

**NOTICE OF PUBLIC MEETING  
MANDEVILLE CITY COUNCIL  
MEETING AGENDA  
THURSDAY, FEBRUARY 22, 2024, at 6:00PM  
MANDEVILLE CITY HALL  
3101 E. CAUSEWAY APPROACH  
MANDEVILLE, LOUISIANA 70448**

**CALL TO ORDER  
PLEDGE OF ALLEGIANCE**

**MINUTES:**

1. Adoption of the February 8, 2024, Regular Meeting Minutes

**REPORTS & ANNOUNCEMENTS:**

The Mandeville City Council seeks to appoint a commissioner to Fire Board District #4. Candidates interested in being considered for this appointment should submit a letter of consideration and/or a resume to the City Council Clerk by Thursday, March 7, 2024, 4:30 p.m. To [kscherer@cityofmandeville.com](mailto:kscherer@cityofmandeville.com)

**PRESENTATION:**

The Resiliency Plan will be presented by CSRS.

**UNFINISHED BUSINESS:** none

**NEW BUSINESS:**

1.Re-appointment of Jeff Bernard to the Historic District Commission for a 7 yr. term expiring February 28, 2031.

2.Approval of the special event liquor and permit for the City of Mandeville- Mandeville Live Free Friday Concert Series to be held on the following dates from 6:30 pm – 8:30 pm: March 22<sup>nd</sup>, April 5<sup>th</sup>, 12<sup>th</sup> and 26<sup>th</sup>, May 3<sup>rd</sup> and May 10<sup>th</sup>. To be located at the Mandeville Trailhead. Contingent upon receipt of the ATC special event liquor permit. (Councilwoman McGuire, District III)

3.Adoption of Resolution No. 24-07; A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MANDEVILLE ESTABLISHING PROCEDURES FOR THE DISTRIBUTION OF THE MONTHLY AND QUARTERLY FINANCIAL REPORTS AND PROVIDING FOR OTHER MATTERS IN CONNECTION THEREWITH (Councilman Danielson, At-Large)

4.Adoption of Resolution No. 24-08; A RESOLUTION AUTHORIZING THE MAYOR TO EXECUTE THOSE DOCUMENTS AND AGREEMENTS REQUIRED IN IMPLEMENTATING GRANT UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY PROGRAM THROUGH THE RESTORE LOUISIANA INFRASTRUCTURE: FEMA PUBLIC ASSISTANCE NONFEDERAL SHARE MATCH PROGRAM, FOR THE CITY OF MANDEVILLE IN THE AFTERMATH OF HURRICANE IDA 4611 (Councilman Zuckerman, At-Large)

**PUBLIC COMMENT:**

**FINANCE REPORT:**

**CALL FOR EXECUTIVE SESSION:**

The Mandeville City Council is calling an Executive session under LA. R.S. 42:16 and LA. RS 42:17A (2) to discuss the following case:

*Hilda Roberta Maestri Landry, et al. vs. City of Mandeville*

This session is to discuss the above referenced litigation and items that are confidential under La. R. S. 44:4.1(C) and communications with counsel in the rendition of professional legal services that are privileged under the Louisiana Code of Evidence, Art. 506(B).

**ADJOURNMENT**

Kristine Scherer

Council Clerk

City of Mandeville-3101 E. Causeway Approach-Mandeville, LA 70448

(985) 624-3145

In accordance with the Americans with Disabilities Act, if you need special assistance, please contact, Kristine Scherer, Council Clerk, at (985) 624-3145, describing the assistance that is necessary.

DATE OF NOTICE: February 15, 2024, 1:00 pm

POSTED AT: MANDEVILLE CITY HALL, 3101 E. CAUSEWAY APPROACH, MANDEVILLE, LOUISIANA



## INTEROFFICE MEMO

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**TO: Kristine Scherer  
Kathleen Sides**

**FROM: Alia Casborné**

**DATE: February 14, 2024**

**SUBJECT: Special Events Application Recommendations**

Please find below the Special Events Applications received and recommended for Council approval by the Mayor.

**City of Mandeville – Mandeville Live! Free Friday Concert Series**

*Applicant: Alia Casborné*

Date/Time: 6:30 pm – 8:30 pm

March 22

April 5

April 12

April 26

May 3

May 10

Location: Mandeville Trailhead

***Approval Requests:***

- City Permit requested to apply for ATC Special Events Liquor Permit

***Contingencies:***

- ATC special event liquor permit approval

**Attachments**



## SPECIAL EVENTS GUIDELINES

1. All persons or organizations applying for a Special Events Permit are required to submit a fully completed Special Events Application at least 90 days prior to the event date. The applicant must complete, **SIGN** and **DATE** the application, which obligates the applicant to abide by the provisions of the signed agreement and Guidelines. Please email completed application to [acasborne@cityofmandeville.com](mailto:acasborne@cityofmandeville.com).
2. A \$25 application fee is required at the time the Special Events Application is submitted.
3. To arrange for street closures or traffic control, the applicant is to contact the Mandeville Police Department at (985) 626-9711.
4. If alcoholic beverages will be sold or served, City recommendation for approval and State Special Events Alcohol Permits are required by the applicant and/or vendor. City Alcohol Form and Schedule A must be completed. A letter of recommendation will be provided, after Council approval, to be included with the applicant's ATC Special Event Application. ATC will not approve an application without the recommendation letter from the City. ATC Liquor Application can be found at <http://www.atc.rev.state.la.us/special-event.php>.
5. A site plan must be included with the application. The layout must include a detailed illustration of the precise location of stages, tents, power and water sources, food vendors, retail vendors, alcohol sales, and portable toilets. Run/Walk events also require a detailed map indicating the route to be taken, where safety personnel will be stationed, and the location of temporary traffic control (if applicable).
6. The applicant is solely responsible for clean-up and removal of trash and debris from the event site and surroundings. The site is to be returned to its original condition within 48 hours following the event. The applicant/organizer will be subject to fines for failure to comply.
7. If portable toilets will be provided by the applicant, a copy of the contract with the vendor specifying in writing that the portable toilets are to be removed from the site by no later than the next business day following the event. Failure to comply will result in fines to the contractor or the applicant/organizer. A copy of the contract with the vendor is to be included as part of the application.
8. If tent/tents will be used as part of the event, a copy of the contract specifying set-up and removal dates of the tents is to be included as part of the application.
9. For Festivals or Fairs with amusement rides, the applicant must register with the State of Louisiana Department of Public Safety and Corrections, Public Safety Services, and provide proof of inspection for all amusement rides. A copy of the certification is to be included with the application.
10. When cooking is performed at booths or tents using propane cookers or other forms of open flame, the Fire Department requires that there is one 5# ABC Fire Extinguisher located at each cooking station. No charcoal grills are allowed.
11. Before posting or placing any signs on public property, please contact the Permits Department at Mandeville City Hall (3101 East Causeway Approach) or call (985) 626-3144.

**NOTE:** All of the required attachments are to be included with the application when it is submitted. The application is not considered to be complete until all of the attachments (application fee, drawings of site plans and walk/run routes, copies of contracts, tax-exempt and non-profit certifications, etc.) have been received.



Mayor Clay Madden

## SPECIAL EVENT PERMIT APPLICATION

Name of Organization or Group \_\_\_\_\_  
Name of Authorized Representative \_\_\_\_\_ Non-Profit/Tax-Exempt # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_  
E-Mail \_\_\_\_\_ Application Fee Paid? \_\_\_ YES \_\_\_ NO

Name of Event: \_\_\_\_\_  
Date(s) of Event: Day \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ Time \_\_\_\_\_ Rain Dates(s) \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Type of Event:  New  Recurring  
 Fundraiser  Concert  Race/Run/Walk  Parade  Wedding  
 Festival, Carnival or Market  Other: \_\_\_\_\_  
Description/Purpose of Event \_\_\_\_\_ Estimated Attendance \_\_\_\_\_

### EVENT DETAILS - Check all that apply:

1	Are patron admission, entry or participant fees charged?	<input type="radio"/> Yes	<input type="radio"/> No
2	Is the event open to the public?	<input type="radio"/> Yes	<input type="radio"/> No
3	Are Street Closures Requested? If yes, please contact Mandeville Police Dept.	<input type="radio"/> Yes	<input type="radio"/> No
4	Will you require barricades for the event?	<input type="radio"/> Yes	<input type="radio"/> No
5	Are you requesting that Police be present during the event?	<input type="radio"/> Yes	<input type="radio"/> No
6	If you answered YES, to number 5, how many officers are you requesting		
7	If you are requesting Police, will they need to direct traffic?	<input type="radio"/> Yes	<input type="radio"/> No
8	Will alcohol be consumed, distributed, or sold at this event?	<input type="radio"/> Yes	<input type="radio"/> No
9	Will food be distributed, prepared or sold at this event?	<input type="radio"/> Yes	<input type="radio"/> No
10	Will there be canopies or tents?	<input type="radio"/> Yes	<input type="radio"/> No
11	Will there be vendor booths? Merchandise or product sales?	<input type="radio"/> Yes	<input type="radio"/> No
12	Are you planning to have inflatable attractions, games or rides?	<input type="radio"/> Yes	<input type="radio"/> No
13	Will there be bleachers, stages, fencing or other structures?	<input type="radio"/> Yes	<input type="radio"/> No



14	Do you plan to provide portable toilets? * See Guidelines*	<input type="radio"/> Yes	<input type="radio"/> No
15	Will there be security staff?	<input type="radio"/> Yes	<input type="radio"/> No
16	Are you planning to have amplified sound?	<input type="radio"/> Yes	<input type="radio"/> No
17	Will you need access to power or water? (please circle)	<input type="radio"/> Yes	<input type="radio"/> No
18	Will there be any signs, banners, decorations, or special lighting?	<input type="radio"/> Yes	<input type="radio"/> No

1. If "Yes" is checked for any of the Event Detail questions, please refer to the Special Events Guidelines for instructions.
2. If police presence is required, contact Mandeville Police Department at (985) 626-9711 to reserve a Police Detail.
3. If alcohol is being served, please complete the City Liquor License Application and Appendix A to include with the application. The City permit is required to apply for the State permit.
4. A Site Plan MUST be included with the application illustrating a detailed layout of the event, showing the precise location of stages, tents, power, food vendors, alcohol sales, portable toilets, etc. Run/Walk events also require a detailed map indicating the route to be taken, where safety personnel will be stationed, and the location of temporary traffic control personnel (if applicable).

## INSURANCE/INDEMNITY

The City of Mandeville requires a minimum \$1,000,000 liability insurance certificate with an insurer that is acceptable to the City of Mandeville, with an AA-@ or better rating, authorized to do business in the State of Louisiana, and naming the City of Mandeville as an additional insured. A copy of the Insurance Certificate is to be included as an attachment to this application. The Insurance Certificate must be submitted to the City Clerk no later than 30-days prior to the event in order for the Special Events Permit to be issued.

.....

The Mayor of Mandeville has the right to revoke any permit application or permit. The applicant shall comply with all permit directions and conditions, and with applicable laws and ordinances. The event organizer or other authorized representative heading such activity shall carry the permit upon his person during the conduction of the event.

The undersigned applicant, by signature below, shall hold harmless the City of Mandeville, its officers, agents, and employees and shall indemnify and, if requested, defend the City, its officers, agents, and employees for any claim or injury to property or persons that may arise as a result of any activity which may arise from operations under or in connection with the permit.

The undersigned has read and submitted the completed application, including all required attachments and documentation. The applicant or applicant's representative has read the Special Events Guidelines and agrees to comply with the terms and conditions as defined therein. Failure to comply with these terms and conditions is subject to fines and penalties as set forth by City Ordinance.

Signed By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Organization Represented: \_\_\_\_\_

Office Held \_\_\_\_\_ Date \_\_\_\_\_

Please email completed application to [acasborne@cityofmandeville.com](mailto:acasborne@cityofmandeville.com).

**Thoroughly read the information outlined in the Special Events Guidelines and throughout this Application.**



**THE FOLLOWING RESOLUTION INTRODUCED BY COUNCIL MEMBER DANIELSON; AND SECONDED FOR ADOPTION BY COUNCIL MEMBER \_\_\_\_\_**

**RESOLUTION NO. 24-07**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MANDEVILLE ESTABLISHING PROCEDURES FOR THE DISTRIBUTION OF THE MONTHLY AND QUARTERLY FINANCIAL REPORTS AND PROVIDING FOR OTHER MATTERS IN CONNECTION THEREWITH**

**WHEREAS**, the City Council must continually monitor and balance the revenues and expenditures of the city to ensure fiscal responsibility and create an achievable vision for the future; and

**WHEREAS**, Section 3-05 (5) of the Mandeville Home Rule Charter states one of the powers and duties of the mayor is to “Prepare a monthly financial statement comparing the operating budget with income and expenditures for the month and for the fiscal year to date. The report shall be submitted to the council no later than fifteen (15) days after the end of the month.”, and

**WHEREAS**, in addition to the required monthly financial report, the City Council has established, through the budget ordinances, quarterly budget meetings, to be held in the months of January, April, and July, and

**WHEREAS**, the City Council desires to provide a more efficient process in the dissemination of the financial reports to allow the Council and public, to have time to review and present any questions to the administration prior to the quarterly budget meeting and/or applicable City Council meeting so that responses can be prepared in advance, thus allowing for a more informed financial discussion.

**NOW, THEREFORE, BE IT RESOLVED**, by the City Council of the City of Mandeville that the following rule is established:

The monthly finance report shall be submitted to the council no later than fifteen (15) days after the end of the month, and will be discussed at the second City Council meeting of that said month, unless an alternative discussion date is approved by the Council Chairperson. This report is to include the fund summaries along with a detailed comparison of the general ledger. This report shall also be posted on the city’s website within 48 hours of submittal to the Council.

The quarterly budget report shall be submitted to the council by the end of the business day, the Friday before the scheduled quarterly budget review meeting. This report is to include the fund summaries along with a detailed comparison of the general ledger. This report shall also be posted on the city’s website upon submittal.

**Commented [ESS1]:** There should be an option for continuance to next meeting in the event that the Finance Director cannot attend a council meeting. There will inevitably be unavoidable conflicts that arise.



With the above resolution having been properly introduced and duly seconded, the vote was as follows:

AYES: 0  
NAY: 0  
ABSTENTIONS: 0  
ABSENT: 0

and the resolution was declared adopted this \_\_th day of February 2024.

\_\_\_\_\_  
Kristine Scherer  
Council Clerk

\_\_\_\_\_  
Jason Zuckerman  
Council Chairman

**THE FOLLOWING RESOLUTION INTRODUCED BY COUNCIL MEMBER \_\_\_\_\_;  
AND SECONDED FOR ADOPTION BY COUNCIL MEMBER \_\_\_\_\_**

**RESOLUTION NO. 24-08**

**A RESOLUTION AUTHORIZING THE MAYOR TO EXECUTE THOSE DOCUMENTS AND AGREEMENTS REQUIRED IN IMPLEMENTATING GRANT UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY PROGRAM THROUGH THE RESTORE LOUISIANA INFRASTRUCTURE: FEMA PUBLIC ASSISTANCE NONFEDERAL SHARE MATCH PROGRAM, FOR THE CITY OF MANDEVILLE IN THE AFTERMATH OF HURRICANE IDA 4611**

**WHEREAS**, the City of Mandeville has submitted an application for funding under the Community Development Block Grant Disaster Recovery (CDBG-RD) Infrastructure Program; and

**WHEREAS**, the Department of Housing & Urban Development regulations require that the City of Mandeville certify that these activities for which CDBG funds are being requested are designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community; which are of recent origin or which recently became urgent, and the Mayor is unable to finance the activity on its own, and that no other funds are available; and

**NOW, THEREFORE, BE IT RESOLVED** that the Council, as the governing authority of the City of Mandeville, hereby certifies that the activities for which CDBG funds in the amount of \$335,474.84 are being requested for the City of Mandeville Public Assistance Cost Share for Hurricane Ida 4611 – CAT A – Debris Removal and these funds will be allowed to reimburse ourselves (the City) for the 10% match portion of debris operations.

**BE IT FURTHER RESOLVED** that the Mayor, L. Clay Madden, is hereby vested with the authority to conduct business, negotiate, and sign all agreements, and thereby bind the City of Mandeville to the same, effective February \_\_, 2024.

With the above resolution having been properly introduced and duly seconded, the vote was as follows:

YEAS:  
NAYS:  
ABSTAIN:  
ABSENT:

and the Resolution was declared adopted this \_\_\_\_\_ day of February, 2024.

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Kristine Scherer  
Clerk of Council

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Jason Zuckerman  
Council Chairman

## Office of Community Development

### Cooperative Endeavor Agreement (CEA) Support Documents Packet

The packet outlines the required forms for the grantee to complete and submit to the Office of Community Development (OCD) to assist with the approval process for the cooperative endeavor agreement. Instructions for completing the forms are included. Please contact your Program Manager with any questions or concerns.

#### Required Support Documents

1. Contact Information Form
2. HUD 2880 Form
3. Authorized Signature Form (for invoice signatures)
4. Financial Management Questionnaire
5. ACORD Certification of Liability Insurance; showing proof of or required insurance, Worker's Compensation coverage and Crime Insurance as required by the CEA.
6. Board Resolution (verifying authorized signatory of the CEA) See Sample.
7. Electronic Funds Transfer Forms
  - a. EFT Enrollment Form
  - b. Request for Vendor Information Form
  - c. W9
  - d. Voided Check from the EFT bank account and an email from the Grantee's finance department, verifying use of a non-interest bearing status of account, OR a signed Bank Letterhead verifying ownership of the account and non-interest bearing status

**Office of Community Development**  
**Cooperative Endeavor Agreement (CEA)**  
**Contact Information Form**

Your organization has been offered a Conditional Award Letter for a CDBG program. Before the Cooperative Endeavor Agreement can be approved we must have the following information.

City of Mandeville

Name of Vendor

Federal Tax ID (EIN): 72-6000876

LaGov Vendor ID #: 31000599

System for Award Management  
Unique Entity ID RMAMN9B8MXS7

Contact Person: Melissia P. O'Neil Title: Executive Assistant to the Mayor

Phone Number: (985) 624-3138 Email: moneil@cityofmandeville.com

**LaGov Vendor ID #**

A vendor must be enrolled in the state vendor database in order to receive a purchase order or payment from the state's purchasing or accounting system.

Please refer to the Electric Funds Transfer (EFT) forms for instructions to verify or setup your EFT account.

**System for Award Management Unique Entity ID**

In order to do business with the federal government and receive federal funds you must have a Unique Entity ID in Active Status.

Please register or renew your Unique Entity ID on SAM.gov; use this website to Start SAM Registration or Renew SAM Registration, whichever is appropriate. <https://sam.gov/content/home>. Submit the print out of your active status.

Federal Service Desk (FSD)

The FSD is a free technical support service desk for user assistance.

**Call and Live Chat Hours:**

Monday - Friday from 8am - 8pm EST

U.S. calls: 866-606-8220

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): City of Mandeville 3101 E. Causeway Approach Mandeville, LA 70448 Phone: (985) 624-3144	2. Social Security Number or Employer ID Number: RMAMN9B8MXS7
3. HUD Program Name Non-Federal Match Program LA Office of Community Development	4. Amount of HUD Assistance Requested/Received \$335,474.84
5. State the name and location (street address, City and State) of the project or activity: Hurricane Ida 4611 - PW #1401 - CAT "A" 90%; City of Mandeville; 3101 E Causeway Approach, Mandeville, LA 70448	

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).  
 Yes  No
2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9  
 Yes  No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

## Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial interest in Project/Activity (\$ and %)
N/A			

(Note: Use Additional pages if necessary.)

## Certification

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: L. Clay Madden, Mayor, City of Mandeville	Date: (mm/dd/yyyy)
--	--------------------

X

**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

**A. Coverage.** You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government If the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

**B. Update reports (filed by "Recipients" of HUD Assistance):**

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.). Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

#### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

**A. Other Government Assistance.** This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

**B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

## AUTHORIZED SIGNATURE FORM

### Instructions

1. Insert typed name of organization and complete mailing address of recipient; include zip code.
2. CEA / Contract Number will be completed by OCD.
3. Enter the typed name of the individuals who are authorized to sign the organization's Request for Payment. NOTE: Not all four boxes must be filled.
4. Provide name and title of approver who certifies the above signatories are authorized to request payment of CDBG funds.
5. Print out form, and have all required signatures affixed to form.
6. Email form to your program manager and copy the contract section: Delreese.hector@la.gov and Liz.Alcorn@la.gov.



**Louisiana Office of  
Community Development**

**AUTHORIZED SIGNATURE FORM FOR INVOICES**

*(All persons named below must sign this form)*

Name/Address of Recipient: City of Mandeville 3101 E. Causeway Approach Mandeville, LA 70448	CEA / Contract Number: To be Completed by OCD
	Date:

<b>1) Person (A) Approved to Sign Draws</b>  Signature:  Print Name: Kathleen Sides Finance Director	<b>2) Person (B) Approved to Sign Draws</b>  Signature:  Print Name: Melissa P. O'Neil Executive Assistant to the Mayor
<b>3) Person (C) Approved to Sign Draws</b>  Signature:  Print Name:	<b>4) Person (D) Approved to Sign Draws</b>  Signature :  Print Name:

**APPROVED BY**  
(Required Signature)

Signature:	
Print Name: L. Clay Madden	Title: Mayor, City of Mandeville



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
---------------------------	--

# Sample Board Resolution

Just  
example

STATE OF LOUISIANA  
PARISH OF LOUISIANA

WASHINGTON PARISH  
RESOLUTION NO. 18-860

**A RESOLUTION AUTHORIZING THE PARISH PRESIDENT TO EXECUTE THOSE DOCUMENTS AND AGREEMENTS REQUIRED IN IMPLEMENTATING GRANT UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY PROGRAM THROUGH THE RESTORE LOUISIANA INFRASTRUCTURE: FEMA PUBLIC ASSISTANCE NONFEDERAL SHARE MATCH PROGRAM, FOR WASHINGTON PARISH IN THE AFTERMATH OF 2016 SEVERE STORMS AND FLOODING EVENTS**

WHEREAS, the Washington Parish Government has submitted an application for funding under the Community Development Block Grant Disaster Recovery (CDBG-DR) Infrastructure Program; and

WHEREAS, the Department of Housing & Urban Development regulations require that the Washington Parish Government certify that these activities for which CDBG funds are being requested are designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community; which are of recent origin or which recently became urgent, and that the Parish is unable to finance the activity on its own, and that no other funds are available; and,

NOW, THEREFORE BE IT RESOLVED, that the Washington Parish Council, as the governing authority of Washington Parish, hereby certifies that the activities for which CDBG funds in the amount of \$180,387.45 are being requested for the Washington Parish Public Assistance Cost Share project are designed to provide the expeditious and effective recovery of public services in Louisiana and will meet the national objectives of benefitting persons of Low-to-Moderate income, Urgent Need and elimination of slum and blight and will result in a public benefit to the citizens of Washington Parish.

BE IT FURTHER RESOLVED that the Parish President, Richard N. Thomas, Jr. is hereby vested with the authority to conduct business, negotiate and sign all agreements, and thereby bind Washington Parish to the same, effective April 9, 2018.

Having been submitted to a vote resulted as follows:

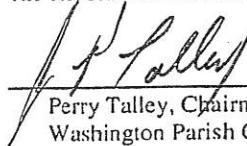
YEAS: (0) Workman, Lewis, McMasters, Bedwell, Anthony, Talley and Fussell

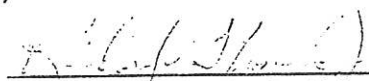
NAYS: (0)

ABSENT: (0)

ABSTAIN: (0)

The Resolution was declared adopted on the 9<sup>th</sup> day of April, 2018.

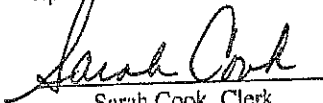
  
\_\_\_\_\_  
Perry Talley, Chairman  
Washington Parish Council

  
\_\_\_\_\_  
Richard N. Thomas, Jr., President  
Washington Parish Government

**CERTIFICATION**

**I SARAH COOK, CLERK OF THE WASHINGTON PARISH COUNCIL**, hereby certify that foregoing is a true and correct copy of a resolution adopted by the Washington Parish Council in Regular Session convened on the 9<sup>th</sup> day of April, 2018.

**GIVEN UNDER MY OFFICIAL SIGNATURE AND SEAL OF OFFICE**, this 9<sup>th</sup> day of April 2018, Franklinton Louisiana.



Sarah Cook, Clerk  
Washington Parish Council

# Office of Community Development

## Electronic Funds Transfer (EFT) Forms

In order to setup an Electronic Funds Transfer account to receive payments, you must have a LaGov Vendor ID # and the proper banking account information tied to the account.

### LaGov Vendor ID #

If you have a vendor number and you need to verify or correct account information please contact the OSRAP Vendor Section at 225-342-1097 or [DOA-OSRAP-LAGOV@la.gov](mailto:DOA-OSRAP-LAGOV@la.gov).

Remember to add your LaGov Vendor ID # to the Contact Information Form.

**OR**

If you are new to doing business with Louisiana, you will need to complete the new vendor registration process through the LaGov Supplier Portal at this link, [Vendor Information - Louisiana Division of Administration \(la.gov\)](#). Please add your LaGov Vendor ID # to the Contact Information Form

### Electronic Funds Transfer (EFT) Account

Specific forms must be completed and submitted in order to verify and set up an EFT account with the Louisiana Office of Statewide Reporting and Accounting Policy (OSRAP). Note that OCD cannot process any payments until we receive all completed forms.

In order to setup the Electronic Funds Transfer account, the banking information supplied on your EFT enrollment form will need to be linked to your LaGov Vendor ID #.

#### Documentation for an Existing EFT Account

If the Grantee previously received EFT payments from OCD and wants to continue using the same, non-interest bearing bank account we will need the following information below sent in an email to your program manager, stating that you want to use an existing EFT account.

1. Bank Name
2. Bank Account
3. LaGov Vendor ID #

#### Required Documentation for a New EFT Account

If the Grantee is setting up a new EFT account or changing to a new bank, an existing EFT account will need the following:

- a. EFT Enrollment Form
- b. Request for Vendor Information Form
- c. W9
- d. Voided Check from the EFT bank account and an email from the Grantee's finance department, verifying use of a non-interest bearing status of account, OR a signed Bank Letterhead verifying ownership of the account and non-interest bearing status

## COMPLETING THE ENROLLMENT FORM

You are to complete the unshaded portions of the enrollment form. Please complete the fields with the following information:

Vendor Name - The name of your company or organization as it appears on the bank account referenced.

Please Check One – Select New Enrollment or Change.

Vendor Address - The mailing address of your organization to which all payments are sent.

**NOTE: If this address is different from the address on your check, please explain the differences on a separate sheet and attach it to the EFT form.**

Vendor FEIN/SSN - The Federal Tax Identification Number or Social Security Number of your organization.

ACH Routing Number - The 9 digit routing code of the financial institution for the specified savings or checking account to which funds will be deposited. If funds are deposited into your checking account, the routing number usually precedes your checking account number on the bottom of your checks.

Check/Savings Indicator - Circle the appropriate letter. "C" denotes a checking account and "S" denotes a savings account.

Bank Account Number - The bank account to which funds are to be deposited.

Bank ACCT DESCR - A general description of the bank account. For example, "Company XYX corporate checking account."

Bank Name - The name of the financial institution to which funds will be deposited.

Bank Address – (lines 1 – 3) - The mailing address of the financial institution to which funds will be deposited.

City/State/Zip - The Bank's City/State/Zip for the mailing address listed.

*Change from ACH Routing No.* – The original 9 digit routing code of the financial institution OSRAP has on file. \*\*\*Filled in only for Change requests\*\*\*

*Change from Bank Account No.* – The original bank account OSRAP has on file. \*\*\*Filled in only for Change requests\*\*\*

Bank Telephone Number - The telephone number of the branch or bank office to contact for assistance with transmission problem resolution.

International ACH Transactions – Check the appropriate box. Yes means receipts are transferred to an account outside of the U.S. No means receipts are not transferred to an account outside of the U.S. A box must be checked before the EFT enrollment form can be processed.

Vendor's Authorized Signature - The signature of the individual completing this form (Payee).

Print Name - Print or type the name of the individual completing this form.

E-mail Address - The e-mail address of the company or the individual completing this form. If applicable, you can enter an e-mail address that is different from the one listed above.

Date - The date the form is completed.

Phone Number - The telephone number of the individual completing the form.

**NOTE: A representative from your financial institution must complete and sign the area at the bottom of the form. Please include a copy of a voided check, deposit slip, bank statement or a letter from your financial institution for depository accounts as verification of account information. This document must be pre-printed with the vendor's name and address – temporary checks or deposit slips are NOT acceptable.**

**ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM**

\* Please review instructions before completing this form. Please print or type.  
 \* Please attach a copy of a voided check, deposit slip, or bank statement.

Vendor Name: <u>City of Mandeville</u>		Please Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change	
Vendor Address: <u>3101 E. Causeway Approach; Mandeville, LA 70448</u>		For OSRAP use only. Location Code: _____	
ACH Routing Number: _____	Circle C for Checking or S for Savings Check/Savings Ind: <b>C</b> or <b>S</b>	Vendor FEIN/SSN: _____	
Bank ACCT DESCR: _____			
Bank Name: _____			
Bank Address: _____			
City: _____ State: _____ ZIP _____			
Change from ACH Routing No. (only filled in for Change/Delete): _____			
Change from Bank Account No. (only filled in for Change/Delete): _____			
Bank Telephone Number: (____) _____ - _____ Ext _____			

By completing the information listed above, I hereby authorize the State of Louisiana, Division of Administration and their designees (State) to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received. This authorization is to remain in full effect until such time as the State is notified in writing by the vendor. This notification must include such time and be in such a manner as to afford reasonable time for the State to act on it. I certify that I am authorized to complete the information listed above in the unshaded areas on behalf of the individual or organization named above and resolve issues related to enrollment. The information presented above is true and correct for the individual or organization named above. I understand that by utilizing the State's EFT payment process, I will no longer receive remittance advice from the State of Louisiana for payments issued. I am instead to contact my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services. The State reserves the right to issue a check for payment when the situation warrants. I agree to notify the State of changes to the information listed on this form immediately. Failure to provide the State with correct information or failure to notify the State of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments.

Yes  No Please check the appropriate box to indicate if the payments you receive are deposited in a U.S. Financial Institution and transferred to an account outside the United States. Yes means receipts are transferred to an account outside of the U.S. No means receipts are not transferred to an account outside of the U.S.

Vendor's Authorized Signature: _____		Print Name: _____	
Title and E-mail Address: _____	Date: ____/____/____	Phone #: (____) ____-____	ext ____
<b>FINANCIAL INSTITUTION:</b>			
I confirm that the routing and account information listed above is correct and our financial institution has the ability to receive ACH credit files and remittance information electronically.			
Financial Institution's Authorized Signature: _____		Print Name: _____	
Title and E-mail Address: _____	Date: ____/____/____	Phone #: (____) ____-____	ext ____

Send completed form & void check to DOA-OSRAP EFT Section at P.O. Box 94095, Baton Rouge, LA 70804-9095 or fax to (225) 342-0964  
 \*\*\*TEMPORARY CHECKS OR TEMPORARY DEPOSIT SLIPS ARE NOT ACCEPTED.\*\*\*

Office of the Commissioner  
State of Louisiana  
Division of Administration

JOHN BEL EDWARDS  
GOVERNOR



JAY DARDENNE  
COMMISSIONER OF ADMINISTRATION

Office of Community Development

REQUEST FOR VENDOR INFORMATION

See Vendor Registration instructions in the Cover Letter and Document Checklist

Vendor Name: City of Mandeville

LaGov Vendor ID: 31000599

Remittance Address: 3101 E. Causeway Approach  
Mandeville, LA 70448

Parish: St. Tammany

Contact Person: Kathleen Sides

Phone Number: (985) 624-3101

Fax Number: (985) 624-3108

E-mail Address: ksides@cityofmandeville.com





By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

## 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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) ...	THEN check the box for ...
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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, 4, or 5 below indicates 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 line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<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.

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

<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>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*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

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, 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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](mailto: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 (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) 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. commonwealths and 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.