FORT WORTH®

PRESERVE THE FORT

SMALL BUSINESS GRANTS
SECOND ROUND OF FUNDING

Guide: Application for For-Profit Businesses

About Preserve the Fort Business Grants

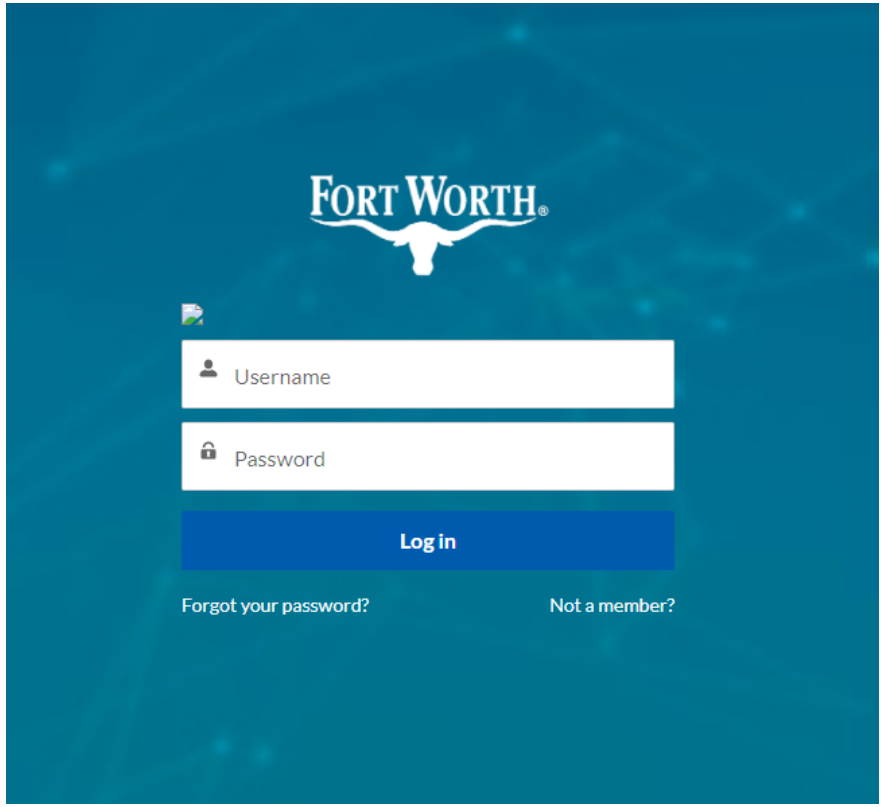
- Funded by the City of Fort Worth's CARES Act allocation.
- First round of grants launched in May 2020
  - Provided $6,480,000 to 881 companies as of September 2, 2020
  - $2.7 million of this went towards the city's minority-owned businesses, and another $1.4 million to the city's targeted neighborhoods
- Second round of grants expands scope to include larger businesses (500 employees) and performing arts nonprofits
- Applicants who received a grant earlier this summer can apply again.

Getting started

- Visit the Preserve the Fort page at fortworthtexas.gov/preserve-the-fort/
- Prepare your paperwork and other documentation
  - *Volunteers are available to assist you if needed. Sign up for an appointment on the webpage.*
- Click the “start my application” button at the bottom of the page.

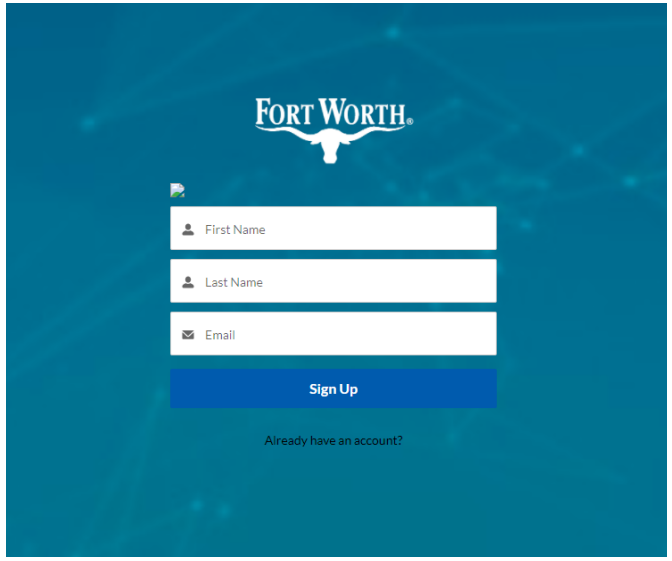
Set Up or Sign into Your Account

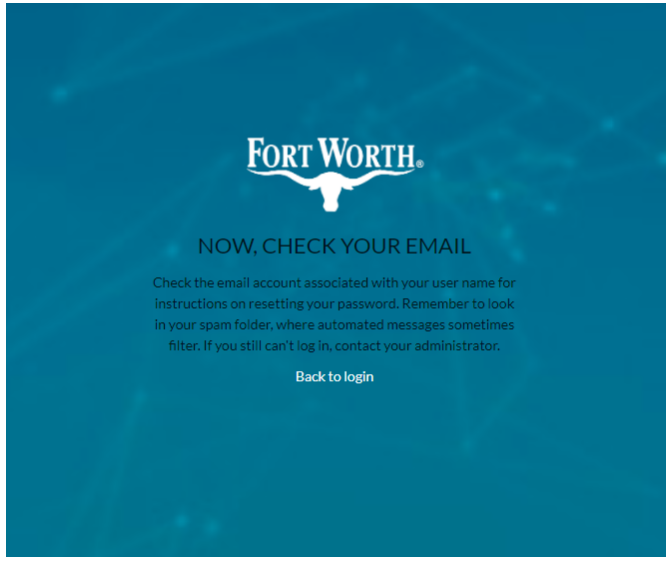
- First time users select “Not a member?” in lower right to set up their account information.
- Existing users can log in.



Set Up

- Enter your first name, last name and email address.
- Click Sign Up. You will receive a notice to Check Your Email.
- Follow the link to set up your password.





Beginning the Application

- Translate the application using the drop down menu at the top of the page.

Traductor de google

Spanish

Powered by Google Translate

Preservar la aplicación Fort

Tipo de aplicacion:

Pequeños negocios ☑

Certificaciones

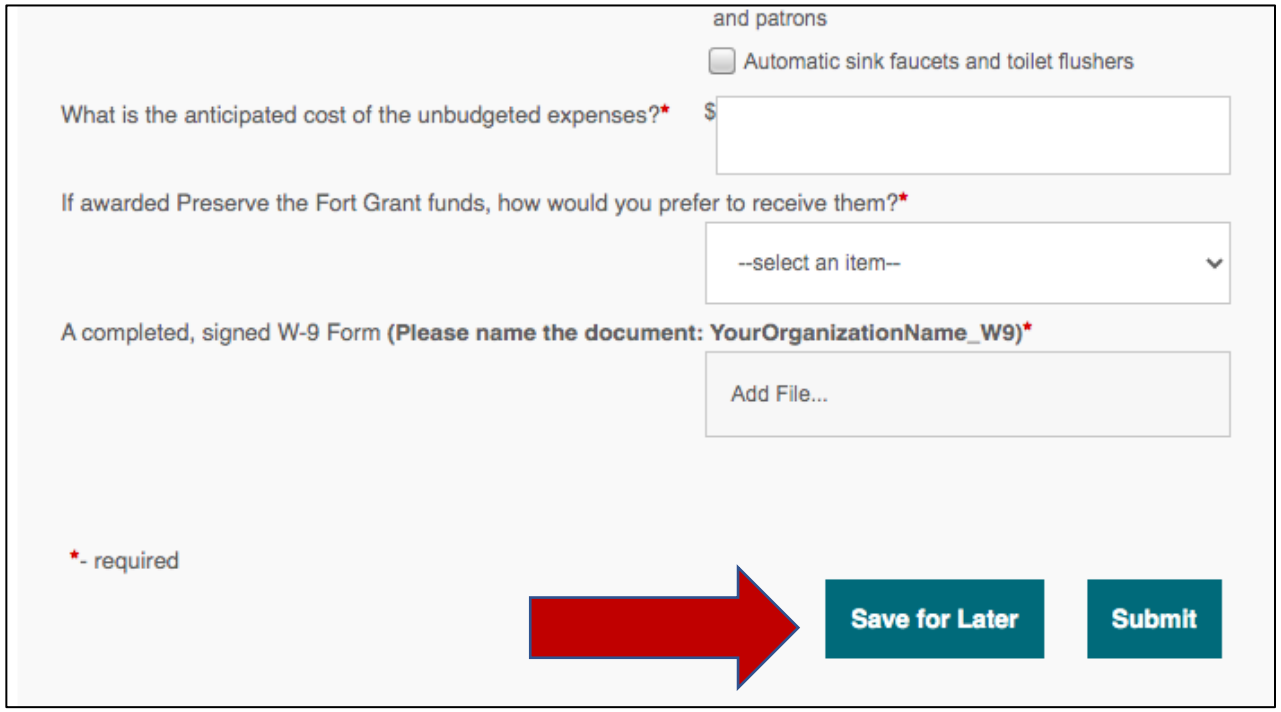
Certifico que estoy legalmente autorizado para enviar esta solicitud y que la documentación requerida en nombre del solicitante y la información y las declaraciones que he proporcionado son veraces y precisas. Entiendo que la información y documentación enviada en esta solicitud se está proporcionando a una agencia gubernamental y está sujeta a las pautas de un programa federal y al Programa Preserve the Fort Grant y, al enviar esta solicitud, acepto cumplir con dichas pautas y yo Entiendo que todos los fondos otorgados bajo el Programa Preserve the Fort Grant están sujetos a auditoría y, si no se gastan como se define en los Usos Elegibles del Programa Preserve the Fort Grant, que, además de cualquier otro recurso civil que pueda ser aplicado en mi contra , dichos fondos deben ser confiscados y devueltos inmediatamente a la Ciudad de Fort Worth, ☑

Reconozco que la Ciudad de Fort Worth es un organismo gubernamental sujeto a la Ley de Información Pública de Texas. La información que presento a la Ciudad de Fort Worth en esta solicitud puede estar sujeta a la Ley y, por lo tanto, sujeta a divulgación pública. ☑

Reconozco que la solicitud que estoy presentando es para una empresa con fines de lucro registrada en el estado de Texas que operaba con una dirección física en la ciudad de Fort Worth **el 1 de enero de 2020 o antes** ; que mi organización no tiene más de 500 empleados / contratistas a tiempo parcial y completo; que la empresa tuvo un ingreso anual bruto mínimo de $ 12,000 en 2019; y que el negocio demuestre una reducción en ventas / ingresos o empleo durante el período del 1 de marzo de 2020 al 31 de agosto de 2020 como resultado de COVID-19

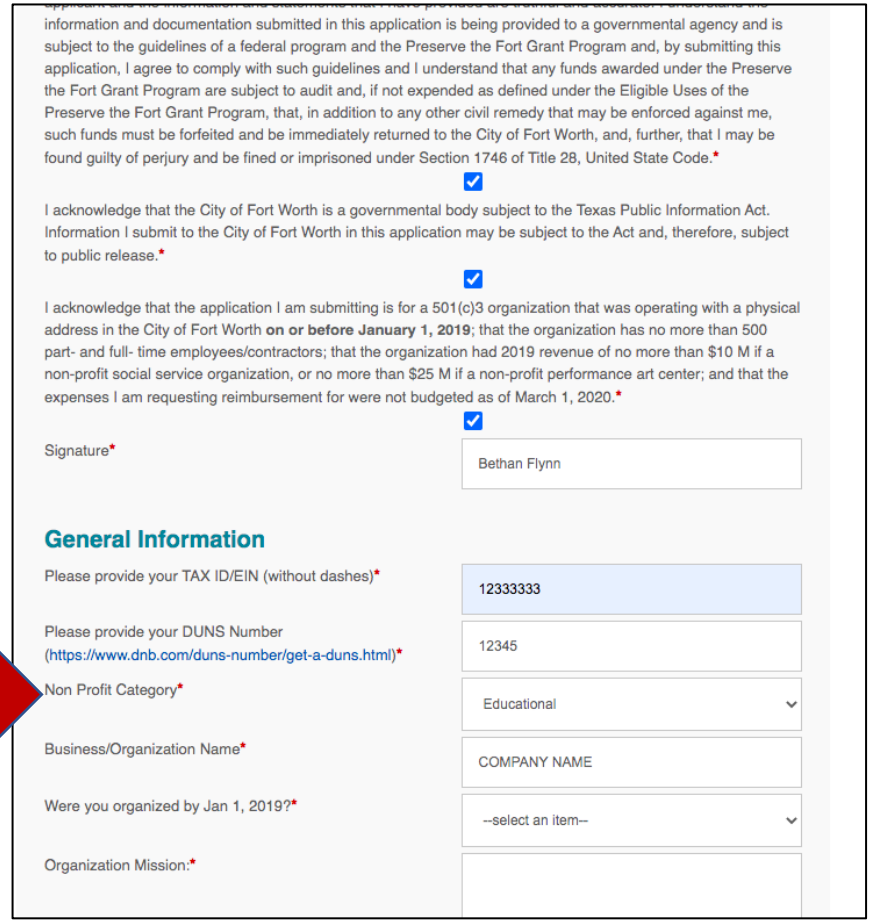
Beginning the Application

- Once you start your application, you can save your progress at the bottom of the page.



Beginning the Application

- When you log back in, you'll be taken to a screen where you can resume your application already in progress.



information and documentation submitted in this application is being provided to a governmental agency and is subject to the guidelines of a federal program and the Preserve the Fort Grant Program and, by submitting this application, I agree to comply with such guidelines and I understand that any funds awarded under the Preserve the Fort Grant Program are subject to audit and, if not expended as defined under the Eligible Uses of the Preserve the Fort Grant Program, that, in addition to any other civil remedy that may be enforced against me, such funds must be forfeited and be immediately returned to the City of Fort Worth, and, further, that I may be found guilty of perjury and be fined or imprisoned under Section 1746 of Title 28, United State Code.*

☑

I acknowledge that the City of Fort Worth is a governmental body subject to the Texas Public Information Act. Information I submit to the City of Fort Worth in this application may be subject to the Act and, therefore, subject to public release.*

☑

I acknowledge that the application I am submitting is for a 501(c)3 organization that was operating with a physical address in the City of Fort Worth **on or before January 1, 2019**; that the organization has no more than 500 part- and full- time employees/contractors; that the organization had 2019 revenue of no more than $10 M if a non-profit social service organization, or no more than $25 M if a non-profit performance art center; and that the expenses I am requesting reimbursement for were not budgeted as of March 1, 2020.*

☑

Signature* Bethan Flynn

General Information

Please provide your TAX ID/EIN (without dashes)* 12333333

Please provide your DUNS Number (https://www.dnb.com/duns-number/get-a-duns.html)* 12345

Non Profit Category* Educational

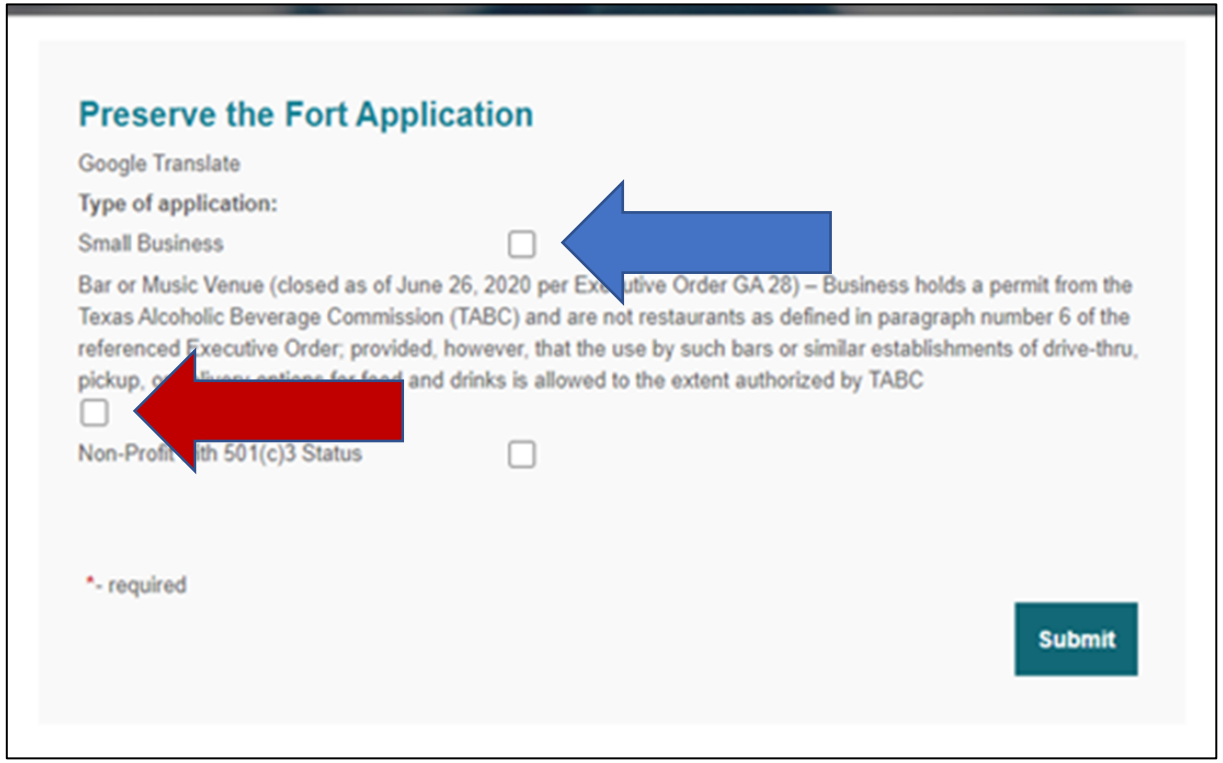
Business/Organization Name* COMPANY NAME

Were you organized by Jan 1, 2019?* --select an item--

Organization Mission:*

Beginning the Application

- Check the box for "Small Business" or for "Bar or Music Venue".



Certification

This page covers:

- Whether the information in your application is accurate.
- Any grant funds that you receive might be subject to an audit.
- You might be on the hook for any grant funds used for anything other than costs associated with reopening safely.

Preserve the Fort Application

Google Translate

Type of application:

Non-Profit with 501(c)3 Status ☑

Certifications

I certify that I am legally authorized to submit this application and the required documentation on behalf of the applicant and the information and statements that I have provided are truthful and accurate. I understand the information and documentation submitted in this application is being provided to a governmental agency and is subject to the guidelines of a federal program and the Preserve the Fort Grant Program and, by submitting this application, I agree to comply with such guidelines and I understand that any funds awarded under the Preserve the Fort Grant Program are subject to audit and, if not expended as defined under the Eligible Uses of the Preserve the Fort Grant Program, that, in addition to any other civil remedy that may be enforced against me, such funds must be forfeited and be immediately returned to the City of Fort Worth, and, further, that I may be found guilty of perjury and be fined or imprisoned under Section 1746 of Title 28, United State Code.*

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☐

Signature*

General Information

- Tax ID Number
  - *Also called an Employer Identification Number (EIN).*
- DUNS Number
  - *Get yours / look it up online*
- Organization name, mission, and geographic service area.
- Status of organization during Fort Worth's Stay at Home Order (March 17-April 27, 2020).
- Organization's gross annual revenue in 2019.

General Information

Please provide your TAX ID/EIN (without dashes)*

Please provide your DUNS Number*

https://www.dnb.com/duns-number/get-a-duns.html

Non Profit Category* --select an item--

Business/Organization Name* 180 Degree Recovery Counseling Center

Organization Mission:

Please choose one of the following that best describes the organization's service area:* --select an item--

During the City of Fort Worth Stay at Home Order (March 13 – April 27, 2020) was your business/organization: --select an item--

501(c)3 organizational documentation dated on or before January 1, 2019* Add File...

2019 Federal Tax Return* Add File...

DUNS Number Documentation* Add File...

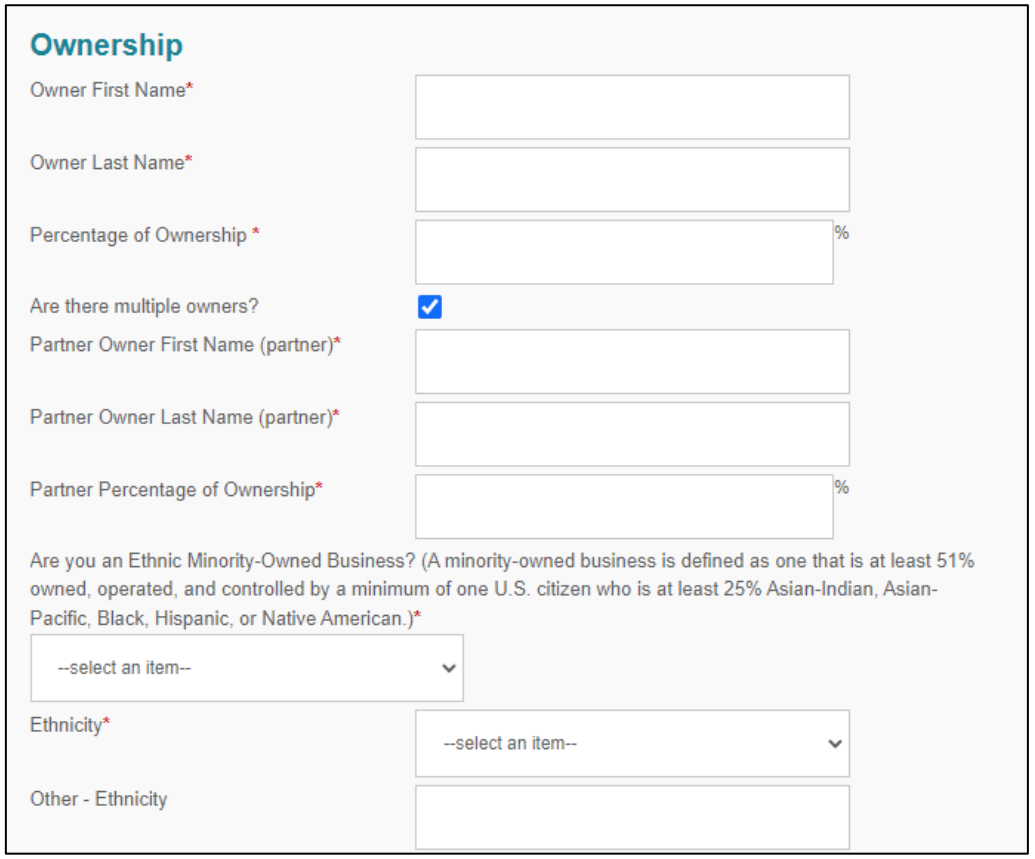
General Information

Upload the following documents:

- **State of Texas Certificate of Formation** dated on or before Jan. 1, 2020 (Copies are available online.)
  - *Name the document **OrganizationName_TXSOS** before adding it to the application.*
- **2019 Federal Tax Return**
  - *Name the document **OrganizationName_Federal** before adding it to the application.*

Address and Ownership Information

- Physical and mailing address for your business.
  - Fort Worth, TX will already be filled in for the physical address, but make sure to complete the street address and zip code.
- Ownership information.
- Ethnic Minority-Owned business information.



Ownership

Owner First Name*

Owner Last Name*

Percentage of Ownership * %

Are there multiple owners? ☑

Partner Owner First Name (partner)*

Partner Owner Last Name (partner)*

Partner Percentage of Ownership* %

Are you an Ethnic Minority-Owned Business? (A minority-owned business is defined as one that is at least 51% owned, operated, and controlled by a minimum of one U.S. citizen who is at least 25% Asian-Indian, Asian-Pacific, Black, Hispanic, or Native American.)*

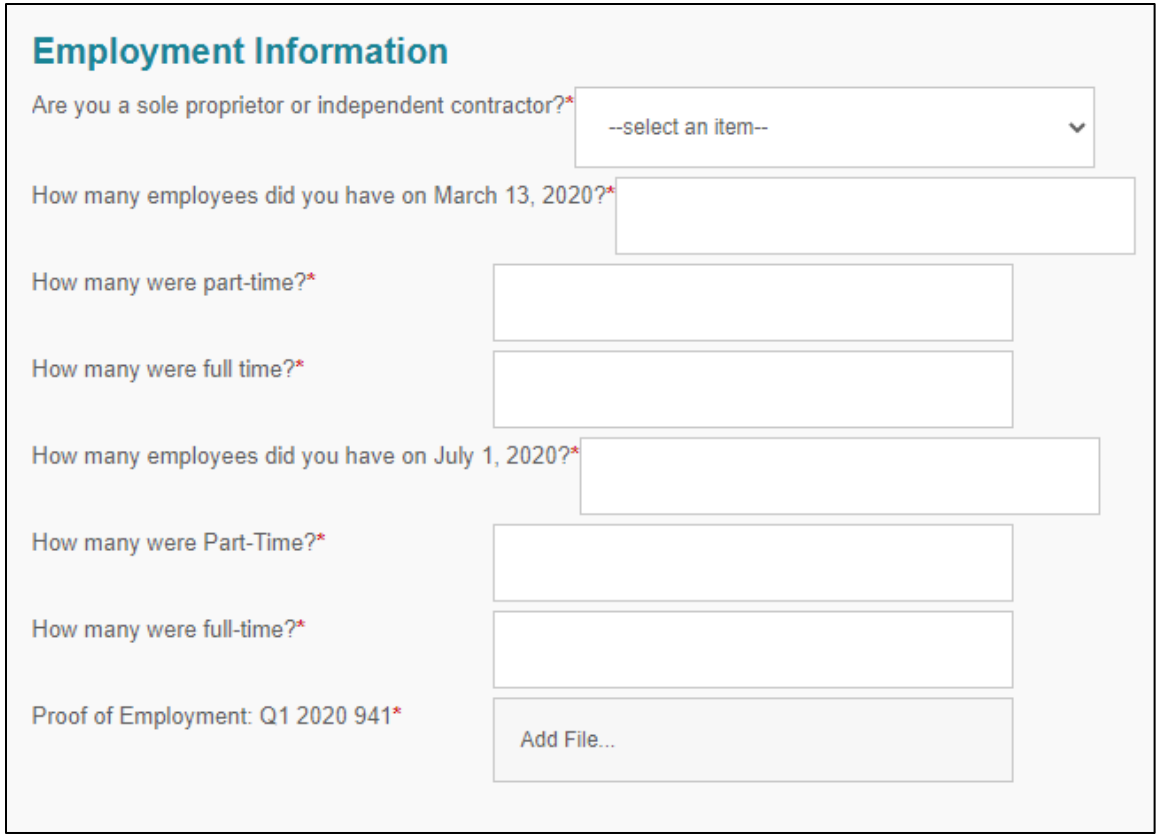
--select an item--

Ethnicity* --select an item--

Other - Ethnicity

Employment Information

- Sole proprietor / independent contractor information
  - Will not complete employee information.
- Employment numbers on **March 13, 2020** (date of Stay at Home Order)
  - Part-time versus full-time
- Employment numbers on **July 1, 2020**
  - Part-time versus full-time



Employment Information

Are you a sole proprietor or independent contractor?* --select an item--

How many employees did you have on March 13, 2020?*

How many were part-time?*

How many were full time?*

How many employees did you have on July 1, 2020?*

How many were Part-Time?*

How many were full-time?*

Proof of Employment: Q1 2020 941* Add File...

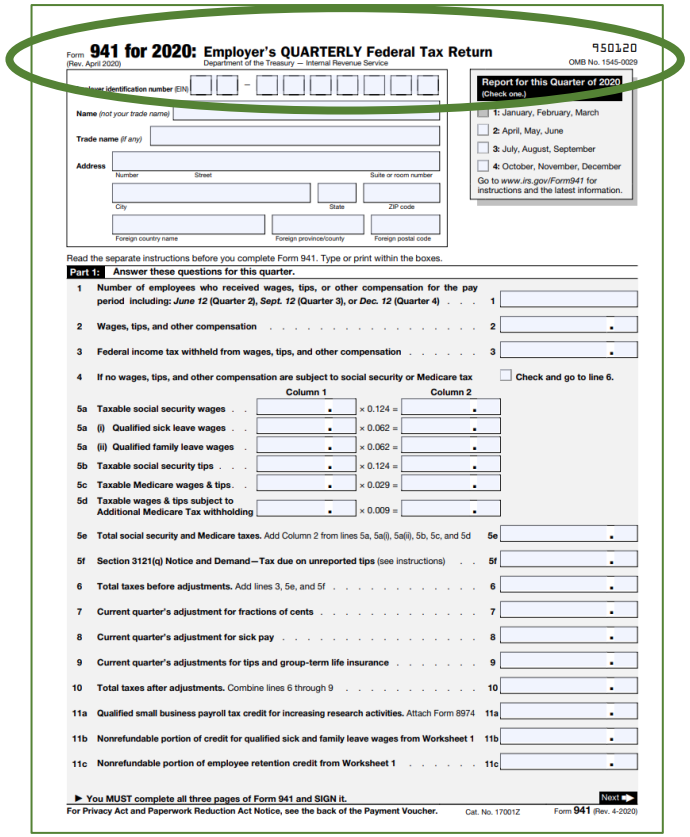
Contact and Employment Information

Upload the following if you had employees:

- **Proof of Employment: Q1 2020 941**
- *Name the document **OrganizationName_Q1941** before adding it to the application.*

Upload the following if you are a sole proprietor or independent contractor:

- **Proof of Employment: Most Recent Federal Tax Schedule C**
- *Name the document **OrganizationName_ScheduleC** before adding it to the application.*



Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. April 2020) Department of the Treasury — Internal Revenue Service
950120
OMB No. 1545-0029

Employer identification number (EIN) –
Name (not your trade name)
Trade name (if any)
Address
Number Street Suite or room number
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020 (Check one.)
1: January, February, March
2: April, May, June
3: July, August, September
4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

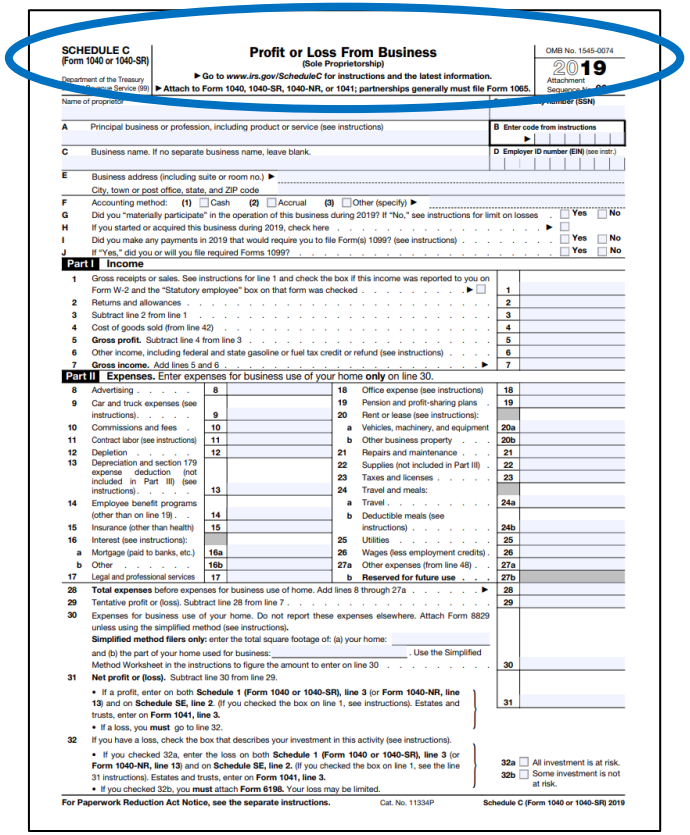
1 Number of employees who received wages, tips, or other compensation for the pay period including: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) . . . 1
2 Wages, tips, and other compensation . . . 2
3 Federal income tax withheld from wages, tips, and other compensation . . . 3
4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

		Column 1		Column 2
5a	Taxable social security wages		× 0.124 =	
5a (i)	Qualified sick leave wages		× 0.062 =	
5a (ii)	Qualified family leave wages		× 0.062 =	
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips		× 0.029 =	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d . . . 5e
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . 5f
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6
7 Current quarter's adjustment for fractions of cents . . . 7
8 Current quarter's adjustment for sick pay . . . 8
9 Current quarter's adjustments for tips and group-term life insurance . . . 9
10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . 11a
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . 11b
11c Nonrefundable portion of employee retention credit from Worksheet 1 . . . 11c

▶ You MUST complete all three pages of Form 941 and SIGN it. Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 4-2020)



SCHEDULE C (Form 1040 or 1040-SR)
Department of the Treasury Internal Revenue Service (99)
Name of proprietor

Profit or Loss From Business
(Sole Proprietorship)
▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
Attachment Sequence No. 09
Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
B Enter code from instructions ▶
C Business name. If no separate business name, leave blank.
D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code
F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . . . ☐ Yes ☐ No
H If you started or acquired this business during 2019, check here . . . ▶ ☐
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☐ No
J If "Yes," did you or will you file required Forms 1099? . . . ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ ☐ 1
2 Returns and allowances . . . 2
3 Subtract line 2 from line 1 . . . 3
4 Cost of goods sold (from line 42) . . . 4
5 **Gross profit.** Subtract line 4 from line 3 . . . 5
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6
7 **Gross income.** Add lines 5 and 6 . . . ▶ 7

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	18	Office expense (see instructions)	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20 a	Rent or lease (see instructions): Vehicles, machinery, and equipment	20a
11	Contract labor (see instructions)	11	b	Other business property	20b
12	Depletion	12	21	Repairs and maintenance	21
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	22	Supplies (not included in Part III)	22
			23	Taxes and licenses	23
			24	Travel and meals:	
14	Employee benefit programs (other than on line 19)	14	a	Travel	24a
			b	Deductible meals (see instructions)	24b
15	Insurance (other than health)	15			
16	Interest (see instructions):		25	Utilities	25
a	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	26
b	Other	16b	27a	Other expenses (from line 48)	27a
17	Legal and professional services	17	b	**Reserved for future use**	27b

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . ▶ 28
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . 29
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . 30
31 **Net profit or (loss).** Subtract line 30 from line 29. 31
• If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If a loss, you **must** go to line 32.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.
32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040 or 1040-SR) 2019

Organization Financials

- Gross **annual** revenue in 2019.
  - Can be found in your organizations' tax return or a Profit & Loss (P&L) statement.
- Gross **monthly** revenue before COVID-19, from March 1, 2019 – Feb. 29, 2020.
- Gross **monthly** revenue during COVID-19, from March 1, 2020 – July 31 or Aug. 31, 2020*.
- **Total revenue loss** due to COVID-19 from March 1, 2020 – July 31 or Aug. 31, 2020*.
- **Total increase in expenses** due to COVID-19 from March 1, 2020 – July 31 or Aug. 31, 2020*

** Based on your most recent financial statement*

Business Financials

What was your Gross Annual Revenue in 2019?* $

What was your average gross monthly revenue March 1, 2019 - February 29, 2020 (or, if business began operations after March 1, 2019, your first month of operation through February 29, 2020)?*
$

What was your average gross monthly revenue March 1, 2020 – July 31 or August 31, 2020?*
$

What was the COVID-19 related total revenue loss March 1, 2020 – July 31 or August 31, 2020?*
$

What was the COVID-19 related increase in expenses from March 1, 2020 – July 31 or August 31, 2020?*
$

Profit & Loss (P&L) statement for 2019* Add File...

Profit & Loss (P&L) statement for 2020 through July or August, showing data monthly*
Add File...

Organization Financials

Upload the following documents:

- Profit & Loss (P&L) statement for 2019.
  - *Name the document **OrganizationName_2019PL** before adding it to the application.*
- Profit & Loss (P&L) statement for 2020, through July 31 or Aug. 31, *showing data by month*.*
  - *Name the document **OrganizationName_2020PL** before adding it to the application.*

** Based on your most recent financial statement*

Profit and Loss Statement Template

[Company Name]

[Street Address], [City, ST ZIP Code]

[abc@example.com]

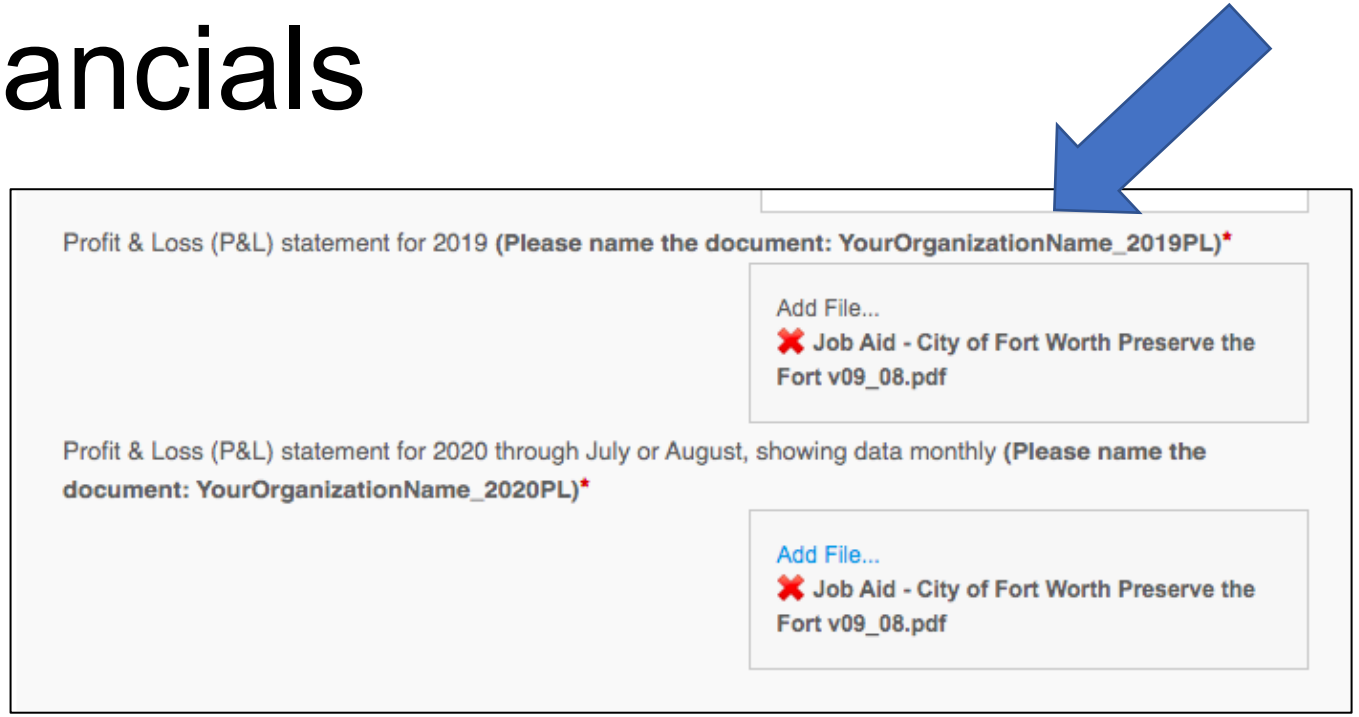
Profit & Loss Statement

For the Period Ended _____

Income	$	$
Sales	0000000	
Services	00000000	
Other Income	00000	
Total Income		**0000000**
Expenses		
Accounting	0000000	
Advertising	000000	
Assets Small	000000	
Bank Charges	000000	
Cost of Goods Sold	00000	
Depreciation	00000	
Electricity	000000	
Hire of Equipment	00000	
Insurance	00000	
Interest	00000	
Motor Vehicle	00000	
Office Supplies	00000	
Postage and Printing	00000	
Rent	00000	
Repairs and Maintenance	000000	
Stationary	0000	
Subscriptions	00000	
Telephone	00000	
Training/Seminars	00000	
Wages and On costs	00000	
Total Expenses		**00000000**
Profit/Loss		**00000000**

Organization Financials

Make sure to name your documents correctly!



CARES Act Funding

- Did you apply for funds through the Paycheck Protection Program (PPP) or Emergency Injury Disaster Loan Program?
  - If you did not apply for these funds, do not respond to this question.

- Status of application / how much you received
- Will you be applying for a Preserve the Fort grant for other business(es) that you own?
- Use of Funds

CARES Act Funding Information

If you applied for funding through the Paycheck Protection Program or Emergency Injury Disaster Loan Program, what is the status?

--select an item--

Will you be applying for the Preserve the Fort for other entities that you own?*

--select an item--

Phase I Preserve the Fort Grant Recipient ☑

Preserve the Fort Grant Phase I Award Amount$ 5000

Please identify how you will utilize the Preserve the Fort Grant funding (please check all that apply)*

- ☐ Working capital
- ☐ Machinery & equipment
- ☐ Payroll/heath care benefits
- ☐ Contract labor
- ☐ Supplier payments
- ☐ Rent, lease or mortgage payments (business property only)
- ☐ Rent, lease or purchase payment for business personal property
- ☐ Utility payments for business properties (excluding personal residence)
- ☐ Cost of critical business operations
- ☐ Personal Protective Equipment (PPE) and sanitation supplies/equipment
- ☐ Installation of plexiglass barriers, temp detection sys, auto sinks/toilets

If awarded Preserve the Fort Grant funds, how would you prefer to receive them?

--select an item--

A completed, signed W-9 Form* Add File...

CARES Act Funding

- Did you apply for funds through the Paycheck Protection Program (PPP) or Emergency Injury Disaster Loan Program?
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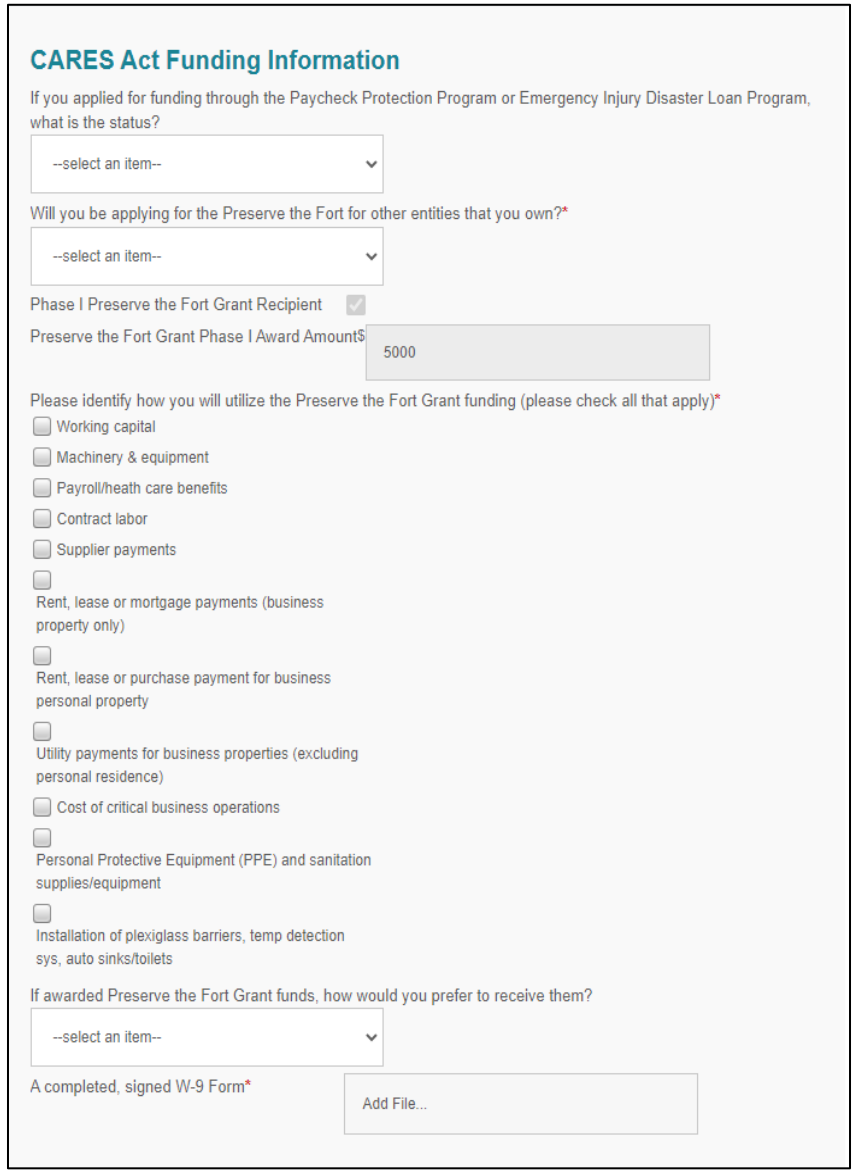

CARES Act Funding Information

If you applied for funding through the Paycheck Protection Program or Emergency Injury Disaster Loan Program, what is the status?

--select an item--

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--select an item--

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Preserve the Fort Grant Phase I Award Amount$ 5000

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- ☐ Working capital
- ☐ Machinery & equipment
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- ☐ Supplier payments
- ☐ Rent, lease or mortgage payments (business property only)
- ☐ Rent, lease or purchase payment for business personal property
- ☐ Utility payments for business properties (excluding personal residence)
- ☐ Cost of critical business operations
- ☐ Personal Protective Equipment (PPE) and sanitation supplies/equipment
- ☐ Installation of plexiglass barriers, temp detection sys, auto sinks/toilets

If awarded Preserve the Fort Grant funds, how would you prefer to receive them?

--select an item--

A completed, signed W-9 Form* Add File...

Final information

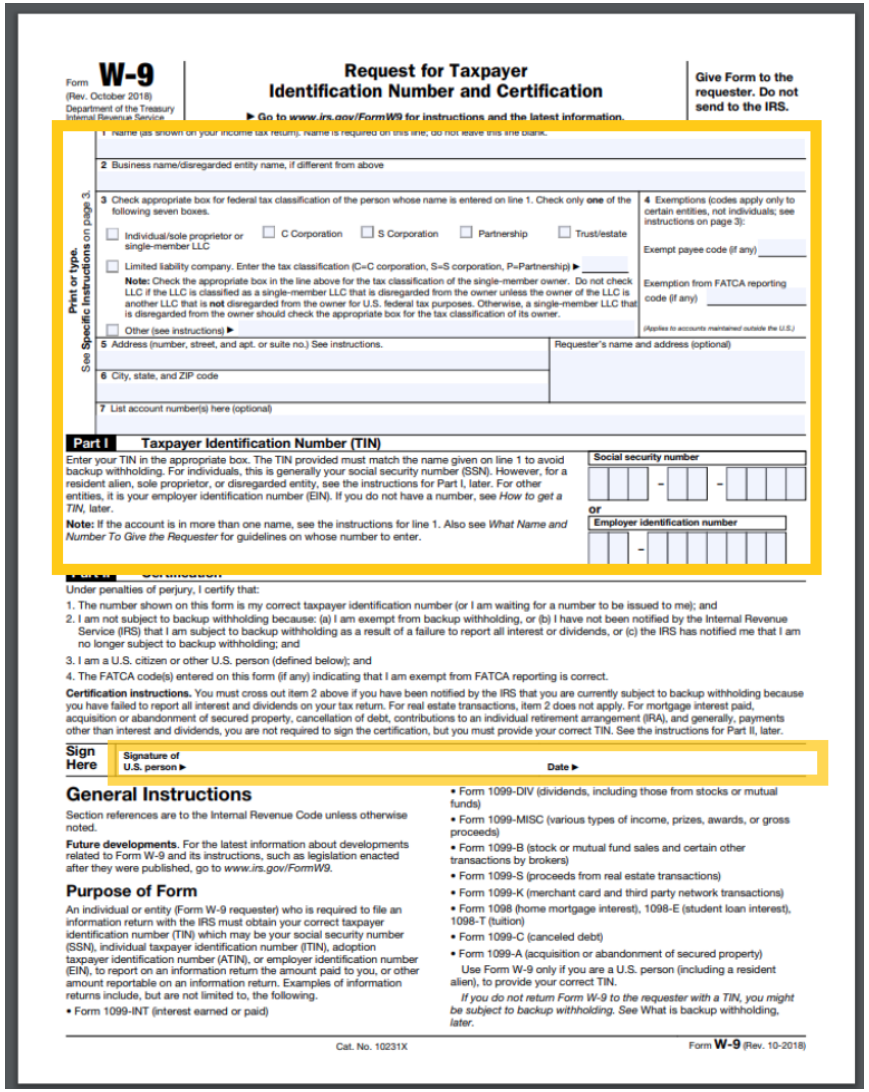
Upload the following documents:

- A completed, signed W-9 form

  (*A blank version is available online.*)

Choose whether you want the funds sent via a mailed paper check, or by an electronic fund transfer.

If you choose the electronic transfer option, have your banking details ready. **Please double check to confirm this information is correct.**



Form **W-9** (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

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

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

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

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

Social security number

or

Employer identification number

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.

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

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

Submit your application / Next Steps

- Applications will be processed on a first-come, first-served basis.

- For general inquiries about the program, contact 682-215-6231 between 9 a.m. and 6 p.m., Monday-Friday. (Please note: This number will not be able to assist with document preparation.)

- Depending on the number of applications, all funds should be distributed by early December at the latest.