

JSU Bid # 25-06-13-0017

Issue Date: 6/13/2025

Description: Custom Student Nursing Packs

Return Original Bid To: Jacksonville State University

700 Pelham Road North

Room 324 Angle Hall

Jacksonville, AL 36265

Bids must be received by 3:00 PM CST on Friday, June 13, 2025.

Questions regarding the bid process should be submitted in writing to Shasta Platt at purchasing@jsu.edu.

1. Pursuant to the provisions of the State of Alabama Competitive Bid law, Jacksonville State University will receive sealed bids for the procurement of equipment, materials, or services described/specified on the attached documents. Jacksonville State University is **exempt** from Federal Excise and State Sales Tax.
2. **Bids should be sealed and have the bid number and opening date clearly marked on the outside of the bid package. When required, contractors must be licensed under provisions of Title 34, Chapter 8 Code of Alabama. Per Section 34-8-8 (b) All owners receiving bids pursuant to this chapter shall require the person, firm, or corporation to include his or her current license number on the bid. The owner shall reject all bids that do not contain the current license number of the general contractor submitting the bid. Bids should be typed or printed legibly in ink. Bids must be signed in ink.**
3. **Sealed bids must be received in the Office of Procurement by the date and time listed above. Bid packets should be hand delivered or sent by FedEx or UPS. Bids cannot be faxed or emailed. Bids received after the time listed above will not be accepted for any reason.**
4. **All bid prices must include shipping charges (FOB Jacksonville State University) unless bid is for services only.**
5. References to name brands are for design, quality, and identification purposes only and are not intended to exclude vendors or restrict bidding. If a substitution is offered, please indicate any differences.
6. Alabama law (section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting and remitting Alabama state and local sales, use and and/or lease tax on all taxable sales and leases into Alabama. **By submitting this bid, the bidder is hereby certifying that they are in full compliance with State of Alabama Act No. 2006-557 and acknowledges that the awarding authority may declare the contract void if the certification is false. Vendor should submit documentation of registration with the Federal E Verify system with bid response. Vendor should also submit the original State of Alabama Vendor Disclosure Statement with bid response. A bid cannot be awarded without these documents.**
7. Bidder certifies by submitting a response to this bid request that neither the company nor any of its employees who will provide or perform services under this contract have been debarred, suspended or otherwise declared ineligible from receiving Federal contracts and subcontracts.
8. Jacksonville State University reserves the right to waive any technicalities, if and as allowed by law.

Jacksonville State University reserves the right to accept or reject all bids or any portion thereof and unless specified by the bidder, to accept any or all items in the bid. In the event the University elects to award on an "all or "none Basis", this will be stated in the bid specifications.

By signing this contract, the contracting parties **affirm**, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Company Name _____ Telephone _____
Address _____ Fax _____
City _____ State _____ Zip Code _____
Email Address _____

Signature of Company Official _____ Date _____

Printed Name of Official _____



Invitation to Bid

Jacksonville State University School of Nursing is seeking bids for the procurement of the items in custom student nursing packs, customized by level. The requirement specifications for this bid is listed below.

A list of each level is attached below:

First level: NU 306 & NU311 NURSE PACK CONTENTS

***NU 306 and 311 contents packaged together in same drawstring bag**

NU 306

Description	Quantity
Alcohol Prep Pads	4
Saline 30 mL vial	1
Gauze 2x2	1
Saline 100 mL bag with vial adapter (Secondary)	1
Needle Filter 1"	1
Syringe Safety 3cc 20-23 gauge 1" Safety Glide	4
Syringe Safety Insulin	2
Syringe TB 27 gauge ½ inch needle Safety Glide	2
Practi-Ampule 2 mL	1
Practi-Powder 10 mL	1
Injection Pad 3"x3" x2" Petite	1
Practi-Insulin NPH/REG *Wrap each vial separately*	1
Syringe Safety 10cc 23 gauge 1" Safety Glide	1
Plastic drawstring bag 20x20	1
Price Total for Each Package (NU 306)	\$

NU 311

Description	Quantity
Transparent Film (Tegaderm) 4x5	1
Chloraprep Swabsticks 3pk	1
Tape Transparent 1" x 10 yd	1
Tube Salem Sump (Nasogastric Tube)	1
Syringe 60cc Cath Tip (Toomey Syringe)	1
Briefs Disp Protection Plus (Adult diaper)	1

Statlock Nasogastric Stabilizer (Nasal tube fastener)	2
Price Total for Each Package (NU 311)	\$

Second Level-NU 325 NURSE PACK CONTENTS

***NU 322 and 325 contents packaged together in same drawstring bag**

NU 322

Description	Quantity
Saline 500 mL IV (Primary Bag)	1
IV Primary Needless Tubing	1
Secondary Bag 50 mL	1
IV Secondary Needless Tubing	1
IV Start Kit with Chloraprep	4
IV Catheter Safety 20 gauge	4
IV Catheter Non-Safety 20 gauge	4
IV Extension Set 14" smallbore extension set with microclave	4
Saline Syringe 10 mL Flush	3
IV Insertion Training Pad	1
Saline 30 mL Vial	1
Syringe Safety 3cc with 1 inch needle Safety Glide	3
Tegaderm Advanced 3M	2
Plastic drawstring bag 20x20	1
Price Total for Each Package (NU 322)	\$

NU 325

Description	Quantity
Scissors Bandage 5.5"	1
Spirometer/ Adult	1
Medline 14 Fr 10cc Balloon Foley Cath Tray with Simulated Betadine Swab sticks	1
Syringe Lube	1
Statlock Foley Catheter Device	1
Price Total for Each Package (NU 325)	\$

Third Level-NU 403 & 404 NURSE PACK CONTENTS***NU 403 and 404 contents packaged together in same drawstring bag****NU 403**

Description	Quantity
Alcohol Prep Pads	1
Gauze 2x2	1
Syringe TB 27 gauge ½ inch needle Safety Glide	1
Saline 10 mL vial	1
Syringe 3cc with 1" needle	1
Syringe 3cc	1
Plastic drawstring bag 20x20	1
Price Total for Each Package (NU 403)	\$

NU 404

Description	Quantity
Alcohol Prep Pads	2
Gauze 2x2	1
Sheer Strips Bandaid 1"	1
Vacutainer Push Button Blood Collection Set (23G x ¾" x 12")	1
Vac Needle 22 gauge Eclipse Safety (Blood Collection Needles)	2
IV Cath Non-Safety 20 gauge	1
Tourniquet Latex Free	1
Price Total for Each Package (NU 404)	\$

Fourth Level-NU 424 & 426 NURSE PACK CONTENTS***NU 424 and 426 contents packaged together in same drawstring bag****NU 424**

Description	Quantity
Forcep Hemastats 5.5"	1
Saline 30 mL Vial	1
Syringes 10cc with Safety needless	2
Trach Tray	1
Suction Kit 14FR 2 Gloves /Cup (Cath-n-Glove set)	1
Central Line Dressing Tray	1
IV Valve Port Needless Alaris (Sterile Central Line Cap Needless)	1

Saline Syringe 10 mL Flush	1
Bio Patch 1" Round	1
Syringe Safety 3cc 20-23 gauge 1" Safety Glide	1
Plastic drawstring bag 20x20	1
Price Total for Each Package (NU 424)	\$

NU 426

Description	Quantity
Practi- Influenza Vaccine	1
Practi- Ceftriaxone 10mL Powder	1
Syringe Safety 3cc 20-23 gauge 1" Safety Glide	1
Syringe Safety Insulin	1
Syringe TB 27 gauge ½ inch needle Safety Glide	1
Price Total for Each Package (NU 426)	\$

CONSIDERATION OF BIDS: Bid's will be evaluated based on the following criteria to determine the award recipient:

1. Bid/contract price.
2. Reputation of the vendor and their services.
3. Quality of the vendor's services.
4. Extent to which the services meet the University's needs.
5. Vendor's past relationship with the University.
6. Total long-term cost to the University for retaining the vendor's services.
7. Any other relevant factors provided in response to this request.

TERMS:

The awarded vendor must agree to accept a purchase order as a contract for the service or equipment purchase. JSU does not agree to pre-pay or pay a deposit on equipment orders. The vendor should invoice JSU upon equipment delivery and completion of other services.

The bid submission should include the following documents, as a bid award cannot be made without them:

1. State of Alabama Disclosure Statement.
2. E-Verify Memorandum of Understanding.
3. W9 form.

Bid Submission Instructions

One (1) original and one (1) copy of all documents must be submitted. Sealed bid packets must be received by 3:00 PM CST on Friday, June 13, 2025. The bid number, opening date and time must be listed on the outer envelope. It is the responsibility of the respondent to ensure that the bid packet arrives in the Procurement and Fixed Assets office on time. To ensure timely receipt, the bid packet should be hand delivered or sent by commercial carrier to:

Jacksonville State University
Attn: Shasta Platt
Procurement and Fixed Assets
700 Pelham Rd N
324 Angle Hall
Jacksonville, AL 36265

Documentation to be submitted with bid response:

1. Original notarized State of Alabama Disclosure Statement
2. Memorandum of Understanding as documentation of vendor registration with the Federal E-Verify system (contact your company's Human Resources Department or visit <https://www.e-verify.gov> to register)
3. W-9 form from IRS

The above documents must be received prior to bid award. Vendor must agree to accept a purchase order as contract for this bid. Vendor will invoice JSU upon delivery.

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Vendor Disclosure Statement Information and Instructions

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
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Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
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1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
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2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature

Date

Notary's Signature

Date

Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
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Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<table style="width: 100%;"> <tr> <td style="width: 70%; vertical-align: top;"> 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) </td> <td style="width: 30%;"></td> </tr> <tr> <td style="vertical-align: top;"> 2 Business name/disregarded entity name, if different from above. </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) </td> <td style="vertical-align: top;"> 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) </td> </tr> <tr> <td style="vertical-align: top;"> 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 5 Address (number, street, and apt. or suite no.). See instructions. </td> <td style="vertical-align: top;"> Requester's name and address (optional) </td> </tr> <tr> <td style="vertical-align: top;"> 6 City, state, and ZIP code </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 7 List account number(s) here (optional) </td> <td></td> </tr> </table>	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		2 Business name/disregarded entity name, if different from above.		3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	6 City, state, and ZIP code		7 List account number(s) here (optional)	
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)															
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5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)														
6 City, state, and ZIP code															
7 List account number(s) here (optional)															

Part I Taxpayer Identification Number (TIN)

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

Social security number
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or
Employer identification number
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they