



STEP OUTSIDE GRANT GUIDELINES

The Ohio Division of Wildlife offers “STEP OUTSIDE” grants to local government agencies, non-profit organizations, and other family and youth-oriented facilities to promote outdoor skills such as fishing, hunting, trapping, archery, and shooting sports. These grants are designed to provide funding for activities that are otherwise unaffordable for the sponsoring agency or organization; they are not meant to fund existing programs or to provide on-going funding for newly established programs or activities. This mini-application is designed to facilitate the application process, and to make the grants easily accessible to all interested agencies and organizations. Upon completion, all application components should be returned to: Outdoor Education Section, ODNR, Division of Wildlife, 2045 Morse Road, Bldg. G, Columbus, OH 43229-6693.

WHAT IS THE “STEP OUTSIDE” PROGRAM?

The “STEP OUTSIDE” program is a national program sponsored by the National Shooting Sports Foundation. It is a program that encourages outdoor enthusiasts to introduce friends, family, and special guests to share in the outdoor experience. It is easy to be part of this program. Just invite a beginner to a “STEP OUTSIDE” program and share the outdoor sports experience. New target shooting, hunting, fishing, and archery enthusiasts mean a brighter future for these sports, stronger clubs, stronger state agencies, and new friends with whom to share the fun.

WHO IS ELIGIBLE TO APPLY FOR THE GRANT?

City, county, and community park and recreation agencies
Local and state conservation clubs
Youth-oriented groups such as scouts, 4-H, YMCA/YWCA, Big Brothers/Sisters, etc.
NOTE: Private individuals are not eligible

HOW MUCH MONEY IS AVAILABLE?

Grants are available for up to \$500.00, depending upon the proposed project and budget.

WHEN IS THE APPLICATION DEADLINE?

Applications for Outdoor Skills “Step Outside” Grants are accepted throughout the year.

HOW LONG DOES THE GRANT PROCESS TAKE?

Applicants must allow a minimum of 60 days to receive funds from the Division of Wildlife. A grant cannot be awarded for an event that has already taken place.

HOW OFTEN CAN AN AGENCY OR ORGANIZATION APPLY?

Agencies or organizations can apply annually. These grants are competitive in nature and are awarded based on merit. The Division of Wildlife reserves the right to limit the number of grants to a specific agency or organization in order to reach new communities or audiences elsewhere in the state.

WHAT ARE SOME SUGGESTED ACTIVITIES THAT ARE ELIGIBLE FOR FUNDING?

Family Fishing Days (fishing and aquatic education activities)
Outdoor Skills Days (shooting and fishing activities)
Shooting Skills Days (rifle, shotgun, muzzleloaders, archery shooting)
Beginning Trapping Skills Days (hands-on trapping activities)
Advanced Hunting Clinics (species specific to include hands-on participation)
National Hunting and Fishing Day Activities
Free Fishing Days Activities and Celebration
National Fishing Week Activities
National Trapping Month Activities

NOTE: Activities involving competition are not eligible. Activities and events must have an educational value and include a hands-on experience.

WHAT ITEMS AND SUPPORT MUST THE GRANT RECIPIENT PROVIDE?

Appropriate site and facility for the event/activity (the recipient doesn't have to own the facility)

Coordination and planning for the event/activity

Personnel and staffing for the event/activity

Acknowledgment of the Division of Wildlife as a co-sponsor

NOTE: Each grant recipient must provide a minimum of 30 hours of planning, coordinating, and instruction time for each grant. This can include all instructors, assistant instructors, and volunteers.

WHAT EXPENSES CAN THE MONEY BE USED FOR?

Insurance

Picnic Supplies/Refreshments

Ammunition, Shooting Supplies, Targets, and Clay Targets

Live Bait and Terminal Fishing Tackle

Advertisement flyers and brochures for the Scheduled Event

Special Population Supplies and Services (interpreters, adaptive equipment)

WHAT EXPENSES ARE NOT ELIGIBLE FOR THE GRANT MONEY?

Prize Items

Organization/Agency Overhead Costs, Including Postage

Guest Speaker Costs

Promotion of Agency or Organization

Facility Rental

Charter Fees/Expenses

WHAT DOESN'T THE DIVISION OF WILDLIFE PROVIDE?

Staffing and/or coordination of the event or activity

Registration for the event or activity

Prize items

Live bait

Ammunition or other disposable supplies (targets, black powder, etc.)

Equipment

HOW MANY PEOPLE SHOULD THE ACTIVITY OR EVENT INCLUDE?

Activities supported through the grant must include a minimum of 25 participants OR be open to the public. A ratio of one instructor for every five students is recommended.

WHO CAN PARTICIPATE IN THE SCHEDULED EVENT OR ACTIVITY?

All activities supported by the Division of Wildlife must be open to all citizens regardless of race, color, national origin, sex, age, mobility, visual disabilities, or learning disabilities. Risk mgt. and safety considerations, however, may limit active participation by some age or ability groups.

WHO IS RESPONSIBLE FOR COORDINATION OF SAFETY AND RISK MGT. CONCERNS?

The grant recipient is responsible for all safety and risk management concerns. The Ohio Division of Wildlife does not accept any liability for damage or injury resulting from activities supported through the Outdoor Skills Step Outside Grants. The cost of liability insurance, however, can be purchased with grant funds.

IN ADDITION TO THE COMPLETED APPLICATION, WHAT ELSE IS REQUIRED?

In addition to a completed grant application, the applying agency or organization must submit a completed W-9 Tax ID Form (with original signature in blue ink only), and a dated invoice for the amount of the grant request. Applications without these components will not be accepted. The grant recipient must also submit a completed Final Report and evaluation form within 30 days following the activity or event. Failure to submit this report will exclude the agency or organization from future support from the Division of Wildlife.

Dear Applicant,

The following grant guideline changes have been listed to help expedite the application process. Please be aware of the following new changes.

APPLICATION:

- Please indicate on the grant application and final report if your event is a **Hunting/Recreational Shooting** event, **Fishing/Aquatic Education** event, or **both**. (Check one only)
- Please read and initial each paragraph on page 4 under the section that reads “All applicants, please read and initial the paragraph below”.
 - If you answer “**NO**” to the second paragraph, please complete and submit the attached Homeland Security form, on page 8 of the application

FINAL REPORT:

- Each instructor is now required to sign the Final Report form, on page 7 of the application. Instructors are also required to report a breakdown of their **hours taught, hours traveled, preparation time, and activity** as it pertains to the event listed on the application.
- Subsequently, only volunteer names, signatures, and hours that are applicable to the activities listed on the application upon submission can be reported to the Division of Wildlife on the Final Report.

Things to remember:

- Applicants must allow a minimum of 60 days to receive funds from the Division of Wildlife.
- If there are any incomplete portions of your application, we will have to send it back to you for completion, which will slow processing of your grant application request.



Division of Wildlife
Ohio Department of Natural Resources

“STEP OUTSIDE” APPLICATION

THIS APPLICATION PACKET INCLUDES: Application, W-9 Tax Identification Form, Sample Invoice, Final Report Form, Homeland Security Form and Vendor Information Form.

TYPE OF EVENT (**Check one only**): Hunting/Recreational Shooting Fishing/Aquatic Education Both

PLEASE PRINT OR TYPE

NAME OF AGENCY OR ORGANIZATION: _____

STREET ADDRESS: _____

CITY / STATE / ZIP CODE: _____

DAYTIME PHONE (INCLUDING AREA CODE): _____

CONTACT PERSON NAME & PHONE NUMBER _____

EMAIL ADDRESS _____

FAX NUMBER _____

TAX IDENTIFICATION NUMBER: _____

HAVE YOU RECEIVED A GRANT FROM THE DIVISION OF WILDLIFE IN THE PAST? _____

IF YES, WHEN: _____ NAME OF PRIOR ACTIVITY: _____

NAME OF PROPOSED EVENT OR ACTIVITY: _____

DATE / DATES OF PROPOSED ACTIVITY: _____

LOCATION OF ACTIVITY/EVENT: _____

DESCRIPTION OF EVENT OR ACTIVITY: _____

HOW MANY PARTICIPANTS DO YOU EXPECT? _____

IS THE EVENT / ACTIVITY OPEN TO THE PUBLIC? YES NO

PROPOSED BUDGET (For "Step Outside" GRANT Funds):

ITEM/CATEGORY	AMOUNT (Please use whole dollar amounts)
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
TOTAL	\$ _____

ALL APPLICANTS, please read and initial the paragraph below:

Executive Order 2007-01S: In accordance with Executive Order 2007-01S, Cooperator, by signature on this document, certifies it: (1) has reviewed and understand Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws as found in Ohio Revised Code Chapter 102 and in Ohio Revised Code Sections 2921.42 and 2921.43, and (3) will take no action inconsistent with those laws or the Executive Order. The Cooperator understands that failure to comply with Ohio's ethics and conflict of interest laws and/or with Executive Order 2007-01S is, in itself, grounds for termination of this Agreement and my result in the loss of other contracts or grants with the State of Ohio. The Executive Order can be found at: "<http://www.governor.ohio.gov/Portals/0/Executive%20Orders/Executive%20Order%202007-01S.pdf>"

Initials: _____

Is your organization a public school, state college, or governmental agency?

YES NO (check one)

If you answered "NO" to the above question, please complete and submit the attached Homeland Security form. The Homeland Security form should be returned to the Division of Wildlife along with the "Step Outside" grant application in order to be processed and considered for approval.

The **SERVICING PARTY** affirms that, if required to do so pursuant to Section 2909.33 of the Ohio Revised code, (Servicing Party) hereby represents ad warrants that (Servicing Party): (1) has not provided material assistance to an organization listed on the Terrorist Exclusion List of the State Department of the United States; (2) has obtained a current copy of the Terrorist Exclusion List; and (3) truthfully has answered "No" to every question on the Ohio Department of Public Safety's form "Declaration Regarding Material Assistance/Nonassistance to a Terrorist Organization." If this representation is deemed false, this Agreement is void ab initio and (Servicing Party) immediately shall repay to the State any funds paid under this Agreement. Information and forms concerning the Declaration may be found at http://www.publicsafety.ohio.gov/links/HLS_0038_Contracts.pdf.

Initials: _____

Have you included a W-9 tax identification form (with **original** signatures in blue ink) & a dated invoice with this application? (Applications are not accepted without a W-9 form)

SIGNATURE: _____

TITLE/POSITION: _____ **DATE:** _____

Upon completion, all application components should be returned to:

Outdoor Education Section
 ODNR, Division of Wildlife
 2045 Morse Road, Bldg. G-1
 Columbus OH 43229-6693

Do not write in this space.

Date Packet Received _____	Date W-9 Processed _____	Approved _____
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Division of Wildlife
Ohio Department of Natural Resources

"STEP OUTSIDE" GRANT FINAL REPORT

TYPE OF EVENT (**Check one only**): Hunting/Recreational Shooting Fishing/Aquatic Education Both

GRANT RECIPIENT NAME: _____

STREET ADDRESS: _____

CITY / STATE . ZIP CODE: _____

CONTACT PERSON & PHONE NUMBER: _____

E-MAILADDRESS: _____

FAX NUMBER _____

NAME OF EVENT OR ACTIVITY: _____

DATE OR DATES OF ACTIVITY: _____

BRIEF SUMMARY: _____

HOW MANY PARTICIPANTS WERE INVOLVED? MALE _____ FEMALE _____ TOTAL _____

HOW MANY PARTICIPANTS WERE IN THE FOLLOWING GROUPS? YOUTH _____ ADULT _____

WHITE _____ BLACK _____ HISPANIC _____ NATIVE AMERICAN _____ ASIAN/PACIFIC ISLANDER _____

HANDICAPPED _____

EXPENSES THAT UTILIZED GRANT FUNDS	AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
TOTAL	\$ _____

Upon completion, all reports should be returned to: Outdoor Education Section, ODNR, Division of Wildlife, 2045 Morse Road, Bldg., G-1, Columbus, Ohio 43229-6693



Division of Wildlife
Ohio Department of Natural Resources

“STEP OUTSIDE” GRANT

INSTRUCTOR NAMES, SIGNATURES, AND HOURS - FINAL REPORT

TYPE OF EVENT (Check one only): Hunting/Recreational Shooting Fishing/Aquatic Education Both

Lead Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
--------------	-----------	----------

Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
--------------	-----------	----------

Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

Assistant Instructor

Printed Name	Signature	Activity
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Hunting/Recreational Shooting		
Hour Taught	Hours Traveled	Prep. Time

Fishing/Aquatic Education		
Hours Taught	Hours Traveled	Prep. Time

SAMPLE INVOICE

INVOICE TO:

ODNR-Division of Wildlife
2045 Morse Road, Bldg. G
Columbus, OH 43229-6693

FROM:

WILD THING SPORTSMAN'S CLUB
111 WILDMAN LANE
WILD CITY, OHIO 12121
Phone (000) 000-0000; Fax (000) 000-0000
E-mail: wildthingsportsmansclub@yourcarrier.net

INVOICE

DATE: 01-12-2010

Please remit \$500.00 for the upcoming (YOUR EVENT NAME) event, scheduled for (YOUR EVENT DATE), which is to be accomplished under the "Step Outside" grant between the Wild Thing Sportsman's Club and the Ohio Division of Wildlife.

----- (YOUR SIGNATURE) -----
Joe Wildman
President
Wild Thing Sportsman's Club

GOVERNMENT BUSINESS AND FUNDING CONTRACTS
 In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE ()		WORK PHONE ()		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME		FIRST NAME		MI
BUSINESS/ORGANIZATION NAME			PHONE ()	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

APPLICANT SIGNATURE

DATE

- 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 recipient 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 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include 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 4 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 regarding partnerships* on page 1.

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" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

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" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business 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.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

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 chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

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

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

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-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., 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.socialsecurity.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 ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.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. Writing "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 items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

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

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

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal 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 regarding partnerships* on page 1.

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



VENDOR INFORMATION FORM

All applicable parts of the form must be completed by the vendor and returned to Ohio Shared Services signed.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) ADDITIONAL ADDRESS (PROVIDE COPY OF INVOICE OR LETTER)
 CHANGE OF ADDRESS (PROVIDE ADDRESS TO BE REPLACED IN THE COMMENTS BOX ON NEXT PAGE)
 CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)
 CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)
 CHANGE OF PAYTERMS CHANGE OF CONTACT CHANGE OF PO DISPATCH METHOD

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

TAXPAYER ID # (TIN):

BUSINESS ENTITY: NOTE: IF SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME

- CORPORATION PARTNERSHIP SOLE PROPRIETOR
 NON PROFIT INDIVIDUAL
 OTHER (PLEASE EXPLAIN)

INDUSTRY CLASSIFICATION:

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

SECTION 4 – REMIT TO ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS:

CITY:

STATE:

ZIP CODE:

SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEB SITE:

PHONE:

FAX:

E-MAIL:

SECTION 6 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)

MBE (MINORITY BUSINESS ENTERPRISE) EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY) N/A

SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 8 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (INPUT E-MAIL ADDRESS OR FAX # BELOW)

E-MAIL:

FAX:

SECTION 9 – PLEASE SIGN & DATE

SIGNATURE:

DATE:

SECTION 10 – AGENCY CONTACT INFORMATION

AGENCY NAME:

PHONE NUMBER:

E-MAIL:

COMMENTS:

SUBMIT FORM TO:

Mail: Ohio Shared Services
4310 E. Fifth Ave. Columbus, OH 43219
Fax number: (614) 485-1039
E-mail: vendor@ohio.gov

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov