

Mount Vernon Developmental Center

Personal Services Contract

Request for Proposal Packet

Fiscal Years 2012 and 2013

Packet Includes:

Request for Proposal Specifications

Contractor Information Form \*\*

Vendor Information Form \*\*

W9 \*\*

DMA (Declaration of Material Assistance Form) \*\*

Executive Order 2010-09S \*\*

**\*\* Must be returned as part of a complete proposal response.**

REQUEST FOR PROPOSAL

PHYSICAL THERAPIST  
FOR THE PERIOD  
JULY 1, 2011 THROUGH JUNE 30, 2012  
AND  
JULY 1, 2012 THROUGH JUNE 30, 2013

MOUNT VERNON DEVELOPMENTAL CENTER  
1250 VERNONVIEW DRIVE  
MOUNT VERNON, OHIO 43050  
PHONE: 740-393-6467  
FAX: 740-393-6266  
TDD PHONE: 740-393-0922

Contracts subject to appropriation availability and approval of  
DODD and, if applicable, the Controlling Board, State of Ohio.

## 1.0 INTRODUCTION

- 1.1 Mount Vernon Developmental Center intends to select an offeror through this Request for Proposal (RFP) process to provide Physical Therapy services to individuals.
- 1.2 Mount Vernon Developmental Center is a Medicaid-certified Intermediate Care Facility for the Mentally Retarded (ICF/MR), operated by the Ohio Department of Developmental Disabilities (DODD), serving approximately 160 persons with mental retardation and a wide range of other disabilities.

## 2.0 SERVICES REQUIRED

- 2.1 The services consist of all items listed herein for Mount Vernon Developmental Center, including all required labor, transportation, materials and equipment (including items not specifically noted or shown as required for complete service, subject to any exclusions listed below). It is the intent of this document that vendors provide a single proposal covering all categories of work for this service.
- 2.2 Vendor providing services under this RFP will:
  - 2.2.1 Provide during Fiscal Year 2012 (FY12) a maximum of fourteen (14) hours per week and during Fiscal Year 2013 (FY13) a maximum of twelve (12) hours per week of Physical Therapy care.
  - 2.2.2 Perform the following under the direction of the Medical Director:
    - 2.2.3 Conducts individual evaluations and updates performance records/evaluations accordingly; selects, develops, and modifies and/or adapts specialized evaluations/assessments methods; interprets evaluation results for individual, staff and IPP teams. Assures all items mentioned are within ICF/MR guidelines for certification.
    - 2.2.4 Plans, establishes and directs physical therapy treatment plans to provide guidance to staff working with individuals or for individuals with unusual, complex or persistent disabilities or as deemed necessary by the IPP team. Assures compliance with ICF/MR guidelines. Must have experience in ICF/MR guidelines, policies, and procedures, which will assure compliance with ICF/MR certification.
    - 2.2.5 Provides and coordinates physical therapy group or individual treatment for individuals with unusual, complex or persistent disabilities or as deemed necessary by the IPP team; demonstrates treatment methods and approach for MVDC staff.
    - 2.2.6 Evaluates need for and makes referrals for orthotic devices. Monitors use and repair of all orthotic devices.
    - 2.2.7 Evaluates need for, identifies and designs individual's adaptive devices or equipment. Works with outside vendors to coordinate individual's needs with their services. Monitors use and maintains good repair of all adaptive equipment and devices.

- 2.2.8 Observes, records and reports individual behavior, treatment, progress and evaluation results. Documents status of treatment as services are provided. Documents time spent with each individual for Medicaid reports and maintains audit trail for same. Completes a monthly summary of treatment status and recommendations for modifications. The documentation falls within ICF/MR guidelines.
- 2.2.9 Participates in annual team meetings as needed; provides written input to relevant annual team meetings. Serves as team member for those individuals receiving direct therapy services.
- 2.2.10 Consults with professional personnel regarding individual programming; general program development; treatment goals, etc.; makes treatment related recommendations to physicians, other professional personnel, and IPP team members.
- 2.2.11 Provides in-services to professional and non-professional staff regarding physical therapy treatment and philosophy, individual physical therapy goals, use of orthotic devices, adaptive equipment, and information related topics with regard to individual's overall needs. Works with workshop settings, day programs and temporary medical placements to ensure coordination of services and follow on discharge plans.
- 2.2.12 Provides formalized training and functionally supervises MVDC staff in physical therapy programs.
- 2.2.13 Requisition supplies and equipment, and maintain records as needed.
- 2.2.14 Continue to demonstrate current professional practices and principles of physical therapy as indicated by work performance, through practice demonstrated and interaction with individual-staff and professionals from the community.
- 2.2.15 Maintain a reciprocal professional and cooperative relationship with Mount Vernon Developmental Center Staff.
- 2.2.16 Services are to be provided by the primary therapist up to 14 hours per week (FY12) and 12 hours per week (FY13) during the daily hours of Monday through Friday from 8:00 am to 4:30 pm. It is preferred that direct services be scheduled at those time individuals are not at the workshop. This may require that therapist be scheduled to work some late afternoon/early evenings and weekend hours for direct delivery of therapy services. Emergency admissions will require therapy evaluation within 12 hours of admission. Daytime hours may be required for meetings, paperwork, etc. Contractor will work out a specific schedule with the medical director. Contractor's schedule may be modified with the approval of the medical director.
- 2.2.17 Provides specialized professional services for facility individuals having wheelchairs. These services may include, but are not limited to, periodic evaluations/assessments, seating, positioning, organization/supervision of wheelchair clinics, and working directly with wheelchair individuals. A minimum

of two (2) years adult MR/DD wheelchair experience is required, and a minimum of 30 hours professional training in wheelchair seating/assessment.

- 2.2.18 Provide proof as requested to the department director regarding prior experience in delivering direct physical therapy services to adult MR/DD individuals. A minimum of four (4) years experience is required.
- 2.2.19 Provide necessary documentation for 3<sup>rd</sup> party billing of adaptive equipment and wheelchairs as required by physician's order.
- 2.2.20 The successful contractor must invoice the facility within 30 days of service provision.
- 2.2.21 If services cannot be provided due to unforeseen circumstances, notification of the facility is mandatory and preferably one (1) hour prior to start time.
- 2.2.22 The contractor will provide specific services to MVDC to include the following: Licensed Physical Therapist (LPT) and Licensed Physical Therapist Assistant (LPTA). The LPTA will be contracted for 16 hours per week during Fiscal Year 2012 and 14 hours per week during Fiscal Year 2013.
- 2.2.23 The contractor will provide on-going supervision of the facility (physical) therapy program by a single qualified Physical Therapist. On site supervisory visits must be performed at a minimum of one (1) time per month by the supervising therapist. Supervisory duties may include, but are not limited to, coordination of all facility physical therapy services, quality assurance, and liaison between the contractor and the facility medical director. Because of the responsibilities involved, the supervising therapist should have a minimum of four (4) years adult MR/DD experience.
- 2.2.24 The contractor is responsible for assuring all therapists providing services under this contract maintain current Ohio license/certification and pursue continuing education, etc. as needed to stay current in their field. In addition, the contractor is responsible for monitoring that the therapists provide quality services to the individuals of MVDC. The contractor will be responsible for assuring all therapists providing service at MVDC are knowledgeable of standards of regulatory/licensing agencies related to the delivery of physical therapy services and implement therapy/documentation accordingly.
- 2.2.25 The contractor will not invoice for services unless mutually agree upon or as noted in this contract until such personnel are in place. The Superintendent or Medical Director shall approve or disapprove potential candidates for all positions specified in this contract.
- 2.2.26 The contractor shall submit to the Medical Director by the first (1<sup>st</sup>) working day of each month statistics regarding therapy services delivered for the previous month. These statistics shall include hours of service delivered by the therapist(s) including direct therapy services, meetings, consultations, etc. as well as number of individuals receiving services and any other physical therapy information requested by the Program Director.

- 2.2.27 The contractor will designate an Administrator to be responsible for the direction of its contract responsibilities under this contract. This designee must be available by phone during reasonable business hours (Monday-Friday: 8:00 am-4:30 pm) to discuss areas of concern with the Program Director or Medical Director of MVDC.
- 2.2.28 Provide proof as requested to the department director regarding prior experience of 8 hours minimum regarding Intrathecal Baclofen Therapy including selection of appropriate candidates using the Ashworth, Spasm and Hygiene scales and physical therapy treatment following ITB pump implantation.
- 2.2.29 Provide services at Mount Vernon Developmental Center, utilizing the Center's equipment.
- 2.2.30 **Any modifications, variations or addendums to the above specified duties or services shall result in the immediate disqualification of that bid.**

### 3.0 SPECIAL CONSIDERATIONS

- 3.1 The offeror shall identify the person(s) providing services under the RFP. Said person(s) must:
  - 3.1.1 Have a current license in Physical Therapy;
  - 3.1.2 Have a minimum of 4 years of experience in the adult MR/DD field in an ICF/MR (Medicaid) environment;
  - 3.1.3 Have at least 4 years experience in development of specialized adaptive wheelchairs and the Medicaid billing requirements for same. Proof of a demonstrated Wheelchair replacement program is required.
  - 3.1.4 The contractor must be able to be present for Emergency admissions within 12 hours of admission.
  - 3.1.5 Have not been found guilty of, or pleaded guilty to, any offense set forth in Section 5123.081(1), (2), or (3) of the Ohio Revised Code; nor employ any person to provide services under this RFP who has been found guilty of, or pleaded guilty to any offense set forth in Section 5123.081(1), (2), or (3) of the Ohio Revised Code. *The person(s) providing services under this RFP shall be subject to a criminal background check prior to performing any services at Mount Vernon Developmental Center.*
- 3.2 The provisions of the **Ohio Department of Developmental Disabilities Personal Service Contract** will become part of the final agreement between the successful offeror and the Center. Therefore, the evaluation process resulting in the final award of a contract rests with the Center and the Ohio Department of Developmental Disabilities. The Center and the Ohio Department of Developmental Disabilities reserve the right to determine that the award of a contract would not be in the best interest of the Center, the Ohio Department of Developmental Disabilities, or the State of Ohio. The Center and the Ohio Department of Developmental Disabilities reserve the right to accept or reject any and all bids, in whole or in part, and may determine that any irregularities or

deviations from the specifications do not result in the bid being non-responsive, provided this does not affect the amount of the bid or result in a competitive advantage to the bidder.

- 3.3 By submitting a signed proposal for this service, the vendor affirms that, as applicable to the vendor, no party listed in Division (I) and (J) of Section 3517.13 of the Revised Code or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.
- 3.4 Contractor represents, warrants, and certifies that it and its employees engaged in the administration or performance of this Contract are knowledgeable of and understand the Ohio Ethics and Conflicts of Interest laws and Executive Order No. 2007-01S. Contractor further represents, warrants, and certifies that neither Contractor nor any of its employees will do any act that is inconsistent with such laws and Executive Order. The Governor's Executive Orders may be found by accessing the following website:  
<http://governor.ohio.gov/Default.aspx?tabid=1495>
- 3.5 Contractor represents and warrants that all applicable parties listed in Division (I)(3) or (J)(3) of O.R.C. Section 3517.13 are in full compliance with Divisions (I)(1) and (J)(1) of O.R.C. Section 3517.13.
- 3.6 Contractor represents and warrants that it is not subject to an "unresolved" finding for recovery under O.R.C. Section 9.24. If this warranty is found to be false, this Contract is void *ab initio* and Contractor shall immediately repay to Agency any funds paid under this Contract.
- 3.7 All services provided under this RFP shall meet the appropriate standards of the Federal Medicaid program for Intermediate Care Facilities for the Mentally Retarded (ICF/MR).
- 3.8 Mount Vernon Developmental Center reserves the right to reject, in whole or in part, any and all proposals where Mount Vernon Developmental Center, taking into consideration factors including but not limited to, price and the results of the evaluation process, has determined that the award of a contract would not be in the best interests of Mount Vernon Developmental Center or the State of Ohio.

#### 4.0 PROPOSALS

- 4.1 All proposals shall be in accordance with information provided in this document as well as an interview on site, if requested.
- 4.2 All proposals shall be in writing and signed by the person providing services (or in the case of companies by an authorized representative on company letterhead).
- 4.3 All proposals shall be submitted on the basis of an hourly rate for each hour of service to be provided. Travel expenses and travel time will not be paid. **A separate quotation shall be submitted for each fiscal year period.**
- 4.4 All proposals shall be guaranteed.
- 4.5 Proposals shall be submitted via email to [Jennifer.buhn@dodd.ohio.gov](mailto:Jennifer.buhn@dodd.ohio.gov), with **"PHYSICAL THERAPY SERVICES"** in the subject line of the email.

4.6 **Deadline for Proposal:**

Proposals will be received at the above address until March 30, 2011, 5:00 pm and opened immediately thereafter. Proposals not received at Mount Vernon Developmental Center by the deadline will be returned to sender unopened.

5.0 **SITE INTERVIEW**

5.1 Mount Vernon Developmental Center reserves the right to interview all persons providing services under the provisions of this RFP to determine the best responsive vendor. Interviews will be after the proposal deadline and conducted on the premises of Mount Vernon Developmental Center.

6.0 **SUBMISSIONS REQUIRED**

6.0 A separate proposal for each fiscal year stating the hourly rate for each hour of service to be provided.

6.1 Contractor Information Form (attached),

6.2 Vendor Information Form (new vendors only) (attached).

6.3 W-9 (new vendors only) (attached)

6.4 DMA Form (attached)

6.5 Executive Order 2010-09S (attached)

6.6 The name, vitae, and license number(s) of all persons to provide services under the provisions of this RFP.

6.7 List of previous services performed to include facility name, complete address, telephone number, contact person, and dates service was performed.

6.8 Any accommodation or special needs of any person providing services under the provisions of this RFP:

7.0 **SCHEDULE**

7.1 July 1, 2011 – June 30, 2012 (Fiscal Year 2012)

7.2 July 1, 2012 – June 30, 2013 (Fiscal Year 2013)

8.0 **PAYMENTS**

8.1 Payment for these services are made every two weeks with the submission of the following:

8.1.1 Proper invoice signed by the vendor.

**9.0 EVALUATION CRITERIA**

- 9.1 Scores will be given for each of the following items. The highest possible score is noted with each line item. The award will be given to the vendor with the highest score.
- 9.1.1 Person(s) to provide services are a Licensed Physical Therapist, have 4 years experience serving persons with mental retardation, have 2 years adult MR/DD wheelchair experience, have 30 hours professional training in wheelchair seating/assessment, have 8 hours experience regarding Intrathecal Baclofen Therapy including selection of appropriate candidates using the Ashworth, Spasm and Hygiene scales and physical therapy treatment following ITB pump implantation, and have 2 years experience, since 1988, in providing service under ICF/MR standards. (Yes = continue to next criteria; No = proposal is rejected).
  - 9.1.2 Experience serving person with mental retardation (<6 years = 0; 6-9 years = 5 points; 10+ years = 10 points).
  - 9.1.3 Experience providing service under ICF/MR standards (<3 years = 0; 3-5 years = 2; 6-9 years = 5; 10 + years = 10 points)
  - 9.1.4 Experience serving Mt. Vernon Developmental Center residents (<3 years = 0; 3-5 years = 2; 6-9 years = 5; 10 + years = 10 points)
  - 9.1.5 Price. Rank highest to lowest order when compared to all proposals and multiplied: (1=5, 2=10, 3=15, 4=20, 5=25, etc.).
  - 9.1.6 In the event of a tie, the award will be determined through the vendor interview process

CONTRACTOR INFORMATION

**THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL.**

Position: Physical Therapy and PTA

Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

1. Number of contracts with the State of Ohio (including ODMR/DD). Specifically,

State Agency: \_\_\_\_\_  
Contracted Services: \_\_\_\_\_  
Duration of Contract: \_\_\_\_\_  
Amount/Rate: \_\_\_\_\_

(Attach additional sheets if necessary.)

2. Provide the following current information on both a corporate-wide basis (including Ohio) and, if a multi-state corporation, the corporation's Ohio-based operations:

	<u>Ohio Offices</u>	<u>Nationwide (incl. Ohio offices)</u>
Total Employees:	_____	_____
% Women:	_____	_____
% Minorities:	_____	_____

3. What is your TAX IDENTIFICATION number?
4. If your billing address is different from your mailing address, please list it below:

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the Person(s) to provide services Ohio-licensed, have 3 years experience serving persons with mental retardation, and have 2 years experience, since 1988, in providing service under ICF/MR standards. \_\_\_\_\_
6. How many years experience does the person(s) to provide services have serving persons with mental retardation? \_\_\_\_\_
7. How many years experience does the person(s) to provide services have providing service under ICF/MR standards? \_\_\_\_\_

8. Does the person(s) to provide services have experience serving Mt. Vernon Developmental Center individuals? \_\_\_\_\_

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Authorized Signature

Date

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Please Print



# VENDOR INFORMATION FORM

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

## SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

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

## SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

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

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

TAXPAYER ID # (TIN):

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

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

INDUSTRY CLASSIFICATION:

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE

## SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

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

ADDRESS:

CITY:

STATE:

ZIP CODE:

**SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER**

NAME:

WEB SITE:

PHONE:

FAX:

E-MAIL:

**SECTION 6 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)**
 MBE (MINORITY BUSINESS ENTERPRISE)   
 EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY)   
 N/A
**SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)**
 2/10 NET 30   
 NET 30   
 NET 45   
 NET 60   
 NET 90
**SECTION 8 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (INPUT E-MAIL ADDRESS OR FAX # BELOW)**

E-MAIL:

FAX:

**SECTION 9 – PLEASE SIGN & DATE**

SIGNATURE:

DATE:

**SECTION 10 – AGENCY CONTACT INFORMATION**

AGENCY NAME:

PHONE NUMBER:

E-MAIL:

COMMENTS:

**SUBMIT FORM TO:**

**Mail:** Ohio Shared Services  
4310 E. Fifth Ave. Columbus, OH 43219

**Fax number:** (614) 485-1039

**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)

**QUESTIONS? PLEASE CONTACT:**

**Phone:** 1 (877) OHIO - SS1 (1-877-644-6771)  
1 (614) 338-4781

**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)



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

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

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

### Exempt Payee

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

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

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

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

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

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

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

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

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](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. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

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

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

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

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

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

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

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

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

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
  - Ensure your employer is protecting your SSN, and
  - Be careful when choosing a tax preparer.
- Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>3</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<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 second 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* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

\*\*\*\*\* FOR INSTRUCTIONAL USE ONLY \*\*\*\*\*

**READ BEFORE COMPLETING YOUR DMA FORM**

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.
- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol
- \* DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

\*\*\*\*\* FOR INSTRUCTIONAL USE ONLY \*\*\*\*\*



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

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

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

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

**COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR**

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

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

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

**DECLARATION**

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

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

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

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

**CERTIFICATION**

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

APPLICANT SIGNATURE <b>X</b>	DATE
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**TED STRICKLAND**  
GOVERNOR  
STATE OF OHIO

### **Executive Order 2010-09S**

#### **Banning the Expenditure of Public Funds for Offshore Services**

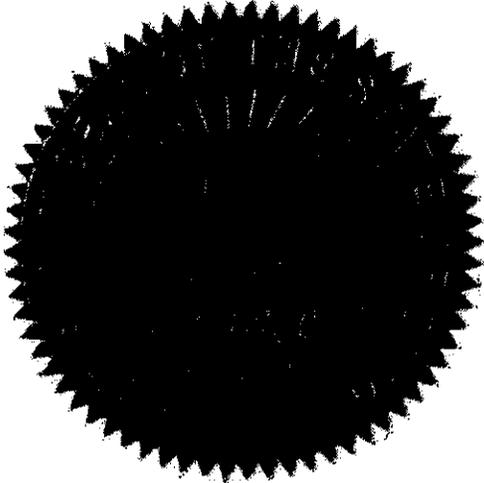
1. **Ohio's Economic Vitality Necessitates Constant Vigilance in State Job Creation Efforts.** State officials and employees must at all times remain passionately focused on initiatives that will create and retain jobs in the United States in general and in Ohio, in particular, and must do so especially during Ohio's continuing efforts to recover from the recent global recession.
2. **No Public Funds Should be Spent on Services Provided Offshore.** Allowing public funds to pay for offshore services undermines economic development objectives and any such offshore services carry unacceptable quality and security risks.
  - a. **The Purchase of Offshore Services with Public Funds Undermines Economic Development and Other Job Creation and Retention Objectives.** The expenditure of public funds for services provided offshore deprives Ohioans and other Americans critical employment opportunities. It also undermines efforts to attract businesses to Ohio and retain them in Ohio, initiatives in which the State has invested heavily.
  - b. **The Purchase of Offshore Services Has Unacceptable Business Consequences.** The use of offshore service providers could pose unacceptable data security, and thus privacy and identity theft risks. There are pervasive service delivery problems with offshore providers, including dissatisfaction with the quality of their services and with the fact that services are being provided offshore. It is difficult and expensive to detect illegal activity and contract violations and to pursue legal recourse for poor performance or data security

violations. The State's use of offshore service providers ill-serves the people of Ohio who are the primary consumers of the services provided by the State.

3. **Ohio's Policy Has Been – and Must Continue To Be – That Public Funds Should Not Be Spent on Services Provided Offshore.** Throughout my Administration, procurement procedures have been in place that restrict the purchase of offshore services. Despite these requirements, federal stimulus funds were recently used to purchase services from a domestic company which ultimately provided some of those services offshore. This incident was unacceptable and has caused me, through this Order, to redouble my commitment to ensure that public funds are not expended for offshore services.
4. **Additional Steps Will Ensure that Public Funds Are Not Spent on Services Provided Offshore.** In order to ensure that the State of Ohio makes no expenditures for services provided offshore, I hereby order the following:
  - a. No Cabinet Agency, Board or Commission (Executive Agency) shall enter into any contract which uses any funds within its control to purchase services which will be provided outside the United States. This Order applies to all funds in the custody of an Executive Agency, be they from state, federal, philanthropic or private sources. It applies to all purchases of service made directly by an Executive Agency and services provided by sub-contractors of those providing services purchased by an Executive Agency.
  - b. This Executive Order will be personally provided, by the Director, Chair or other chief executive official of each Executive Agency, to the Chief Procurement Officer or other individual at that entity responsible for contracts for services.
  - c. The Department of Administrative Services, through Ohio's Chief Procurement Officer (OCPO), shall have in place, by August 31, 2010, procedures to ensure all of the following:
    - i. All agency procurement officers, or the person with equivalent duties at each Executive Agency (APOs), have standard language in all Executive Agency contracts which:
      - (a) Reflect this Order's prohibition on the purchase of offshore services.
      - (b) Require service providers or prospective service providers to:

- (i) Affirm that they understand and will abide by the requirements of this Order.
    - (ii) Disclose the location(s) where all services will be performed by any contractor or subcontractor.
    - (iii) Disclose the locations(s) where any state data associated with any of the services they are providing, or seek to provide, will be accessed, tested, maintained, backed-up or stored.
    - (iv) Disclose any shift in the location of any services being provided by the contractor or any subcontractor.
    - (v) Disclose the principal location of business for the contractor and all subcontractors who are supplying services to the state under the proposed contract.
  - ii. All APOs are ensuring that all quotations, statements of work, and other such proposals for services affirm this Order's prohibition on the purchase of offshore services and include all of this Order's disclosure requirements.
    - (a) Any such proposal for services lacking the affirmation and disclosure requirements of this Order will not be considered.
    - (b) Any such proposal where the performance of services is proposed to be provided at a location outside the United States by the contractor or any sub-contractor, will not be considered.
  - iii. All procurement manuals, directives, policies, and procedures reflect the requirements of this Order.
  - iv. All APOs have adequate training which addresses the terms of this Order.
5. **Exceptions.** Nothing in this Order is intended to contradict any state or federal law. In addition, this Order does not apply to:
- a. Services necessary to support the efforts of the Department of Development Global Markets Division to attract jobs and business to the State of Ohio, including incidental services for the support of trade missions, payment of international staff, and services necessary for the operation of international offices.
  - b. Academic, instructional, educational, research or other services necessary to support the international missions of Ohio's public colleges and universities.

6. I signed this Executive Order on August 6, 2010 in Columbus, Ohio and it will not expire unless rescinded.



Ted Strickland  
Ted Strickland, Governor

ATTEST:

\_\_\_\_\_  
Jennifer Brunner, Secretary of State

**DEPARTMENT OF ADMINISTRATIVE SERVICES**  
**STANDARD AFFIRMATION AND DISCLOSURE FORM**  
**EXECUTIVE ORDER 2010-09S**

**Banning the Expenditure of Public Funds on Offshore Services**

All of the following provisions must be included in all invitations to bid, requests for proposals, state term schedules, multiple award contracts, requests for quotations, informal quotations and statements of work. This information is to be submitted as part of the response to any of the procurement methods listed.

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**CONTRACTOR/SUBCONTRACTOR AFFIRMATION AND DISCLOSURE:**

By the signature affixed to this response, the Bidder/Offeror affirms, understands and will abide by the requirements of Executive Order 2010-09S issued by Ohio Governor Ted Strickland. If awarded a contract, the Bidder/Offeror becomes the Contractor and affirms that both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States. The Executive Order is attached and is available at the following website: (<http://www.governor.ohio.gov/Default.aspx?tabid=1495>).

The Bidder/Offeror shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information as part of the response will deem the Bidder/Offeror not responsive and no further consideration will be given to the response. Bidder/Offeror's offering will not be considered. If the Bidder/Offeror will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Principal location of business of Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Name/Principal location of business of subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

2. Location where services will be performed by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)