



# **REQUEST FOR APPLICATIONS**

## **Medication-Assisted Treatment Genomic Registry Grant**

Open Date: January 16, 2018

Close Date: February 15, 2018, 4:00 p.m. Eastern



Department of Health Care Finance  
441 4<sup>th</sup> St. NW, Suite 900S  
Washington, DC 20001  
TEL: (202) 442-4790

***LATE APPLICATIONS WILL NOT BE ACCEPTED***

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## **Section I: Funding Opportunity Description**

### **A) Background**

The mission of the Government of the District of Columbia's Department of Health Care Finance (DHCF) is to improve the health outcomes of District (DC) residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP and Alliance programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

The District of Columbia continues to be in the midst of an opioid addiction crisis, including an epidemic of overdose deaths. Every day, healthcare workers are helping people who are struggling with addiction, and caregivers are desperate for tools to help them recover. In order to stem the tide of overdose and mortality, opioid addiction must be treated like other health issues, necessitating new research and the use of evidence-based approaches to care.

In DC, there are several efforts available and underway to counteract the opioid addiction crisis and further help individuals addicted to opioids. Such efforts include the DC Prescription Drug Monitoring Program (PDMP), pilots conducted by District agencies, and collaborations with neighboring states. However, nationwide there is a lack of available information and research-based evidence that has investigated whether genomic factors may place an individual at risk for opioid addiction. Information on genetic factors could be beneficial to providers who treat substance use disorder and aid in optimal and targeted dosing of patients who are on medication-assisted opioid addiction treatment. With efforts to better understand, treat, and reduce the opioid crisis in DC, the scope of work funded by this MAT Genomic Registry grant supports the District's goal to continuously improve health and health care for District residents.

### **Program Description**

The Department of Health Care Finance (DHCF) announces a Notice of Funding Availability (NOFA) for grant funds under the Fiscal Year 2018 Budget Support Act of 2017, Subtitle C, Section 5032. The Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code 7-771.05(4) (2012 Repl.) directs Medicaid to award a grant to a college of pharmacy located in the District to create and maintain a Medication-Assisted Treatment (MAT) Genomic Registry (hereafter, "MAT Genomic Registry"). Per the aforementioned Act, a MAT Genomic Registry is defined as a central location for the submission of genetic test information health care providers can use to provide medication assisted treatment, clinical decision support for induction, stabilization, and

maintenance treatment, and genomic-guided medication therapy management for opioid addiction.

The goal of the MAT Genomic Registry is to:

1. Provide a centralized web-based database of genomic testing results that can be used by providers who treat substance use disorder and aid in optimal and targeted dosing of patients who are on medication-assisted opioid addiction treatment.
2. Identify possible genetic disorders that may place an individual at risk for opioid addiction.
3. Offer accurate & validated genomic testing results to patients and providers that provides clinical decision support for opioid-related MAT.
4. Assist in better health outcomes and quality of life for individuals, families & communities with addiction.

#### **B) Key Dates and Information**

RFA Release Date (expected)	Tuesday, January 16, 2018
Pre-Application Meeting (Date)	Wednesday, January 17, 2018
Pre-Application Meeting (Time)	12:00 to 1:00 p.m.
Pre-Application Meeting (Location)	441 4 <sup>th</sup> St. NW, 10 <sup>th</sup> Floor, Room 1028 Washington, DC 20001
Deadline to submit written questions	Monday, January 22, 2018
Questions should be submitted to	<a href="mailto:HealthIT@dc.gov">HealthIT@dc.gov</a>
Answers to questions available on	Friday, January 26, 2018
Answers will be available at	<a href="http://dhcf.dc.gov/page/health-information-technology-01">http://dhcf.dc.gov/page/health-information-technology-01</a>
Application Deadline Date	Thursday, February 15, 2018
Application Deadline Time	By 4:00 p.m. Eastern
Award Announcement (Approximate)	Thursday, March 1, 2018
Grant Start and End Dates	Award Date to September 30, 2018

#### **C) Program Benefits**

A MAT Genomic Registry is designed to provide a centralized web-based database for the submission of genetic test information that health care providers can use to provide MAT, clinical decision support for induction, stabilization, and maintenance treatment and genomic-guided medication therapy management for opioid addiction. Furthermore, this registry aims to improve health outcomes by improving the accuracy of genomic testing, investigating genetic factors that may place an individual at risk for opioid addiction, and informing policies to increase capacity and choice of treatment in the District of Columbia.

This grant will support a college of pharmacy in the District to create and maintain a MAT Genomic Registry.

**D) Purpose of RFA**

The purpose of this RFA is to solicit applications from colleges of pharmacy in the District for selection as a grantee for the MAT Genomic Registry Grant.

**E) Available Funding**

The total amount of funds available is up to two hundred & fifty thousand dollars (\$250,000.00).

Please note, College of Pharmacy respondents to the RFA must be designated as Principal Site with a named Project Director or Principal Investigator (PI) and specified time allocated to this grant. The PI based at the principal site is responsible for establishing and overseeing all implementation, reporting and administration of grant-related activities. The grantee is permitted to sub-grant no more than 50% of the work set forth under this RFA.

For the purposes of this award, a sub-grant includes any legally-binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

**Section II: Award Information**

DHCF announces the availability of grant funds for the Fiscal Year 2018 (FY 2018) to one (1) qualified applicant to create and maintain a MAT Genomic Registry that will serve as a resource to health care providers and provides all benefits as described in this MAT Genomic Registry Grant RFA.

For further information, please contact:

Michael Fraser  
Health Care Reform and Innovation Administration  
Department of Health Care Finance  
441 4<sup>th</sup> St. NW, Suite 900S  
(202) 478-9299  
[Michael.Fraser@dc.gov](mailto:Michael.Fraser@dc.gov)

The total amount of funds available is up to two hundred and fifty thousand dollars (\$250,000.00). The grant period will be the date of award to September 30, 2018.

### Section III: Eligibility Requirements

#### A) Qualified Applicants

Eligible applicants must be a college of pharmacy located in the District of Columbia and accredited by the Accreditation Council for Pharmacy Education. Applicants must have the authority to 1) enter into an agreement with DHCF and 2) be in compliance with applicable District of Columbia laws and regulations.

At the time of application, all applicants must:

- Be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and
- Demonstrate Clean Hands certification at the time of application.

Sub-grants are permitted for qualified applicants. Sub-grantees are prohibited from assuming the role of Project Director or Principal Investigator. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees describing the relationship, roles and responsibilities for all collaborators. All proposed sub-grantees must satisfy certification, insurance, and tax requirements, and must agree to be bound to all terms of the grant agreement executed by the grantee and the District in connection with this award.

#### B) Administrative Criteria

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section IV.C.1 of the RFA.
2. The application is printed on 8 ½ by 11-inch paper, double-spaced, double-sided, using 12-point type with a minimum of one inch margins, with all pages numbered.
3. Narrative for Section IV.C.2 shall not exceed 15 pages. *NOTE: Attachments and appendices do not count towards the page limit.*
4. The Program Budget and Budget Narrative are complete and consistent with the Budget form listed as **Attachment A** of the RFA. The line item budget narrative describes the categories of items proposed.

5. The Certifications and Assurances listed in **Attachments B** and **C** are signed and dated.
6. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF Receipt (See **Attachment D**). **Unsealed and unidentified applications will not be accepted.**
7. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.
8. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of February 15, 2018 to DHCF c/o Michael Fraser, 441 4<sup>th</sup> St. NW, Suite 900S, Washington, DC 20001.

#### **C) Privacy and Security**

Grantee shall ensure all initiatives are built according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4) [Information Access Management].

#### **D) Insurance**

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers’ compensation insurance carrier, fidelity bondholder (if applicable).

#### **E) Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with District licensing and tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (See **Attachment F**) . DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date.
2. If tax-exempt, the Applicant must submit the IRS’s determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the



organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.

3. The Applicant shall comply, where applicable, with any federal and District licensing requirements.

#### **F) Statement of Certification**

Applicant shall submit a Statement of Certification (See **Attachment B**, signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. The individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
4. Whether the applicant, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
  - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
    - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
    - ii. Any crime or offense involving financial misconduct or fraud; or
  - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
5. Applicant/Grantee is in compliance with D.C. Code § 1-328.15 and has not made a contribution or solicitation for contribution to a covered recipient, as defined in D.C. Code § 1-328.11, during a period of time that would make the recipient ineligible to receive this grant.

6. If any response to the disclosures referenced at F.4. is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.
7. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
8. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;
9. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
10. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR § 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
11. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
12. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
13. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of

organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant;

14. That the applicant has a satisfactory record of integrity and business ethics;
15. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
16. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
17. That the applicant complies with provisions of the Drug-Free Workplace Act;
18. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
19. That the applicant if awarded this grant agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

#### **G) Certificate of Good Standing**

Applicant shall represent that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction it is organized or licensed, and it, its employees, agents, sub-grantees, representatives and members of its workforce are licensed and in good standing with the applicable agency, board, or governing body to perform its obligations. It shall also represent that it, its employees, agents, sub-grantees, representatives, and members of its workforce are in good standing with the District of Columbia, that it, its employees, agents, subcontractors, representatives and members of its workforce will submit a Certification of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that it, its employees, agents, sub-grantees, representatives, and members of its workforce have not been de-barred from being employed as a Grantee by the federal government of District of Columbia.

#### **H) RFA Terms and Conditions**

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;

2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant's proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;
5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended; and
6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF.
8. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.
9. Awardee will be required to participate in any DHCF-sponsored training related to this award.

#### **Section IV: Application and Submission Information**

##### **A) Pre-Application Conference**

A pre-application conference is scheduled for:

Wednesday, January 17, 2018 from 1:30 – 3:00 PM ET  
Department of Health Care Finance  
441 4<sup>th</sup> St. NW, 10<sup>th</sup> Floor, Room 1028  
Washington, DC 20001

## **B) Application Delivery**

Applications are due no later than 4:00 p.m., Eastern Time (ET) on Thursday, February 15, 2018, to DHCF, c/o Michael Fraser, 441 4<sup>th</sup> St. NW, Suite 900S, Washington, DC 20001. Applications will not be accepted by email or fax.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in section III. B.7. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

## **C) Application Requirements**

### **1. Proposal Format and Content**

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal and Financial Management
- d. Program Reporting
- e. Applicant Qualifications
- f. Proposed Budget and Budget Justification
- g. Appendices
  - Appendix 1: IRS letter of non-profit corporation status
  - Appendix 2: Proposed Organizational Chart
  - Appendix 3: Proposed staff resumes
  - Appendix 4: Proposed staff job descriptions
  - Appendix 5: District of Columbia Business License
  - Appendix 6: Certificate of Good Standing
  - Appendix 7: Completed W-9 Form
  - Appendix 8: List of District Grants (FY16-17)
  - Appendix 9: Completed Automated Clearing House Form

### **2. Program Narrative**

The narrative section (which is limited to 15 pages) should describe the applicant's approach for the creation and maintenance of a MAT Genomic Registry. Specifically, the narrative must:

- a. Describe the specific problem(s) or issue(s) that the proposed MAT Genomic Registry will alleviate;
- b. Describe the proposed MAT Genomic Registry in detail, as well as the intended impact of the program;

- c. Provide a description of anticipated expenditures under this award;
- d. Describe the proposed registry requirements and articulate how the applicant will meet all the requirements and objectives captured in the RFA;
- e. Include a milestones and deliverables chart with due dates;
- f. Identify the applicant's operational readiness and capabilities to create and maintain a MAT Genomic Registry in a short timeframe;
- g. Include the applicant's history, experience, and/or knowledge related to developing a MAT Genomic Registry and the corresponding initiatives proposed;
- h. Describe the applicant's plans to collaborate with DHCF and other District Government agencies;
- i. Describe any existing or proposed partnerships (i.e., sub-grantees) that will assist in the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives;
- j. Describe the anticipated sustainability of the program beyond the period of performance of this grant.

### **3. Grant, Fiscal, and Financial Management**

Describe how the applicant will provide sound grant and fiscal management for the project, including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the design, development, and implementation of the MAT genomic registry described in this RFA. Appendix 8 of the proposal shall include a list of any grants received in FY16 and FY17 and/or any expected grants to be received in FY18 from the District Government. This list shall state the District Government entity providing the grant, description of the SOW, the total grant amount, and the timeframe for the grant.

### **4. Program Reporting**

Discuss the applicant's proposed measurement framework and the frequency of reporting (e.g., weekly, monthly, etc.). The measurement framework should include financial (i.e. cost of care) and utilization measures as well as at least one clinical outcome measure. Include details on how this approach incorporates District initiatives and priorities. DHCF does not intend for reporting requirements to be overly burdensome.

### **5. Applicant Qualifications**

- a. Describe the leadership capacity of the applicant. Please include the applicant's specific involvement and roles in the District's health system, genomic testing, and registry services in the past five (5) years.

- b. Discuss the applicant's mission and compatibility between the applicant and the District Government, particularly DHCF. Please address ways the initiatives included in this RFA are compatible or will enhance the applicant's mission and future plans to support health disease or condition- registries in the District.

#### **6. Program Budget and Narrative Justification**

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures.

#### **D) Funding Restrictions**

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2018.

### **Section V: Application and Review Information**

#### **A) Criteria**

All applicants for this RFA will be objectively reviewed and scored against four criteria:

#### **Criteria 1: Organizational Structure and Project Leadership (Total of 20 Points)**

- a. The applicant provides a description of all staff and/or positions to be used to perform the work under the RFA as outlined in Section IE and IIIA, including resumes of key staff proposed and job descriptions for any key positions proposed; and an organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility. The applicant provides a clear discussion of how the organizational structure supports the objectives under this RFA. **(5 Points)**
- b. The applicant provides a staffing plan that defines all staff's and sub-grantees's level of effort as well as duties and responsibilities in relation to the scope of work. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the applicant's staff and sub-grantees will be organized and supervised to meet all RFA requirements. **(5 Points)**
- c. The applicant's proposed staff, including the Primary Site Project Director or Principal Investigator, have demonstrated previous experience with similar work as is being proposed and have an expert-level of knowledge of MAT and disease or chronic condition registries, in addition to project management. **(10 Points)**

**Criteria 2: Process, Plans, Operational Readiness and Capacity (Total of 35 Points)**

- a. The applicant describes the organization's history, experience, and/or knowledge related to create and maintain a MAT Genomic Registry that would support their ability to meet all RFA requirements. **(10 Points)**
- b. The applicant demonstrates the operational readiness to implement the initiative on an expedited timeline and to achieve measurable results by the end of the period of performance. **(10 Points)**
- c. The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on measures proposed in the Program Narrative. **(10 Points)**
- d. The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring, and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled. **(5 Points)**

**Criteria 3: Potential for Impact and Alignment with District Health Priorities.**

(Total of 10 Points)

- a. The applicant demonstrates an understanding of ongoing District health priorities and aligns the proposed MAT genomic registry with the goals of strategic planning efforts such as DC Healthy People 2020, the DC Health System Plan, and the State Health Innovation Plan. **(Total of 10 Points)**

**Criteria 4: Projected Impact and Sustainability of Program (Total of 35 Points)**

- a. The applicant demonstrates that the initiative will have a meaningful short-term and long-term impact on medication-assisted opioid addiction treatment in the evaluation framework proposed in the Program Narrative. This should include financial and utilization measures and at least two measures of clinical health outcomes. **(15 Points).**
- b. The applicant outlines a process by which all [42 CFR Part 2 providers](#) in the District will receive educational materials and/or outreach to participate in the MAT genomic registry by the end of the grant. **(10 points)**
- c. The applicant presents a reasonable plan for the long-term financial sustainability of the initiative. **(10 points)**

**B) Review and Selection Process**

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in health information technology, health information exchange, privacy and security, evaluation, and Medicaid. The panel will review, score, and rank each applicant's proposal based



on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

Applications will be scored according to the evaluation criteria listed above. The results of the evaluation for each application submitted will be classified into one of four categories below:

<b>Ranking Classification</b>	<b>Point Range</b>
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	69 and below

The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, they shall provide written justification as required by District regulations.

#### **C) Anticipated Announcement and Award Dates**

The anticipated announcement date is March 1, 2018. The anticipated date of award is March 1, 2018.

### **Section VI: Award Information**

#### **A) Award Notices**

DHCF will provide the successful applicants with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA and release.

#### **B) Programmatic, Administrative and National Policy Requirements**

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant award. This will be based on a DHCF-approved Work Plan, which will be submitted to DHCF 30-days after award.

In order to receive funds associated with this RFA, the grantee (and any sub-grantees) must agree to comply with the procurement regulations outlined in 42 CFR 495.

### **C) Reporting**

Grantees will be required to submit monthly programmatic reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. The financial reports will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred expenses. Reports are due no later than the 10<sup>th</sup> after the end of the reported month.

Grantees will be required to submit a final programmatic report within 30 days of the end of the period of performance or end of the grant. The final report will include a review of the initiative, work conducted by the grantee (and sub-grantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future and recommendations to DHCF, if any, based on the grant.

### **D) Payment**

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House (See **Attachment G**).

## **Section VII: DC Agency Contacts**

For additional information regarding this RFA, please contact Michael Fraser, Health Care Reform & Innovation Administration via email at [Michael.Fraser@dc.gov](mailto:Michael.Fraser@dc.gov) or by phone at (202)478-9299.

## Section VII: Attachments

### A) Program Budget and Budget Narrative

**Department of Health Care Finance**  
Budget Projection [RFA # DHCF-HIE-2016]

GRANT SPENDING PLAN				
GRANT NAME				
Enhanced Health Information Exchange Program				
RFA INITIATIVE		DESCRIPTION	PLANNED BUDGET	BUDGET NARRATIVE / JUSTIFICATION
Dynamic Patient Care Profile		Design and implement an 'on-demand' web-based document assessable to EPs and EHs (in addition to members of their care team) that would display an aggregation of both clinical and non-clinical data for a selected patient	TOTAL: 0.00	
SUB-TASKS				
#		Description	Sub-Total	Narrative / Justification
001			0.00	
002			0.00	
Etc.			0.00	
Electronic Clinical Quality Measurement Tool and Dashboard		Design and implement an electronic clinical quality measurement (eCQM) tool that aggregates and analyzes data captured through Continuity of Care Documents (CCDs) submitted by EPs and EHs to calculate their performance against quality measures for their empaneled patient population	TOTAL: 0.00	
SUB-TASKS				
#		Description	Sub-Total	Narrative / Justification
001			0.00	
002			0.00	
Etc.			0.00	
Obstetrics/Prenatal Specialized Registry		Design and develop an electronic form within a District-specified EHR environment , along with a separate web-based accessible outside of that EHR system, that enables EPs and EHs to directly enter and submit data associated with prenatal screenings and assessments to the District's OB/Prenatal Specialized Registry	TOTAL: 0.00	
SUB-TASKS				
#		Description	Sub-Total	Narrative / Justification
001			0.00	
002			0.00	
Etc.			0.00	
Analytical Patient Population Dashboard		Design and develop a population-level dashboard accessible by EPs and EHs for patient panel management	TOTAL: 0.00	
SUB-TASKS				
#		Description	Sub-Total	Narrative / Justification
001			0.00	
002			0.00	
Etc.			0.00	
Ambulatory Connectivity and Support		Engage EPs and support their connection to the DC HIE, including technical assistance aimed at the advanced use of HIE services	TOTAL: 0.00	
SUB-TASKS				
#		Description	Sub-Total	Narrative / Justification
001			0.00	
002			0.00	
Etc.			0.00	
			GRAND TOTAL: \$0.00	
Prepared By:				
Telephone:				

## B) Certifications

### GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



#### **Statement of Certification**

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required by the Grant Administrator;
- D. All costs incurred under this grant must be in accordance with the Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations."
- E. Applicant/Grantee states whether it, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
  - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
    - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
    - ii. Any crime or offense involving financial misconduct or fraud; or
  - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
- F. If any response to the disclosures referenced in (E.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.

- G. Applicant/Grantee is in compliance with D.C. Code § 1-328.15 and has not made a contribution or solicitation for contribution to a covered recipient, as defined in D.C. Code § 1-328.11, during a period of time that would make the recipient ineligible to receive this grant.
- H. Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- I. Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- J. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- K. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- L. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
- M. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- N. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- O. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;

- P. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- Q. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- R. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- S. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- T. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

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As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

---

**Applicant/Grantee Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_\_\_  
**RFA Number**

\_\_\_\_\_  
**Applicant IRS Number**

**Signature:** \_\_\_\_\_  
**Name and Title of Authorized Representative**

**Date:** \_\_\_\_\_

## C) Assurances

### GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



#### **Federal Assurances**

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication

from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L. 97-348) dated October 19, 1982, (16 USC 3501 et. seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191
  - b) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - c) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.)



- d) The Clean Air Act (Sub-grants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
- e) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
- f) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- g) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- h) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- i) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- j) Executive Order 12459 (Debarment, Suspension and Exclusion)
- k) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- l) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- m) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- n) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- o) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- p) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

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As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above Federal statutes, regulations, policies, guidelines and requirements.

\_\_\_\_\_  
**Applicant/Grantee Name**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**RFA Number**

\_\_\_\_\_  
**Applicant IRS Number**

\_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Name and Title of Authorized Representative**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**D) DHCF RFA Receipt**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)**



**Application Receipt**

RFA Title: Medication-Assisted Genomic Registry  
RFA # DHCF Telehealth-2017-C

**\*\* ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE\*\***

The DC Department of Health Care Finance is in receipt of:

**(Contact Name)**

**(Organization Name)**

**(Address, City, State, Zip Code)**

**(Telephone/Email)**

[DHCF USE ONLY]

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

# of Copies received: \_\_\_\_\_

Received by: \_\_\_\_\_

## E) HIPAA Security Checklist

### HIPAA Security Checklist



HIPAA SECURITY RULE REFERENCE	SAFEGUARD (R) = Required; (A) = Addressable	STATUS (Complete, N/A, etc.)
<b>Administrative Safeguards</b>		
164.308(a)(1)(i)	Security Management Process: Implement policies and procedures to prevent, detect, contain, and correct security violations.	
164.308(a)(1)(ii)(A)	Has a Risk Analysis been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(B)	Has the Risk Management process been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(C)	Do you have formal sanctions against employees who fail to comply with security policies and procedures? (R)	
164.308(a)(1)(ii)(D)	Have you implemented procedures to regularly review records of IS activity such as audit logs, access reports, and security incident tracking? (R)	
164.308(a)(2)	Assigned Security Responsibility: Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.	
164.308(a)(3)(i)	Workforce Security: Implement policies and procedures to ensure that all members of its workforce have appropriate access to EPHI, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information (EPHI).	
164.308(a)(3)(ii)(A)	Have you implemented procedures for the authorization and/or supervision of employees who work with EPHI or in locations where it might be accessed? (A)	
164.308(a)(3)(ii)(B)	Have you implemented procedures to determine that the Access of an employee to EPHI is appropriate? (A)	

164.308(a)(3)(ii)(C)	Have you implemented procedures for terminating access to EPHI when an employee leaves you organization or as required by paragraph (a)(3)(ii)(B) of this section? (A)	
164.308(a)(4)(i)	Information Access Management: Implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of subpart E of this part.	
164.308(a)(4)(ii)(A)	If you are a clearinghouse that is part of a larger organization, have you implemented policies and procedures to protect EPHI from the larger organization? (A)	
164.308(a)(4)(ii)(B)	Have you implemented policies and procedures for granting access to EPHI, for example, through access to a workstation, transaction, program, or process? (A)	
164.308(a)(4)(ii)(C)	Have you implemented policies and procedures that are based upon your access authorization policies, established, document, review, and modify a user's right of access to a workstation, transaction, program, or process? (A)	
164.308(a)(5)(i)	Security Awareness and Training: Implement a security awareness and training program for all members of its workforce (including management).	
164.308(a)(5)(ii)(A)	Do you provide periodic information security reminders? (A)	
164.308(a)(5)(ii)(B)	Do you have policies and procedures for guarding against, detecting, and reporting malicious software? (A)	
164.308(a)(5)(ii)(C)	Do you have procedures for monitoring login attempts and reporting discrepancies? (A)	
164.308(a)(5)(ii)(D)	Do you have procedures for creating, changing, and safeguarding passwords? (A)	
164.308(a)(6)(i)	Security Incident Procedures: Implement policies and procedures to address security incidents.	
164.308(a)(6)(ii)	Do you have procedures to identify and respond to suspected or know security incidents; mitigate to the extent practicable, harmful effects of known security incidents; and document incidents and their outcomes? (R)	
164.308(a)(7)(i)	Contingency Plan: Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.	
164.308(a)(7)(ii)(A)	Have you established and implemented procedures to create and maintain retrievable exact copies of	

	EPHI? (R)	
164.308(a)(7)(ii)(B)	Have you established (and implemented as needed) procedures to restore any loss of EPHI data that is stored electronically? (R)	
164.308(a)(7)(ii)(C)	Have you established (and implemented as needed) procedures to enable continuation of critical business processes and for protection of EPHI while operating in the emergency mode? (R)	
164.308(a)(7)(ii)(D)	Have you implemented procedures for periodic testing and revision of contingency plans? (A)	
164.308(a)(7)(ii)(E)	Have you assessed the relative criticality of specific applications and data in support of other contingency plan components? (A)	
164.308(a)(8)	Have you established a plan for periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of EPHI that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart? (R)	
164.308(b)(1)	Business Associate Contracts and Other Arrangements: A covered entity, in accordance with Sec. 164.306, may permit a business associate to create, receive, maintain, or transmit EPHI on the covered entity's behalf only if the covered entity obtains satisfactory assurances, in accordance with Sec. 164.314(a) that the business associate appropriately safeguard the information.	
164.308(b)(4)	Have you established written contracts or other arrangements with your trading partners that documents satisfactory assurances required by paragraph (b)(1) of this section that meets the applicable requirements of Sec. 164.314(a)? (R)	
<b>Physical Safeguards</b>		
164.310(a)(1)	Facility Access Controls: Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.	
164.310(a)(2)(i)	Have you established (and implemented as needed) procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency? (A)	
164.310(a)(2)(ii)	Have you implemented policies and procedures to safeguard the facility and the equipment therein	

	from unauthorized physical access, tampering, and theft? (A)	
164.310(a)(2)(iii)	Have you implemented procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision? (A)	
164.310(a)(2)(iv)	Have you implemented policies and procedures to document repairs and modifications to the physical components of a facility, which are related to security (for example, hardware, walls, doors, and locks)? (A)	
164.310(b)	Have you implemented policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access EPHI? (R)	
164.310(c)	Have you implemented physical safeguards for all workstations that access EPHI to restrict access to authorized users? (R)	
164.310(d)(1)	Device and Media Controls: Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain EPHI into and out of a facility, and the movement of these items within the facility.	
164.310(d)(2)(i)	Have you implemented policies and procedures to address final disposition of EPHI, and/or hardware or electronic media on which it is stored? (R)	
164.310(d)(2)(ii)	Have you implemented procedures for removal of EPHI from electronic media before the media are available for reuse? (R)	
164.310(d)(2)(iii)	Do you maintain a record of the movements of hardware and electronic media and the person responsible for its movement? (A)	
164.310(d)(2)(iv)	Do you create a retrievable, exact copy of EPHI, when needed, before movement of equipment? (A)	
<i>Technical Safeguards</i>		
164.312(a)(1)	Access Controls: Implement technical policies and procedures for electronic information systems that maintain EPHI to allow access only to those persons or software programs that have been granted access rights as specified in Sec. 164.308(a)(4).	
164.312(a)(2)(i)	Have you assigned a unique name and/or number for identifying and tracking user identity? (R)	
164.312(a)(2)(ii)	Have you established (and implemented as needed) procedures for obtaining necessary EPHI during and emergency? (R)	

164.312(a)(2)(iii)	Have you implemented procedures that terminate an electronic session after a predetermined time of inactivity? (A)	
164.312(a)(2)(iv)	Have you implemented a mechanism to encrypt and decrypt EPHI? (A)	
164.312(b)	Have you implemented Audit Controls, hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use EPHI? (R)	
164.312(c)(1)	Integrity: Implement policies and procedures to protect EPHI from improper alteration or destruction.	
164.312(c)(2)	Have you implemented electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner? (A)	
164.312(d)	Have you implemented Person or Entity Authentication procedures to verify that a person or entity seeking access EPHI is the one claimed? (R)	
164.312(e)(1)	Transmission Security: Implement technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network.	
164.312(e)(2)(i)	Have you implemented security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of? (A)	
164.312(e)(2)(ii)	Have you implemented a mechanism to encrypt EPHI whenever deemed appropriate? (A)	

## F) W-9 Form

Form <b>W-9</b> (Rev. August 2013) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give Form to the requester. Do not send to the IRS.										
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)													
	Business name/disregarded entity name, if different from above													
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____			Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____										
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)											
	City, state, and ZIP code													
List account number(s) here (optional)														
<b>Part I Taxpayer Identification Number (TIN)</b>														
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.														
			Social security number											
			<table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>					-			-			
			-			-								
			Employer identification number											
			<table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					-						
			-											
<b>Part II Certification</b>														
Under penalties of perjury, I certify that:														
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and														
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and														
3. I am a U.S. citizen or other U.S. person (defined below), and														
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.														
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.														
<b>Sign Here</b>		Signature of U.S. person ▶		Date ▶										
<b>General Instructions</b>														
Section references are to the Internal Revenue Code unless otherwise noted.														
<b>Future developments.</b> The IRS has created a page on IRS.gov for information about Form W-9, at <a href="http://www.irs.gov/w9">www.irs.gov/w9</a> . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.														
<b>Purpose of Form</b>														
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.														
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:														
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),														
2. Certify that you are not subject to backup withholding, or														
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and														
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.														
<b>Note.</b> 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.														
<b>Definition of a U.S. person.</b> 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).														
<b>Special rules for partnerships.</b> 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.														

Cat. No. 10231X

Form **W-9** (Rev. 8-2013)



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 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 he or she stay in the United States exceeds 181 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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, 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 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 *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

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

**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* on page 3 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

### Name

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

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

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

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** 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 Regulation section 301.7701-2(c)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income 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 the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, 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.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

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

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** 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. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

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

The following codes identify payees that 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
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 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 8 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 \$500 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, 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—An organization exempt from tax under section 501(c)(3) 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 possession of the United States, 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 Reg. 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 Reg. 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 409(b) plan or section 457(g) plan

## 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 [irs.gov](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-5579).

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 90 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 90-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 items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee 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), 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 or:
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>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1066 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>5</sup>
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>6</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1066 Filing Method 2 (see Regulation 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 on page 1.

<sup>5</sup> Note. 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, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

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

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

The IRS does not initiate contacts with taxpayers via email. 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 at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@ftc.gov](mailto:spam@ftc.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

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

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. 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.



## G) Automated Clearing House Form

For agency use only: PASS-generated VM# _____	
<b>ACH VENDOR PAYMENT ENROLLMENT FORM</b> <b>Section A</b>	
New Form <input type="checkbox"/>	Correction/Change <input type="checkbox"/>
Cancellation <input type="checkbox"/>	
<b>Vendor/Payee/Company Information</b>	
Vendor Name* _____	EIN or SSN* _____
Vendor Number* _____	
Address* _____	
Vendor Contact Name* _____	Vendor Contact Phone Number* _____
	Alternative Phone Number _____
*Required	
I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.	
Name & Title of Authorizing Official for Vendor (Please type or print) _____	
Signature of Authorizing Company Official for Vendor _____	
Date _____	
<b>Section B</b>	
<i>Payments should be made to the depository account named below</i> <b>Bank/Financial Institution Information</b> (to be reviewed and signed by Vendor's Financial Institution)	
Bank/Financial Institution Name _____	Account Title _____
Branch Address _____	Phone Number _____
9-digit Transit Routing Number _____	Account Number _____
Bank's ACH Coordinator _____	Telephone Number _____
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Signature & Title of Banking Official _____	
Print Name & Title _____	
<b>Notice: All vendors must have a W-9 on file with the District of Columbia</b>	
ACH Enrollment Form	District of Columbia Office of Finance & Treasury
	MAY 2008