PRINCE GEORGE'S COUNTY COUNCIL



County Administration Building, Second Floor 14741 Governor Oden Bowie Drive, Upper Marlboro, Maryland 20772

Potential contract awardees must complete the following to receive an award from Prince George's County, Maryland. Returning the completed originals as directed below:

- 1. If business has <u>not</u> previously been conducted with Prince George's County Government, complete the online vendor registration utilizing this link: <u>Vendor Registration</u>. Please advise the County Council Office of Finance when Online Registration is completed.
- 2. Complete the Corporate Acknowledgement form or Limited liability Company Acknowledgement, whichever may apply.
- 3. Complete the Vendors Oath and Certification/Certification of Assurance of Compliance Regarding Fair Labor Standards Act.
- 4. Complete the Bidder/Offeror Statement of Ownership Part B, Bidder Qualification Statement
- 5. Provide a Certificate of Insurance which includes Prince George's County, Maryland as an additional insured party under your insurance policy.
- 6. Provide documentation of registration as a Business/Foreign Business in the State of Maryland. If the not already registered, please visit this internet link which outlines how to register.

 http://www.dat.state.md.us/sdatweb/nonmaryland.html
- 7. Complete the Suspension and Debarment Affidavit
- 8. Complete the IRS W-9
- 9. Complete the Electronic Funds Disbursement Form
- 10. Return Completed Package to:

Kerry A. MacWilliams Prince George's County Council 14741 Gov. Oden Bowie Drive Upper Marlboro, MD 20772 301 952-3716 kamacwilliams@co.pg.md.us

PRINCE GEORGE'S COUNTY, MARYLAND

Certification of Assurance of Compliance Regarding Suspension and Debarment

General

In accordance with the common rule implementing Executive Orders 12549 and 12689, the implementing rules and regulations thereof, a Certification of Compliance with the Suspension and Debarment rule is required of bidders or prospective contractors receiving a contract or award from Prince George's County, Maryland. Receipt of such certification shall be a prerequisite to the award of contract and payment thereof.

Certification of Bidder

I (We) am an authorized representative and hereby certify that our firm, as producer of the goods and/or services to be purchased by Prince George's County, Maryland, has complied with all applicable requirements of the Suspension and Debarment rule.

Signature:	Date:
Signer's Name (Print):	
Title:	
Firm Name:	
Duns Number:	
Verification by	County Agent
Onthe federal website <a href="https://checked and onthe state ventures://egov.maryland.gov/BusinessExpress/Erreferenced vendor does not appear on the list of otherwise excluded from or ineligible for partial assistance programs or activities.</th><th>vebsite https://www.nebsite.com/restate-nebsite.com/rest	
Name:	Date:



Request for Taxpayer Identification Number and Certification

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

Internal	neverlue Service						
	Name (as shown or	n your income tax return)					
ge 2.	Business name/disregarded entity name, if different from above						
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate						
Print or type c Instructions	Limited liabilit	ty company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶			_ Exomp	t payee	
급등	Other (see ins	structions) ►					
pecifi	Address (number, s	street, and apt. or suite no.) Requester's na	ame and address	(optiona	l)		
See S	City, state, and ZIP	code					
	List account number	er(s) here (optional)					
Par	Taxpa	yer Identification Number (TIN)					
Enter	our TIN in the ap	propriate box. The TIN provided must match the name given on the "Name" line Social	al security numb	er			
		lding. For individuals, this is your social security number (SSN). However, for a					
		orietor, or disregarded entity, see the Part I instructions on page 3. For other	-	-			
	s, it is your emplo page 3.	yer identification number (EIN). If you do not have a number, see <i>How to get a</i>					
		n more than one name, see the chart on page 4 for guidelines on whose	loyer identificati	on numb	 oer		
	er to enter.	Thore than one hame, see the chart on page 4 for guidelines on whose					
	10 0111011		-				
Part	☐ Certifi	cation				•	
Under	penalties of perju	ry, I certify that:					
1. The	number shown o	on this form is my correct taxpayer identification number (or I am waiting for a number to b	be issued to me	e), and			
Ser	vice (IRS) that I ar	ackup withholding because: (a) I am exempt from backup withholding, or (b) I have not be m subject to backup withholding as a result of a failure to report all interest or dividends, o backup withholding, and					
3. I ar	n a U.S. citizen or	other U.S. person (defined below).					
because interest general instructions	se you have failed at paid, acquisition	ons. You must cross out item 2 above if you have been notified by the IRS that you are curd to report all interest and dividends on your tax return. For real estate transactions, item 2 nor abandonment of secured property, cancellation of debt, contributions to an individual ner than interest and dividends, you are not required to sign the certification, but you must	2 does not app Il retirement arr	ly. For nangeme	nortgage ent (IRA)	e , and	
Sign Here	Signature of U.S. person						

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

Form W-9 (Rev. 12-2011) Page **2**

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

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, 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

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. 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 will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic 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, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the 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 tax classification in the space provided. If you are an LLC that is treated as a partnership for 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. 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 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.

Form W-9 (Rev. 12-2011) Page **3**

Other entities. Enter your business name as shown on required 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.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

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.

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

The following payees 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, or
- 5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 - 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 - 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution.
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. 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 15.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 1	Generally, exempt payees 1 through 7 ²

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

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, 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 domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 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 on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

- 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.

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.

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- **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 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:
Individual Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account '
Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
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 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	Legal entity ⁴ The corporation
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC12. A broker or registered nominee	The partnership 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.

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. 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.

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.

⁴List 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.

CORPORATE ACKNOWLEDGEMENT

	Bond No
	Contract No
STATE OF MARYLAND:	
COUNTY OF	Tax I.D. #:
On this day of	, before me the undersigned
Notary, personally appeared(Print or Ty	
and acknowledge as follows:	pe Corp. Sec or other Officer)
That he/she is the(Print or Ty	of the
(Print or Ty	pe Title)
(Print or Type Name of Corporation)	, a corporation in good standing in
the State of Maryland and named as Principal in t	the attached instrument:
•	
That(Print or Type Name or Corp. Officer signing	as
(1 thit of Type Ivanie of Corp. Officer signif	ing contract) (11iit of Type Title)
	id instrument was duly signed, sealed and attested to on behality of the following officers of said corporation: (Print or Type Title)
(Print or Type Name)	
(Signature)	(Print or Type Title)
(Print or Type Name)	
(Signature)	(Print or Type Title)
(Print or Type Name)	
And that said acknowledgement of the said instru	ament is the free act and deed of the said corporation.
(SEAL)	
	Notary Public

LIMITED LIABILITY COMPANY ACKNOWLEDGEMENT

STATE OF	:
COUNTY OF	: SS., :
me, the undersigned Subscriber, a Nota	on this day of, 200 before ary Public of the State of Maryland in and for the, who
Corporation, the managing member of _ limited liability co	, a ompany, and stated that as an officer and being
authorized to do so, he executed the for Contract for	regoing for the purpose herein contained and further ct of
AS WITNESS my hand and Nota	rial Seal.
(SEAL)	Notary Public
My commission expires:	

[ATTACH COPIES OF LLC'S OPERATING AGREEMENT AND ARTICLES OF ORGANIZATION]

VENDORS OATH AND CERTIFICATION

Pursuant to Subtitle 10, Section 10A-110 of the Prince George's County Code, the Purchasing Agent requests as a matter of law that any contractor receiving a contract or award from Prince George's County, Maryland, shall affirm under oath as below. Receipt of such certification, under oath, shall be a prerequisite to the award of contract and payment thereof.

"I (We) hereby declare and affirm under oath and the penalty of making a false statement that if the contract is awarded to our firm, partnership or corporation that no officer or employee of the County whether elected or appointed, is in any manner whatsoever interested in, or will receive or has been promised any benefit from, the profits or emoluments of this contract, unless such interest, ownership or benefit has been specifically authorized by resolution of the Board of Ethics pursuant to Section 1002 of the Charter of Prince George's County, Maryland; and

I (We) hereby declare and affirm under oath and the penalty of making a false statement that if the contract is awarded to our firm, partnership or corporation that no member of the elected governing body of Prince George's County, Maryland, or members of his or her immediate family, including spouse, parents or children, or any person representing or purporting to represent any member or members of the elected governing body has received or has been promised, directly or indirectly, any financial benefit, by way of fee, commission, finder's fee, political contribution, or any other similar form of remuneration and/or on account of the acts of awarding and/or executing this contract, unless such officer or employee has been exempted by Section 1002 of the Charter of Prince George's County, Maryland.

Name:	Title:
CERTIFICATION OF ASSURANCE OF COMPLIANCE	CE REGARDING FAIR LABOR STANDARDS ACT
In accordance with the Fair Labor Standards Act of implementing rules and regulations thereof, a Certificate of is required of bidders or prospective contractors receiving Maryland. Receipt of such certification shall be a prerequire	a contract or award from Prince George's County,
Certification	of Bidder
I (We) hereby certify that our firm, as producer of the Maryland, has complied with all applicable requirements of Sections 201-216, 217-219, 557).	e goods to be purchased by Prince George's County, the Fair Labor Standards Act of 1938 (29 USCS,
Handwritten Signature of Authorized Principal(s):	
Name:	Title:
Name of Firm/Partnership/Corporation:	
Date	

Handwritten Signature of Authorized Principal(s):

BIDDER/OFFEROR STATEMENT OF OWNERSHIP

Part A below requires a business entity, when responding to a bid or proposal solicitation, to provide a statement of ownership as a condition of eligibility to receive a contract from Prince George's County.

NO	TE: Submission of	completed docum	ent is	prerequisite to av	ward.	
РΑ	RT "A" – OWNERS	HIP		Date		
1.	Full name and addr	ess of business				
	City ar	nd State		Zip Code	Bus. Phone	w/area code
2.	Is the business inco	orporated?	yes	no		
3.	Other names used	by business i.e., T/	Ά			
No	n-Corporate Busin	ess				
	esponse to Item #2 ving a 10% or greate				and residence address	of each individual
	Name	I	Busin	ess Address	Res	idence Address
Со	rporate Business I	Entities				
ls t	he corporation listed	d on a National Sec	curitie	s Exchange?	_yesno	
4.		all officers of the c		ation, their busine	ess and residence add	resses and the date
	Name	Residence Office		Business/Addre	ess	Date Office Assumed
5.					ctors, their business ar date his/her term as a	nd residence a Director shall expire (if
	Name	Residence Business/Addres	ss	Date Office Assume	d	Date Term of Office Expires

6.	List the names and residence addresse of corporate security, including but not I any type or class.							
	Name		F	Residence Address				
This	s Financial Disclosure Statement has bee	en prepared	by					
	0	n this	day of	, 20				
		Signed	by Preparer					
	PART "B" - BIDD	ER'S QUAI	LIFICATION STATEMENT					
brib	t B is Bidder's Qualification Affidavit of "Ne, and is required under Section 16-311 oned form must be submitted with bid.	of the Maryla	and State Finance and Pro	curement Article. This				
1.	I am the a party interested in obtaining a contract documents for Bid No	of t with Prince 	e George's County under c	onditions set forth in				
2.	Upon examination of relevant records a employees of the aforementioned busin been convicted of, or entered a plea of conspiracy to bribe under the laws of th other than those listed on the attachmen place and date of conviction or plea);	ness entity h nolo conten e State of M	as on the basis of acts con dere to, a charge of bribery laryland, any other state, o	nmitted after July 1, 1977, v, attempted bribery or r the federal government				
3.	I have been authorized to make this sta	tement on b	ehalf of the aforementione	d party.				
			(Signature)					
	ACKNOWLEDGMENT (Corporate)							
	I,Nar	ne (Printed)		certify that I am the				
		, ,		and				
	Title and Office		of Business	Entity				
	that		who signed the above A	.ffidavit/				
	thatName (Printed)		o o.gouo azoro.					
	is	of	said entity: that I know his	/her				
	Title	01	Said Chitty, that I know his	/ IICI				
	signature, and his/her signature thereto was duly signed, sealed, and attested for Further, under penalty of perjury I solen Statement of Ownership are true to the	or in behalf on the second of	of said entity by authority of nat the contents of the fore	f its governing body. going Affidavit and				
				(SEAL)				
			(Name Printed)	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
				(SEAL)				
			(Signature)	(SEAL)				
			- ,	(OFAL)				
		(Corporate Seal (as applicat	(SEAL) ble)				

P.G.C. Form #3962 (Rev. 9/92)

Certificate of Insurance Request

Vendor: _	Attn:
Date: _	GEURGE

PLEASE SEND AN UPDATED CERTIFICATE OF INSURANCE AS SOON AS POSSIBLE TO AVOID DELAYS IN PROCUREMENT. IF YOU HAVE SENT ONE IN BEFORE IT MAY HAVE EXPIRED. PLEASE EMAIL OR FAX THE CURRENT CERTIFICATE TO THE FAX NUMBER BELOW AND THEN MAIL THE ORIGINAL TO THE ADDRESS BELOW. YOUR PROMPT RESPONSE WOULD BE GREATLY APPRECIATED.

- 1.) COVERAGE TYPES AND AMOUNTS ARE PER TERMS & CONDITIONS OF CURRENT CONTRACT. COVERAGE TYPES AND AMOUNTS FOR NON-CONTRACT PURCHASES TO BE DETERMINED BY THE PRINCE GEORGE'S COUNTY MARYLAND RISK ASSESSMENT MANAGER, MR. STEVE MIDDLETON @ (301) 952-3563
- 2.) 'PRINCE GEORGE'S COUNTY MARYLAND' MUST BE CLEARLY NAMED AS ADDITIONAL INSURED (CHECK_BOX NOT ACCEPTABLE)
- 3.) <u>CERTIFICATE HOLDER</u> FIELD MUST <u>CONTAIN</u> THE <u>CORRECT TITLE AND ADDRESS</u> AS FOLLOWS:

PRINCE GEORGE'S COUNTY MARYLAND
CONTRACT ADMINISTRATION & PROCUREMENT DIVISION
1400 MCCORMICK DRIVE
SUITE 200
LARGO, MD 20774

^{*} Please see the following 'Sample Certificate' that illustrates the County requirements *



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

TEAV

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT

NAME:

1				(A/C, N	o, Ext):		(Â/Ĉ, No):		
	SAMPLE		E-MAIL ADDRESS:						
1			PRODUCER CUSTOMER ID #:						
	D2 1172			INSURER(S) AFFORDING COVERAGE					NAIC #
INSUR	ED CERTI	FIC	ATE	INSURER A:					NAIC #
				INSURER B :					
1				INSURE					
				INSURE					
				INSURE					
COV	ERAGES CER	TIFICA	TE NUMBER.	INSURE	RF:		DEL/2010NI NUMBER		
	S IS TO CERTIFY THAT THE POLICIE		ATE NUMBER:	MANGE DEC	N ISSUES TO	THE MOUSE	REVISION NUMBER:		
CE	ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIRE! PERTAI	MENT, TERM OR CONDITION N. THE INSURANCE AFFOR	N OF AN	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR ND POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	s	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	s	
							GENERAL AGGREGATE	\$	
l 17	GEN'L AGGREGAT COVERACE T		S AND AMOUNTS	ADE		MC 0 CC	NDITIONS OF		
	ANY AUTO		E DETERMINED T MANAGER, MR						(LAND
	HIRED AUTOS						(Per accident)	\$	
	NON-OWNED AUTOS							\$	
								3	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	8	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	
	DEDUCTIBLE							s	
	RETENTION \$							s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
I 17	NY PROPRIETOR/PARTNER/EXECUTIVE				1		E.L. EACH ACCIDENT	s	
1 10	DFFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
	yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
								·	
		l			-				
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta	sch ACORD 101, Additional Remark	ks Schedule	if more space is	required)			
PRINCE GEORGE'S COUNTY MARYLAND IS NAMED AS ADDITIONAL INSURED									
CER	TIFICATE HOLDER			CANC	ELLATION				
			CARTE AND	CANC	ELLATION				
ll .	INCE GEORGE'S COUN			sно	ULD ANY OF T	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE
ll .	ntract Administration & P. 00 McCormick Drive	rocure	Contract Administration & Procurement Division THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				REOF, NOTICE WILL E		

Largo, MD 20774

Suite 200

AUTHORIZED REPRESENTATIVE

PRINCE GEORGE'S COUNTY MARYLAND OFFICE OF FINANCE ELECTRONIC DISBURSEMENT NOTICE



Dear County Business Partner:

The County is pleased to offer your enterprise the opportunity to receive future invoice payments electronically through the Automated Clearing House (ACH) Payment System. Payments can be posted directly to your business bank account. Our Accounts Payable Section will mail a separate advice to detail the paid invoice(s) information and to confirm the transmission date so that you can update your financial records. The County reserves the right to reverse - without prior notice - any erroneous transmissions.

To qualify for this payment method, the County must have made at least five payments to your business in the prior twelve-month period or you must currently have an open purchase order or a legal contract with the County. You must also bank with a financial institution capable of processing these electronic transfers.

To enroll in this new program, please complete the enclosed Authorization for Electronic Funds Disbursement form. After processing of your form is complete (approximately 60 days after receipt), you can expect electronic payments at the designated bank until you advise us in writing to stop payments.

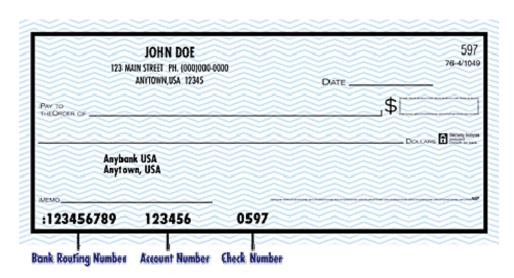
Keep a copy for your records and forward the original completed form to:

PRINCE GEORGE'S COUNTY, MARYLAND OFFICE OF FINANCE ATTN: R.I. MORGAN 14741 GOV. ODEN BOWIE DRIVE, SUITE 3151 UPPER MARLBORO, MD 20772

If you have any questions or concerns, please contact our Accounts Payable Department by email (pgcap@co.pg.md.us) or telephone (301.952.5481). Thank you and we look forward to working with you.

Sincerely, Robert I. Morgan Disbursements Manager

USE THIS SAMPLE CHECK FORMAT AS A GUIDE TO DETERMINE THE ACCOUNT NUMBER AND THE NINE-DIGIT ROUTING NUMBER



PRINCE GEORGE'S COUNTY MARYLAND

OFFICE OF FINANCE – ACCOUNTING DIVISION 14741 GOV. ODEN BOWIE DRIVE, SUITE 3151 UPPER MARLBORO, MD 20772

Voice: 301.952.5481 Fax: 301.952.3529 Email: pgcap@co.pg.md.us

AUTHORIZATION FOR ELECTRONIC FUNDS DISBURSEMENT

PRIVACY ACT STATEMENT

The following information is being provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to start/stop payment data by electronic means to the referenced financial institution. Failure to provide correct or complete information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. (April 2004)

VENDOR/PAYEE INFORMATION

Action: Start Stop	Federal TIN/SSN				
Legal Name	Business Name (if different)				
Address	City State Zip				
Remittance Address (if different)					
Contact	Title				
VoiceEmail	Fax				
FINANCI	AL INSTITUTION				
Name of Bank	Account Title				
Address	City State Zip				
Contact	Telephone				
Account Number	Checking Savings				
Nine-digit Routing No:					
CONDITIONS AND AUTHORIZATION					
I acknowledge that this form has been completed to the best of my knowledge. I understand that in the event of an erroneous payment, the County reserves the right to reverse a transfer and further understand that failure to provide accurate information could result in a forfeit of this payment method. I certify that I am a multiple payment vendor of at least five payments and will provide the County with my vendor number on all correspondence. I must communicate any changes in the financial institution(s) or account(s) to the County within five business days of the new information becoming effective. I understand that this payment method is governed by County policy that may periodically change without prior notice. I hereby authorize Prince George's County to electronically transfer payments due to the referenced business enterprise for goods or services rendered to the County.					
Officer Name	Title				
Signature	Date				
OFFICIAL USE ONLY					

Date _

Processor ___

Pay Entity _

Vendor No. _