

VENDOR SET UP FORM

Vendors providing Good(s) or Service(s) to the Boston Public Health Commission are required to complete, sign, and submit this form, accompanied with a completed Request for Taxpayer Identification Number and Certification Form (W-9 Form or W-8BEN Form) to Vendor@bphc.org. In compliance with BPHC's policy, prior to providing Good(s) or Service(s) vendors are searched on the System for Award Management (SAM)

General Information All information provided must be identical from the Tax Form					
Name (as shown on your income tax i	return):				
Doing Business As - DBA (if differen	nt from above):				
Fiscal Agent (provide letter, if applic	able):				
Address:	ddress: City:				
State:	Zip:	Country:			
Phone:	Email:	Additional Email:			
Remit Address or Additional Email	:				
	Taxpayer Identification Number (TIN)				
Social Security Number: OR Employer Identification Number:					
Unique Ei	ntity Identifier UEI (If applicable):				
	Certified Underrepresented Business Ent	erprise Status			
If applicable, select all business	types. Corresponding certification from certifying	ng agency(ies) MUST be submitted with this form.			
□ Disability-owned Business Enterprise (DBE) □ Small Local Business Enterprise (SLBE) □ Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE) □ Women-owned Business Enterprises (WBE) □ Minority-owned Business Enterprises (MBE) □ Veteran-owned Business Enterprises (VBE) Non-Profit Your organization must be a tax-exempt non-profit. At least 51% of the organization's Board of Directors and Voting Membership must be women and/or members of one of our statutorily defined minority groups □ Woman Only − Non-Minority and Minority Woman Combined (W/NPO) □ Minority Woman Only (M/W/NPO) □ Minority Only - Minority Woman and Men Combined (M/NPO) For more information about business certification, visit http://www.boston.gov/departments/economic-development and/or http://www.mass.gov/supplier-diversity-office					
Payment Account Information BPHC requires Electronic Funds Transfer (EFT)					
• • • • • • • • • • • • • • • • • • • •					
Account Type (Select One): Checking Savings Financial Institution Name:					
Routing Number:	Routing Number: Account Number:				
		account and routing transit number. Do not send deposit slip.			
BPHC's payment policy is to process payment thirty (30) days after receipt date. To help expedite payment, submit invoices in a timely manner, provide a valid Purchase Order (PO) number on invoices and email to Accounts-payable@bphc.org . A detailed remittance notification of payment will be delivered to the email(s) provided above.					
Update to Financial Institution and Account Change will require a Void Check or Financial Institution Letterhead					
hereby authorize BPHC to provide all payments to the above designated financial institution account.					
Printed Name:		Date:			

Authorized Payee Signature: __



Request for Taxpayer Identification Number and Certification

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

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

	I Name (as snown 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								
on page 3.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
ns e	single-member LLC				code	(if any)			
ty tio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	_						
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)					
eci	☐ Other (see instructions) ▶		(Арр	lies to accounts	: mainta	ined outside	e the U.S.)		
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's na	me and a	address (op	tional)			
See									
•,	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
В.	The second to differ the New York (TIM)								
Par		Social	Leogurita	y number					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, the security number (SSN) is generally your social security number (SSN).	U.U.	T	y Humber	1 [$\overline{}$			
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			-	-				
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>				J				
TIN, later.				tification					
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emple	J L	r identification number					
7 407776	or re and the requester for guidelines on whose hamber to onton		-						
Dou	t II Certification				Ш				
Par									
	r penalties of perjury, I certify that:								
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have not bee	en notifi	ed by the	Inter				
3. I ar	n a U.S. citizen or other U.S. person (defined below); and								
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is correct.							

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.					
Sign Here	Signature of U.S. person ▶	Date ►			

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 taxpaver 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,

Background

Subrecipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each federal award subrecipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The subrecipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from Boston Public Health Commission (BPHC) and the disbursement by the subrecipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:					
Organization Name:	Organization Name:				
Street1:					
Street2:					
City:					
State:					
Zip Code:					
2. Authorized Represen	tative's Name and Title	e:			
Prefix: First Na	ame:		Middle Name:		
Last Name:			Suffix:		
Title:					
3. Phone:		4. Fax:			
5. Email:					
6. Year Established: 7. Employer Identification Number (EIN): 8. DUNS Number:			8. DUNS Number:		
9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? Yes No					
If "No" skip to Question 10.					
If "Yes", complete Ques	itions 9. b) and 9. c).				

AUDIT INFORMATION						
9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?	Yes	□No				
9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?	Yes	□No				
If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide as an attachment to its application a disclosure that satisfies the minimum requirements as described by OJP.						
For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.						
10. Has the applicant entity undergone any of the following types of audit(s)(PI	ease check	all that apply):				
"Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200						
Financial Statement Audit						
Defense Contract Agency Audit (DCAA)						
Other Audit & Agency (list type of audit):						
None (if none, skip to question 13)						
11. Most Recent Audit Report Issued: Within the last Within the last Over 2 years ago N/A 12 months 2 years						
Name of Audit Agency/Firm:						
AUDITOR'S OPINION						
12. On the most recent audit, what was the auditor's opinion?						
☐ Unqualified Opinion ☐ Qualified Opinion ☐ Disclaimer, Going Concern ☐ N/A: No audits as or Adverse Opinions ☐ described above						
Enter the number of findings (if none, enter "0":						
Enter the dollar amount of questioned costs (if none, enter "\$0"):						
Were material weaknesses noted in the report or opinion?	□Yes	□No				
13. Which of the following best describes the applicant entity's accounting system: Manual Automated Combination of manual and automated						
14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?	Yes	□ No □ Not Sure				
15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?						
16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?	Yes	□ No □ Not Sure				

17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?	Yes	☐ No	☐ Not Sure			
18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?	☐ Yes	☐ No	Not Sure			
19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R Part 200?	☐ Yes	☐ No	■ Not Sure			
PROPERTY STANDARDS AND PROCUREMENT	T STANDARDS					
20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?	Yes	□ No	☐ Not Sure			
21. Does the applicant entity maintain written policies and procedures for procurement transactions that (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?	Yes	□ No	☐ Not Sure			
22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?	Yes	☐ No	☐ Not Sure			
22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?	Yes	☐ No	■ Not Sure			
23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?	Yes	□ No	☐ Not Sure			
TRAVEL POLICY						
24. Does the applicant entity:						
(a) maintain a standard travel policy?						
(b) adhere to the Federal Travel Regulation (FTR)? Tyes No						
SUBRECIPIENT MANAGEMENT AND MONIT	TORING					
25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?	make		Not Sure does not ds under any			

26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?	Yes No Not Sure N/A - Applicant does not make subawards under any BPHC awards				
27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?	Yes No Not Sure N/A - Applicant does not make subawards under any BPHC awards				
DESIGNATION AS 'HIGH-RISK' BY OTHER FEDER	AL AGENCIES				
28. Is the applicant entity designated "high risk" by a federal grant-making agency? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.) If "Yes", provide the following: (a) Name(s) of the federal awarding agency: (b) Date(s) the agency notified the applicant entity of the "high risk" designation: (c) Contact information for the "high risk" point of contact at the federal agency: Name: Phone: Email:	Yes No Not Sure				
(d) Reason for "high risk" status, as set out by the federal agency:					
CERTIFICATION ON BEHALF OF THE APPLICA					
(Must be made by the chief executive, executive director, chief financial representative ("AOR"), or other official with the requisite know					
On behalf of the applicant entity, I certify that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.					
Name:	Date:				
Title: Executive Director Chief Financial Officer Chairman					
Other:					
Signature:					