: | Zip: |
|---------|-------|--------|------|

COMPANY NAME

| | | | |
|---|---|--------|------|
| Company Name: | | DBA: | |
| Company Address: St./PO | City: | State: | Zip: |
| Registered with City of Springfield : Yes No | State of Incorporation/Formation/Registration | | |

Type of Ownership: (Circle One)

Sole Proprietor Partnership Corporation Limited Liability Corp. Limited Liability Partnership

OWNER INFORMATION (List all owners below)

| | | | |
|-------|-----------------------|---|--------|
| Name: | Percent of Ownership: | % | Title: |
| Name: | Percent of Ownership: | % | Title: |
| Name: | Percent of Ownership: | % | Title: |
| Name: | Percent of Ownership: | % | Title: |

LIST ALL OTHER LENDERS THAT ARE INVOLVED WITH THIS PROJECT

| | | | | | |
|-------------------|------------------------|----------------------|----------------|------------------------|----------------------|
| First Lender: | Original Amount \$ | Interest Rate: | Maturity Date: | Monthly Payment: \$ | Balance Owing: \$ |
| Phone #: () - | FAX #: () - | Account Number: # | | | |
| Second Lender: | Original Amount: \$ | Interest Rate: | Maturity Date: | Monthly Payment: \$ | Balance Owing: \$ |
| Phone #: () - | FAX #: () - | Account Number: # | | | |

COPY OF CERTIFICATE OF INSURANCE THAT INDICATES LIABILITY AND WORKERCOMP INSURANCE

Description line should indicate: **The City of Springfield is listed as additional insures per length of the contract.**

Policy No.:

PLEASE PROVIDE A BRIEF EXPLANATION OF YOUR PLANNED USE OF LOAN PROCEEDS

Rehab: Yes No If Yes, give date: (mo/yr)

Describe structural improvements needed such as heating, electrical and mechanical systems, new roof, etc...

APPLICANT INFORMATION

Duns Number:

Has the borrower used or done business under any other names(s)? Yes No If Yes list Name(s):

Do you have any City of Springfield funded projects out of compliance? Yes No

The signer(s) certify that he/she is authorized to execute this Application and that all information and documents submitted, including federal income tax returns, are true, correct and complete. The signer(s) further agrees to notify the Lender promptly of any material change in any such information. If the Applicant is a corporation, limited liability company, partnership, or limited liability partnership all owners/principals listed must sign and include their title. The signer(s) understands and agrees that this application is subject to final approval.

Applicant=s Signature _____ Title _____ Date _____

Applicant=s Signature _____ Title _____ Date _____

Applicant=s Signature _____ Title _____ Date _____

Applicant=s Signature _____ Title _____ Date _____

Applicant=s Signature _____ Title _____ Date _____

EMPLOYER CDBG JOB FORM

_____ (hereby referred to as "the Business") located at _____ (Street Address) Springfield, MA agrees to **create/retain** _____ **(FULL TIME)** job(s) with the assistance received through the HUD's CDBG Program. For purposes of this Agreement, 40 hr-week job is considered full time. **As the business owner, I certify that without this financial assistance, the jobs indicated would not be created and/or retained because** _____.

The Business certifies that the federally funded program has filled the following job(s):

| Job Title | Job Type (see HUD's Definitions) | Hours per week | Health Benefits Offered (Yes/No) | Job Made Available to Low/Mod Income Individuals (Yes/No) |
|------------------|---|-------------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |

For the purpose of ensuring compliance under HUD regulations, the Business agrees to make available to the City of Springfield Office of Community Development any and all records and evidence related to the filling of these positions; including a listing by job title of the permanent jobs filled (job categories form attached), number of jobs with employer sponsored health care benefits, income verification and race/ethnicity.

I certify the information provided is true, correct and complete.

Business Owner Signature

Date

PRINT Name of Business Owner

EMPLOYEE CDBG JOB FORM

NOTE: Each employee claimed as a job created/retained must fill out one of these forms. This information will be kept confidential and only used for program reporting.

Employee Name: _____ Name of Employer: _____

Job Title: _____ Date Hired: _____ #of Hrs/Week: _____

Please answer the following questions:

1. Health Benefits provided by Employer? Yes No

2. Race:

White American Indian / Alaska Native

African American Asian

Native Hawaiian/Other Pacific Islander Asian / White

Black / African American / White Other / Multi-racial

3. Hispanic or Latino Ethnicity: Yes No

4. **Circle** the number of persons in your household and **(X)** the corresponding income level

| Income Guidelines 2018 (Updated 4/1/2018) | | | |
|--|--|---|------------------------------------|
| | Extremely Low (30%) Income Limits | Very Low (50%) Income Limits | Low (80%) Income Limits |
| 1 person | \$16,950 _____ | \$16,951-28,250 _____ | \$28,251-45,200 _____ |
| 2 persons | \$19,400 _____ | \$19,401-32,300 _____ | \$32,301-51,650 _____ |
| 3 persons | \$21,800 _____ | \$21,801-36,350 _____ | \$36,351-58,100 _____ |
| 4 persons | \$25,100 _____ | \$25,101-40,350 _____ | \$40,351-64,550 _____ |
| 5 persons | \$29,420 _____ | \$29,421-43,600 _____ | \$43,601-69,750 _____ |
| 6 persons | \$33,740 _____ | \$33,741-46,850 _____ | \$46,851-74,900 _____ |
| 7 persons | \$38,060 _____ | \$38,061-50,050 _____ | \$50,051-80,050 _____ |
| 8 persons | \$42,380 _____ | \$42,381-53,300 _____ | \$53,301-85,250 _____ |

Please note: Income is based on number of persons that are in the households. Each line is according to # of persons in the household. A household of 4 with income of \$30,000 they would fall under the very low income category; income of \$42,000 would fall under the Low category.

I certify the information provided is true, correct and complete.

Employee Signature

PRINT NAME

Date

DUNS #: Do you have a DUNS # for your business? Yes _____ No _____

- a. If YES, please provide the DUNS #: _____
- b. If NO, please follow the instructions included in the back of this application - "Obtaining a DUNS #"

(**Note:** Application may be submitted prior to obtaining the DUNS #. The Springfield Small Business Assistance Center or DPD staff can assist you in obtaining this number- it's easy and free of charge to you!)

Business Structure: corporation___ sole proprietorship_ partnership___
non-profit ___ limited liability company (LLC)___

Business Type/Description: _____

Obtaining a DUNS Number

A Guide for Federal Grant and Cooperative Agreement Applicants

The Federal government requires that all applicants for Federal grants and cooperative agreements with the exception of individuals other than sole proprietors have a DUNS number. (See policy at: <http://www.omb.gov/grants/grants docs>).

The Federal government will use the

DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

Data Universal Number System (DUNS) Number

- The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).
- The DUNS Number is site-specific. Therefore, each distinct physical location of an entity (such as branches, Offices, and headquarters) may be assigned a DUNS number. Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major Office/department/agency that applies for a grant may be sufficient.
- In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

Obtaining a DUNS Number

- You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.
- *If you already have a DUNS number.* If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.
- *If you are not sure if you have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.
- If you know you do not have a DUNS number. Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

Managing Your DUNS Number

- D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/Offices have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.
- D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/Offices have DUNS numbers for Federal purposes.
- As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be delisted from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely **FREE** for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

To Obtain Your DUNS Number

- Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at:

1-866-705-5711

The number is staffed from 8 a.m. to 6 p.m. (local time of the caller when calling from within the continental United States). Calls placed to the above number outside of those hours will receive a recorded message requesting the caller to call back between the operating hours.

The process to request number takes about 5-10 minutes.

A DUNS number will be assigned at the conclusion of the call.

You will need to provide the following information:

- Legal Name
- Headquarters name and address for your organization
- Doing business as (DBA) or other name by which your organization is commonly known or recognized
- Physical Address, City, State and Zip Code
- Mailing Address (is separate from Headquarters and/or physical address)
- Telephone Number
- Contact Name and Title
- Number of Employees at your physical location

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number _____

State Identification Number _____

Federal Identification Number _____

Company: _____

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

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

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

Please Identify if the bidder/proposer is a: Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Bidder/Proposer)
belief, has/have complied with all **United States Federal taxes** required by law.

Bidder/Proposer Authorized Person's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C '49A, I, _____ certify under the pains and penalties of perjury that _____,
(Authorized agent) (Bidder/Proposer)
to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

Bidder/Proposer Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Bidder/Proposer)
belief, has/have complied with all **City of Springfield taxes** required by law(has/have entered into a Payment Agreement with the City).

Bidder/Proposer Authorized Person's Signature Date: _____

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,ss.

_____, 2018

Then personally appeared before me [name]_____, [title]_____
of [company name]_____, being duly sworn, and made oath that he/she has read the foregoing
document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing
to be his/her free act and deed and the free act and deed of [company name]_____.

Notary Public

My commission expires: _____

**YOU MUST FILL THIS FORM OUT COMPLETELY AND
YOU MUST FILE THIS FORM WITH YOUR BID.**

National Objective Compliance Certificate

In accordance with statutes and regulations set forth by the U.S. Department of Housing and Urban Development (HUD), activities funded through the Community Development Block Grant (CDBG) must be used to meet one of the three national objectives named by HUD. Those three objectives are (1) benefiting low-or-moderate-income persons ;(2) preventing or eliminating slums or blight and (3) meeting an urgent need. To be eligible for funding, every CDBG-funded activity must meet on of these here national objectives.

I, _____ , certify that the activity proposed in this application for CDBG funding will meet on of the three national objectives as set forth above. The _____(Title) also certifies that it will maintain sufficient documentation to ensure compliance with national objectives.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(agent title)

(If you are a sole proprietor or building owner without a business or employees and are not required to have workers compensation insurance- complete this form)

**AFFIDAVIT OF COMPLIANCE WITH
WORKERS COMPENSATION INSURANCE REQUIREMENTS**

I, _____, am an authorized representative of _____ (Sub-recipient), a recipient of Community Development (CDBG) funds from Springfield, MA, and I have authority to submit this Affidavit on behalf of the Sub-recipient.

I hereby certify, under the pains and penalties of perjury, on behalf of myself and the Sub-recipient, that the Sub-recipient is aware of and is in full compliance with all worker's compensation insurance requirements under Massachusetts, federal and local laws and regulations, and under sections Section VI, B, C of the Community Development Block Grant Small Business Loan Agreement, as it relates to Workers' Compensation Insurance. I further certify, under the pains and penalties of perjury, on behalf of myself and the Sub-recipient, that the Sub-recipient will remain in compliance with such laws, regulations and contract requirements related to Worker's Compensation Insurance, during the entire term of the Agreement.

I further certify, under the pains and penalties of perjury, on behalf of myself and the Sub-recipient, that the Sub-recipient is not a corporation, **and** the Sub-recipient has no employees at this time that would be subject to the protection of Workers Compensation laws and regulations. I further certify and acknowledge, under the pains and penalties of perjury, on behalf of myself and the Sub-recipient, that if at any time during the term of the CDBG Sub-recipient Agreement, any person becomes employed by the Sub-recipient, the Sub-recipient will comply with the requirements of the Workers' Compensation laws and provide evidence of such coverage to the City of Springfield in accordance with the terms of the CDBG Sub-recipient Agreement.

Signed under the pains and penalties of perjury this _____ day of _____, 2018:

Signature: _____

Printed Name: _____

Name of Sub-recipient: _____

Title: _____

Request for Taxpayer Identification Number and Certification

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

| | | |
|---|---|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | DUNS#: | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> | |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| | |
|---------------------------------------|---|
| Social security number | |
| [] | [] - [] - [] [] [] [] [] |
| or | |
| Employer identification number | |
| [] | [] - [] [] [] [] [] [] [] [] [] [] |

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

(Only fill out if you are a corporation or partnership)

VOTE OF CORPORATION AUTHORIZING EXECUTION OF CONTRACT

I, the undersigned, a resident of _____ in the State of _____ hereby certify that I am the _____ or duly authorized officer 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 _____ the _____ 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 Office of Community Development for **CDBG Small Business** the amount of **\$15,000.00** effective for the **Fiscal Year 2018** commencing _____ and ending _____ for activities authorized in accordance with the United States Department of Housing and Urban Development.

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 _____, 2018.

Corporate Seal

Clerk/Secretary

***This Must be the Person Authorized in your By-Laws to sign contracts.**

NOTE: Since an Officer cannot certify to himself, this must be signed by someone other than the one signing the contract.

**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.