#### **Division of Wildlife**

**Ohio Department of Natural Resources** 





# OUTDOOR EDUCATION \( \sqrt{}\) "WILD SCHOOL SITES" GRANT GUIDELINES

The ODNR—Division of Wildlife offers **WILD SCHOOL SITES** grants to local schools, government agencies, non-profit organizations and other school-oriented facilities to start a **WILD SCHOOL SITE** or outdoor classroom. These grants are designed to provide funding for materials, equipment and activities that are otherwise unaffordable to the school or organization; they are not meant to provide on-going funding to existing **WILD SCHOOL SITES**. This is a start-up grant intended to help an organization begin the development of a **WILD SCHOOL SITE**. This application packet is designed to facilitate the application process, and to make the grants easily accessible to all interested schools and organizations.

#### WHAT IS THE "WILD SCHOOL SITE" PROGRAM?

"WILD SCHOOL SITES" are considered an action extension of Project WILD and are administered by the ODNR-Division of Wildlife in Ohio. The grant project coordinator(s) must have attended a Project WILD, Aquatic WILD, Growing Up WILD, or Science and Civics workshop to be eligible for funding. A WILD SCHOOL SITE is any school property used by students, teachers, and the school community as a place to learn about and benefit wildlife and the environment. WILD SCHOOL SITES function within the premise that every school, regardless of size and location, can provide outdoor educational opportunities that can and should be part of an integrated conservation education program. WILD SCHOOL SITES provide opportunities for students to apply learned concepts and use what they know. A WILD SCHOOL SITE project is any action, small or large, that is taken to improve the schoolyard habitat for wildlife and people.

The goals of this grant program are to 1) encourage the youth of Ohio to progress from awareness and knowledge to the development of skills and attitudes required to facilitate responsible action for the benefit of people, wildlife, and the environment, 2) provide financial support for educators and youth to develop wildlife habitats for use with school curricula and organizational programming, and 3) promote cooperation between schools, youth organizations, community groups and agencies in implementing action projects that foster wildlife conservation and environmental stewardship.

#### WHO IS ELIGIBLE TO APPLY FOR THE GRANT?

Public, Private or Parochial Pre-school, Elementary, Middle, and High Schools, School Districts, County Educational Service Centers or any agency (SWCD, Park District, etc) or non-profit community organization with established (and continual) youth programming.

The following criteria must be met:

- 1. Projects must be integrated into classroom curriculum and organizational programming. If an applicant is a non-formal entity, correlations to educational programming must be shown.
- 2. Students/youth must be involved in the planning, design, implementation, and maintenance and/or monitoring of the project.
- 3. Project coordinator(s) must have attended a Project WILD workshop.
- 4. Projects must include a habitat improvement component.

**NOTE:** Private individuals are not eligible

#### HOW MUCH MONEY IS AVAILABLE?

Each grant proposal must equal \$500.00. Up to 40 project grants will be awarded each grant cycle. Funding for **WILD SCHOOL SITE** grants is made possible by generous donations to the Wildlife Diversity Fund from Tax-Check-off donations and Cardinal License Plate fees.

#### WHEN IS THE APPLICATION DEADLINE?

Applications for Outdoor Education **WILD SCHOOL SITES** Grants are accepted from September 1st thru May 31st of each calendar year, pending available funding. Funding is granted on a first-come, first-serve basis, provided criteria are met.

#### HOW LONG DOES THE GRANT PROCESS TAKE?

Applicants must allow a minimum of 90 days to receive funds from the Division of Wildlife. Grants cannot be awarded for projects that have already taken place.

#### HOW OFTEN CAN AN AGENCY OR ORGANIZATION APPLY?

Schools, agencies, and organizations can apply once per application period (September 1-May 31). 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 school or organization in order to reach new communities or audiences elsewhere in the state.

#### WHAT ARE SOME SUGGESTED ACTIVITIES THAT ARE ELIGIBLE FOR FUNDING?

Projects that improve habitat for wildlife on school sites or a designated area on community property or property with community and school access. Examples: Planting trees, flowers, shrubs, or putting up nesting boxes in a school, park, or playground. Planting a bird or butterfly garden in a schoolyard.

Development of an outdoor environmental education area that is integrated with a habitat improvement program and classroom curricula, state education standards or organizational programming. Examples: Developing access trails to a wildlife habitat area for use in environmental education studies. Enhancing an area for wildlife and for environmental education programs in areas where habitat already exists. Project must include a habitat enhancement element.

Feel free to contact the ODNR-Division of Wildlife's Wildlife Education Coordinator at 1-800-WILDLIFE or 614-265-6316 before applying to confirm eligibility of a project. Note: Projects should be integrated into the classroom curriculum, state education standards and/or organizational programming. Applicants must demonstrate student/youth involvement in the planning, design, implementation and maintenance/monitoring of all projects.

Grant money can be used to purchase or rent equipment and materials needed to carry out the projects. Grant money *cannot* be used to cover labor or administrative costs or to hire personnel. The ODNR-Division of Wildlife reserves the right to audit the use of the grant monies.

#### WHAT ARE THE JUDGING CRITERIA?

Each project will be evaluated for its: (1) clarity, feasibility and time-line, (2) benefit to wildlife directly and through education, (3) benefits to students/youth participants in understanding the needs of wildlife in Ohio, (4) correlation of project to age group, school curricula/state education standards and/or organizational programming, (5) involvement of students, (6) involvement of teachers, staff, parents and community, (7) budget, (8) sustainability, (9) potential benefits to other students/youth groups in the community and (10) alignment to the Division of Wildlife's Educational Goals.

#### IN ADDITION TO FUNDING, WHAT OTHER SUPPORT CAN THE DIVISION OF WILDLIFE OFFER?

- Technical support, including on-site consultation and certification as a WILD School Site.
- Educational and planning materials.
- Workshops on how to plan a WILD SCHOOL SITE.

**NOTE:** Above items are subject to availability.

#### WHAT DOESN'T THE DIVISION OF WILDLIFE PROVIDE?

- Staffing and/or labor for a project.
- Physical/landscape materials for projects, outside of those purchased with grant funds.

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

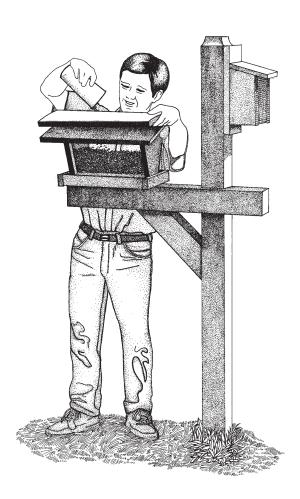
The grant recipient is responsible for all safety and risk management concerns. The Ohio Division of Wildlife does not accept any liability for damage or injury resulting from activities supported through the Outdoor Education **WILD SCHOOL SITE** Grants.

#### 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 Vendor Information Form, a W-9 Tax ID Form, 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 of the completion of the project.* Failure to submit this report will exclude the agency or organization from future support from the Division of Wildlife.

**THIS APPLICATION PACKET INCLUDES:** Grant Application, Final Report Form, Sample Invoice, W-9 Tax Identification Form, Authorization for Direct Deposit Form, and Vendor Information Form.





#### **Division of Wildlife**

Ohio Department of Natural Resources





#### **PLEASE PRINT OR TYPE**

NAME OF AGENCY OR ORGANIZATION:						
STREET ADDRESS:						
CITY / STATE / ZIP CODE:						
PHONE (INCLUDING AREA CODE): ()	COUNTY:					
EMAIL ADDRESS:						
TAX IDENTIFICATION NUMBER:						
HAVE YOU RECEIVED A GRANT FROM THE DIVISION	OF WILDLIFE IN THE PAST?					
☐ NO ☐ YES IF YES, WHEN:						
HAS A MEMBER OF YOUR PLANNING COMMITTEE A	TTENDED A PROJECT WILD WORKSHOP?					
□ NO □ YES: IF YES, NAME:	APPROX. DATE:					
TITLE AND LOCATION OF PROPOSED PROJECT:						
	SS IF DIFFERENT FROM ABOVE)					
<b>DESCRIPTION OF PROJECT:</b> PLEASE ATTACH AND INCIMENTATION.	LUDE PHOTOS, MAPS, AND ANY OTHER VISUAL DOCU-					
TIMELINE OF PROJECT: PLEASE ATTACH						
☐ HAVE YOU INCLUDED A VENDOR INFORMATION	FORM WITH THIS APPLICATION?					
☐ HAVE YOU INCLUDED A W-9 TAX IDENTIFICATION	N FORM WITH THIS APPLICATION?					
☐ HAVE YOU INCLUDED A DATED INVOICE WITH TI	HIS APPLICATION?					
ADDITIONS ADELICE ACCEPTED MUTUOLITIM OF						

APPLICATIONS ARE NOT ACCEPTED WITHOUT W-9'S, VENDOR INFORMATION FORMS, AND INVOICES.
--OVER--

#### **BUDGET SUMMARY:** PLEASE ATTACH IF YOU NEED MORE SPACE.

ITEM/CATEGORY	AMOUNT (In whole dollar amounts)
1	\$
2	\$
3	\$
4	\$
TOTAL	\$ (Must equal \$500.00)
I) ETHICS: The Cooperator by signature on this document, certifies that it: (i) has reviewed conflict of interest laws as found in Ohio Revised Code Chapter 102 and in Ohio Revised (ii) will take no action inconsistent with those laws. The Cooperator understands that fair of interest laws is, in itself, grounds for termination of this Agreement and may result in State of Ohio.	Code Sections 2921.42 and 2921.43, and lure to comply with Ohio's ethics and conflict
II) TERMINATION, SANCTION, DAMAGES:	
If Contractor or any of its subcontractors perform services under this Contract outside of services shall be treated as a material breach of the Contract. The State is not obligated If Contractor or any of its subcontractors perform any such services, Contractor shall import those services. The State may also recover from the Contractor all costs associated wundertake, including but not limited to an audit or a risk analysis, as a result of the Contractor.	to pay and shall not pay for such services.  mediately return to the State all funds paid  with any corrective action the State may
The State may, at any time after the breach, terminate the Contract, upon written notice accounting, administrative, legal and other expenses reasonably necessary for the prepared costs associated with the acquisition of substitute services from a third party.	
If the State determines that actual and direct damages are uncertain or difficult to ascer recover a payment of liquidated damages in the amount of 100% of the value of the Con	· ·
The State, in its sole discretion, may provide written notice to Contractor of a breach and Such cure period shall be no longer than 21 calendar days. During the cure period, the Sthird party and recover from the Contractor any costs associated with acquiring those su	tate may buy substitute services from a
Notwithstanding the State permitting a period of time to cure the breach or the Contractor waive any of its rights and remedies provided the State in this Contract, including but no vices the Contractor performed outside of the United States, costs associated with corrections of the United States.	t limited to recovery of funds paid for ser-
III) ASSIGNMENT / DELEGATION:	
The Contractor will not assign any of its rights, nor delegate any of its duties and respon written consent of the State. Any assignment or delegation not consented to may be dee	
The applicant certifies by signing this application that they have read, fully unders explained in this document that this application is made in good faith with all stat	· · · · · · · · · · · · · · · · · · ·
SIGNATURE:	

DATE:

#### PLEASE RETURN TO:

TITLE/POSITION:

ODNR Division of Wildlife, Outdoor Education Section, WILD School Site Grants 2045 Morse Road, Bldg. G, Columbus, OH 43229-6693 (1-800-WILDLIFE or 614.265.6316)

#### **Division of Wildlife**

Ohio Department of Natural Resources



### **OUTDOOR EDUCATION** "WILD SCHOOL SITES" GRANT FINAL REPORT

(Must be returned within 30 days of completion of project)

GRANT RECIPIENT NAME:	
GRANT PROJECT COORDINATOR(S):	
STREET ADDRESS:	
	COUNTY
PHONE: ()	E-MAIL:
TITLE AND DATE OF PROJECT:	
<b>BRIEF DESCRIPTION OF PROJECT:</b> (Please attach a brief description along with any news a	articles, curriculum samples, photos, etc., for files.)
EXPENSES THAT UTILIZED GRANT FUNDS	AMOUNT
1	<u> </u>
2	<u> </u>
3	<u> </u>
4	\$
(Attach additional sheet if needed)	TOTAL C
	TOTAL \$
HOW MANY PARTICIPANTS WERE INVOLVED	<b>O?</b> YOUTH ADULTS
HOW MANY PARTICIPANTS IN THE FOLLOW	ING GROUPS? TOTAL:
WHITE; BLACK; HISPANIC; AS	SIAN/PACIFIC ISLANDER; NATIVE AMERICAN/ESKIMO;
HANDICAPPED	
GENDER: MALE; FEMALE;	
TOTAL HOURS SPENT PREPAIRING/TEACHIN	NG BY PROJECT COORDINATOR
ASSIST. COORDINATOR	TOTAL HOURS
ASSIST. COORDINATOR	TOTAL HOURS
	TOTAL HOURS
	TOTAL HOURS
	TOTAL HOURS
(Attach Additional Sheets if Needed. Every Hour of Work Towa	ard This Grant Should Be Accounted For and Each Coordinator Must Sign This Form)
Signature:	Date:
DI EASE DETIIDN TO:	

ODNR Division of Wildlife, Outdoor Education Section, WILD School Site Grants 2045 Morse Road, Bldg. G, Columbus, OH 43229-6693 (1-800-WILDLIFE or 614.265.6316)

#### -- SAMPLE INVOICE --

### **INVOICE TO:**

ODNR-DIVISION OF WILDLIFE 2045 MORSE RD., BLDG G. COLUMBUS, OH 43229-6693

#### FROM:

WILDWOOD CITY SCHOOLS WILDWOOD ELEMENTARY SCHOOL 425 WILDWOOD DR. N. WILDWOOD, OH 43200

**DATE: 01/01/2012** 

Please remit \$500.00 for work to be accomplished under the "Wild School Site" grant between the Wildwood Elementary School and the Ohio Division of Wildlife.

(Signature)

Dustin D. Wild Principal

Wildwood Elementary School



### Ohio Department of Public Safety DIVISION OF HOMELAND SECURITY

http://www.homelandsecurity.ohio.gov

#### **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 7IP 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. 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? | Yes | 2. 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? 3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State **Terrorist Exclusion List?** l | Yes | 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist **Exclusion List?** | |Yes | |No 5. Have you committed an act that you know, or reasonably should have known, affords "material support or │ │Yes │ │No resources" to an organization on the U.S. Department of State Terrorist Exclusion List? 6. 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

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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

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## 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/dis	sregarded entity name, if different from above				
Check appropriate box for federal tax classification:    Individual/sole proprietor   C Corporation   S Corporation   Partnership   Trust/estate    Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)					Fxemi	ot payee
Print or type c Instructions	Limited liabilit	ty company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶			, Exomp	or payou
<u> </u>	Other (see ins	structions) ►				
pecifi	Address (number, s	street, and apt. or suite no.)  Requester's name and a	address (or	ptional	)	
See S	City, state, and ZIP	o code				
	List account number	er(s) here (optional)				
Par	Taxpa	yer Identification Number (TIN)				
		propriate box. The TIN provided must match the name given on the "Name" line Social securit	ty number			
		Iding. For individuals, this is your social security number (SSN). However, for a				
		prietor, or disregarded entity, see the Part I instructions on page 3. For other	-	-		
	s, it is your emplo page 3.	oyer identification number (EIN). If you do not have a number, see How to get a				
		Employeride	ntification	numb		
		n more than one name, see the chart on page 4 for guidelines on whose	luncation	tification number		
numbe	er to enter.					
Part	Certifi	cation				1 1
	penalties of perju					
		on this form is my correct taxpayer identification number (or I am waiting for a number to be issue	d to me),	and		
Ser	vice (IRS) that I ar	backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notifing m subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the backup withholding, and				
3. I ar	n a U.S. citizen or	r 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 currently s d to report all interest and dividends on your tax return. For real estate transactions, item 2 does n or abandonment of secured property, cancellation of debt, contributions to an individual retiremmer than interest and dividends, you are not required to sign the certification, but you must provide	not apply. nent arrang	For m	nortgag nt (IRA)	je ), 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.

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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.

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**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 <sup>2</sup>

<sup>&</sup>lt;sup>1</sup>See 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 <a href="https://www.ssa.gov">www.ssa.gov</a>. 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 <a href="https://www.irs.gov/businesses">www.irs.gov/businesses</a> 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.

<sup>&</sup>lt;sup>2</sup> 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 <sup>2</sup>			
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 <sup>1</sup> The actual owner <sup>1</sup>			
Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>			
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:			
Disregarded entity not owned by an individual	The owner			
A valid trust, estate, or pension trust     Corporation or LLC electing     corporate status on Form 8832 or     Form 2553	Legal entity <sup>4</sup> The corporation			
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization			
<ul><li>11. Partnership or multi-member LLC</li><li>12. A broker or registered nominee</li></ul>	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			

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>&</sup>lt;sup>3</sup> 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.

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

<sup>\*</sup>Note. Grantor also must provide a Form W-9 to trustee of trust.



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

- To sign up for EFT, please <u>TYPE or PRINT</u> the information requested in SECTIONS 1-3. The information provided must be legible. SECTION 4 must be signed & dated. Please return original form to: Ohio Shared Services, ATTN: Vendor Maintenance, 4310 E. Fifth Avenue, Columbus, OH 43219.
- <u>Please attach</u> a copy of a voided check (if a savings account, a letter from your bank stating your account & routing number). If changing banking information, SECTION 3 must be completed with new financial information.
- Any account changes must be reported to Ohio Shared Services thirty (30) days prior to actual change.
- Payee must keep Ohio Shared Services informed of any name, address, or bank changes in order to receive important information about benefits and remain qualified for payments.

and remain qualified for payments	•				
SECTION 1					
TYPE OF TRANSACTION:	ADD	CHANGE		DELETE	
NAME OF COMPANY OR INDIVIDU	AL:				
ADDRESS:					
CITY STATE & ZIP:					
PHONE:		EMAIL:			
FEDERAL TAX ID/SOCIAL SECURT	IY:				
SECTION 2 – CURRENT FINAN	CIAL INFORMATION				
FINANCIAL INSTITUTION NAME:				PHONE:	
ADDRESS:					
TYPE OF ACCOUNT:	SAVINGS		CHECK	ING	
TRANSIT ROUTING/ABA NUMBER:					
ACCOUNT NUMBER AT ABOVE INS	STITUTION:				
SECTION 3 – NEW FINANCIAL	INFORMATION				
FINANCIAL INSTITUTION NAME:				PHONE:	
ADDRESS:					
TYPE OF ACCOUNT:	SAVINGS		CHECK	ING	
TRANSIT ROUTING/ABA NUMBER:					
ACCOUNT NUMBER AT ABOVE INS	STITUTION:				

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## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 4						
Whereby authorize Ohio Office of Budget and Management to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.						
This authority is to remain in effect until revoked by us in writing to Ohio Shared Services.						
SIGNATURE: DATE:						
SS USE	ONLY:					
	DATE RECEIVED	DATE ENTERED	INITIALS	OAKS VENDOR ID NUMBER		

OBM-1234 REV. 8/21/2009



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

### INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF STATE WARRANTS

#### **SECTION 1**

- **A.** Place a check-mark to indicate the type of transaction:
  - "Add" indicates a new authorization
  - "Change" indicates a **change** to an existing authorization
  - "Delete" indicates a request for termination of direct deposit
- B. Enter the complete name and address of the company or individual participating in the EFT program.
- **C.** Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating. If you are a state employee, please enter your e-code number.

#### **SECTION 2 AND SECTION 3**

- **A.** Enter the name and address of the financial institution authorized to conduct transaction. Complete Section 2 if you are changing your banking information.
- **B.** Place a check-mark to indicate the type of account to which funds are to be deposited. Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- **C.** Enter the account number to which the EFT Transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.

An e-mail or faxed version of this form is not acceptable as a signature is required. Forward the signed authorization form along with a copy of a voided check for a checking account or "spec sheet" from your financial institution for a savings account to:

Ohio Shared Services
ATTN: Vendor Maintenance
4310 E. Fifth Ave. Columbus, OH 43219

#### **SUBMIT FORM TO:**

Mail: Ohio Shared Services

ATTN: Vendor Maintenance

4310 E. Fifth Ave. Columbus, OH 43219

#### **QUESTIONS? PLEASE CONTACT:**

**Phone:** 1 (877) OHIO - SS1 (1-877-644-6771)

1 (614) 338-4781

E-mail: vendor@ohio.gov

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#### **VENDOR INFORMATION FORM**

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at <a href="https://www.ohiosharedservices.ohio.gov">www.ohiosharedservices.ohio.gov</a>.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION						
NEW (W-9 OR W-8ECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON						
ADDITIONAL ADDRESS – (A COPY OF AN INVOICE OR	A LETTER INCLUDING THE	ADDRESS IS REQUIRED)				
CHANGE OF ADDRESS – (PLEASE PROVIDE OLD ADDI	RESS BELOW OR ATTACH L	ETTER)				
ADDRESS TO BE REPLACED:	ADDRESS TO BE REPLACED:					
CHANGE OF TIN (W-9 & LETTER OF CLARIFICATION O	F CHANGE, WHICH INCLUDE	ES NEW & OLD TIN IS REQUIRED)				
CHANGE OF NAME (W-9 & LETTER OF CLARIFICATION	I OF CHANGE, MUST INCLUI	DES NEW & OLD NAME IS REQUIRED)				
CHANGE OF PAY TERMS CHANGE OF PO DISPA	TCH METHOD OTHER					
SECTION 2 – PLEASE PROVIDE VENDOR INFORMAT	TON					
LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 or W-8ECI Form)						
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)						
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUM	BER (ssn):					
SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS						
ADDRESS:	<u>,                                      </u>	COUNTY:				
CITY:	STATE:	ZIP CODE:				
SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)						
ADDRESS:		COUNTY:				
CITY:	STATE:	ZIP CODE:				

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SECTION 5 – CONTACT INFORMATION & PERSON TO RECEIVE PURCHASE ORDER					
NAME:					
WEBSITE:					
PHONE:	FAX:	EMAIL:			
PREFERRED METHOD OF BEING	CONTACTED: (CHECK ONE)		PHONE	EMAIL	
SECTION 6 -INDIVIDUAL TO REC TO THE EMAIL ADDRESS BELOV		ENTS - A U	ISER ID & PASS	SWORD WILL BE SENT	
NAME:					
EMAIL:		F	PHONE:		
TO ADD AN ADDITITIONAL OR REF	PLACE A STRATEGIC SOURCING	CONTACT P	PERSON		
ADDITIONAL CONT	TACT PERSON REPLACE CONTAC	T PERSON (	(WILL BE MARKE	D INACTIVE)	
NAME:					
EMAIL:		F	PHONE:		
SECTION 7 - PAYMENT TERMS (F	PLEASE CHECK ONE - IF NONE	S SELECTE	ED THEN NET 30	0 WILL APPLY)	
☐ 2/10 NET 30 ☐ NET 3	00  □ NET 45		NET 60	☐ NET 90	
SECTION 8 - PURCHASE ORDER	DISTRIBUTION - OTHER THAN	JSPS MAIL			
EMAIL <u>OR</u> FAX:					
SECTION 9 - PLEASE SIGN & DAT	TE				
PRINT NAME:					
			_		
SIGNATURE: (DIGITAL SIGNATURES	NOT ACCEPTED AT THIS TIME)		DATE:		
SECTION 10 – STATE OF OHIO AC	GENCY CONTACT PERSON (AGE	NCY RECE	IVING PAYMEN	TS FROM)	
AGENCY CONTACT NAME/EMAIL/PHO	<u> </u>			·	
COMMENTS:					

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

#### **SUBMIT FORM TO:**

Mail: Ohio Shared Services

Attn: Vendor Maintenance

P.O. Box 182880 Cols., OH 43218-2880

**Email**: <u>vendor@ohio.gov</u> **Fax**: 1 (614) 485-1052

#### **QUESTIONS? PLEASE CONTACT:**

**Phone:** 1 (877) OHIO - SS1 (1-877-644-6771)

1 (614) 338-4781

Website: www.ohiosharedservices.ohio.gov/

Email: vendor@ohio.gov

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