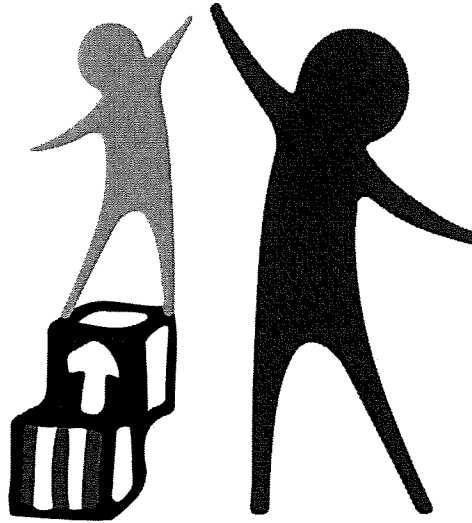


Child-Parent Centers, Inc.



Request for Proposals

Roof Replacement 2024

Dated: 2/26/2024

SUMMARY

Child-Parent Centers, Inc. (CPC) is accepting proposals for licensed roofing contractors for the replacement of existing roofs or roof sections at two Head Start locations with the potential for two additional roofs depending on our year-end budget.

Child-Parent Centers, Inc. Background

CPC is a community-based, federally funded, not-for-profit Corporation incorporated in 1966 and governed by a volunteer Board of Directors and Head Start Parent Policy Council. CPC's primary purpose as the Head Start and Early Head Start grantee for southeastern Arizona is to provide comprehensive early childhood and family development services to low income families. The agency currently serves 2700+ children in its Head Start and Early Head Start Program.

Project Locations – Attachment A

- 1) Liberty Head Start
5495 S. Liberty Ave.
Tucson, AZ 85706
- 2) Wright Head Start
2080 N. Columbus Blvd.
Tucson, AZ 85712
- 3) Mission Manor Head Start (potential)
6009 S. Santa Clara Ave.
Tucson, AZ 85706
- 4) Coronado Head Start (potential)
3401 E. Wilds Rd.
Catalina, AZ 85739

SCOPE OF WORK

Includes but is not limited to:

- Clean and prep existing roof area(s).
- Furnish and install new roofing material(s), per manufacturer's specifications. Please provide information on roofing material to be used.
- Furnish and install wall flashings, pipe penetrations, and roof curb flashings, per manufacturer's specifications.
- Furnish and install new metal drip edge, per manufacturer's specifications.
- Clean and remove all work-related debris and refuse.
- Provide contractor's and manufacturer's warranties.

Considerations

- CPC is accepting bids from contractors on any of the four centers listed. Vendors can choose to bid on one or all of the centers listed.
- CPC reserves the right to select either one contractor for all 4 centers or different contractors for each center.
- Contractor agrees to hold pricing not less than 90 days from date of bid(s) closing.
- Contractor agrees to schedule work during the month of June and complete the work by mid-July. If contractor cannot agree to this, please note what you can agree to. For example, contractor might bid on all 4 centers but can only agree to having two of them completed by mid-July.
- Contractor agrees to work closely with CPC HVAC vendor for crane work related to removal and re-setting of HVAC units, where required.
- CPC requires a high-level of communication with each contractor, as our facilities contain children, families and staff. All work must be pre-planned and discussed prior to taking place so that staff have time to make alternate plans, when necessary.
- Contractor agrees to adhere to Davis Bacon guidelines and must include DB wages in all bids.

ATTACHMENT B

- Must accept Purchase Orders for obligation of payment and understand that payment will be processed after verification of work and Davis Bacon requirements and a proper invoice has been submitted.
- Invoice must include the Purchase Order number.
- Contractor must be licensed, bonded and insured and must be able to provide copies of current business license, liability insurance and W-9 when requested.
- Bidder must coordinate access to facilities with Nikki Fellner, Physical Resources Director, for viewing the sites for bidding and after bid award.
- Comply with OSHA standards for safe working environment.
- Must demonstrate and ensure compliance with city, county, state, and federal building codes.
- Requires working in a child environment, which prohibits the use of drugs, tobacco, alcohol, expletive language, inappropriate clothing, and weapons.
- Must understand that CPC does not pay deposits or advances for work or materials.
- A general contractor is not required for this project.
- Project completed prior to July 15, 2024.

VENDOR PROPOSAL INSTRUCTIONS

Include the following attachments and documents in your Proposal:

- a. RFP Submittal/Decline Form
- b. Vendor/Bidder Fact Sheet and Questionnaire
- c. Debarment Certification
- d. Business License
- e. Certificate of Liability Insurance
- f. Workers Compensation Certificate
- g. W-9 Form
- h. Bid Sheet - **ATTACHMENT C**

The bid packet is available on the CPC website at www.childparentcenters.org (bottom right of page under "RFP Bid Information").

PROPOSAL GUIDELINES AND REQUIREMENTS

This is an open and competitive process.

If the independent provider or agency is not able to submit a proposal at this time, we ask that the decline box be marked on the Submittal/Decline form and returned to Kristi Rosing by fax at (520) 884-0605 or email to krosing@childparentcenters.org.

Proposals from agencies/companies must contain the signature of a duly authorized officer or agent of the agency submitting the proposal.

Provisions of this RFP and the contents of the successful responses are considered available for inclusion in final contractual obligations.

CPC will negotiate agreement terms upon selection. All agreements are subject to review by CPC legal counsel, and the bid will be awarded upon signing of an agreement, which outlines terms, scope, rates, and other necessary items.

In the event that the awarded agency/company fails to perform the scope of work or becomes insolvent after the agreement is signed, CPC reserves the right to cancel.

All requested information must be included. Incomplete bid packets will not be considered for contract award.

Proposal must be sealed and received by **Tuesday, April 30, 2024, no later than 3:00 pm.**

Please title your sealed bid **"Sealed Bid –Roof Replacement 2024"**

Please review the specifications and mail or deliver your sealed proposal to:

Child Parent Centers, Inc.
Procurement Dept. – Kristi Rosing
602 E. 22nd Street
Tucson, AZ 85713

If you have additional questions regarding the requirements, please email questions to krosing@childparentcenters.org. All questions must be received by **Thursday, April 25, 2024.**

Our open competition policies require prospective vendors to submit all questions in writing. Funding requirements do not allow CPC to accept verbal quotes.

1. Liberty Head Start

5495 S. Liberty Ave.
Tucson, AZ 85706

Section of roof to be replaced is located on the 'newer' section of the building (vestibule, classroom on right, office, kitchen, conference room) and existing material is built-up roofing. This is a modular building and the section of roof being replaced is concrete slab on grade. We would be interested in pricing for both rubberized roofing and built-up.

2. Wright Head Start

2080 N. Columbus Blvd.
Tucson, AZ 85712

Complete roof replacement for building 1 (older building), located on the North end of the lot. This is a modular building with parapet roof wall, partially on stem wall and partially on concrete slab on grade. We have done some work on our own by applying a rubberized roof coating to get us through winter storms. We are interested in pricing for both rubberized roofing and built-up.

3. Mission Manor Head Start (Potential additional project)

6009 S. Santa Clara Ave.
Tucson, AZ 85706

Section of roof to be replaced is located over the 'newer' portion of the building towards the front and existing material is built-up roofing. This is a modular building, partially on stem wall and partially on concrete slab on grade. There are several 'soft spots' that will need to be repaired prior to new roofing. We would be interested in pricing for both rubberized roofing and built-up.

4. Coronado Head Start (Potential additional project)

3401 E. Wilds Rd.
Catalina, AZ 85739

Roof replacement for 'newer' portion building (kitchen, both classrooms, back restrooms and teachers office) – this is a modular building with a parapet roof on stem walls. We are interested in pricing for both rubberized roofing and built-up.

Davis-Bacon Act Requirements

Davis-Bacon Sign

The Davis-Bacon sign says "NOTICE TO ALL EMPLOYEES" needs to be posted at the job site where employees can see the sign along with the prevailing wages. The vendor performing the work will take a picture of the posted signs (for verification) along with "before" and "after" photos of the work completed.

Payroll

First Page

1. All the payroll boxes on the top of the payroll that say NAME OF CONTRACTOR, ADDRESS, PAYROLL NO., WEEK ENDING, PROJECT AND LOCATION boxes all need to be filled.
2. The PAYROLL # box is reflecting the weeks that it took to work on the Davis-Bacon project. For example, the first payroll you send us should have Payroll #1. The second payroll should be Payroll #2 and the final payroll that you send us should say FINAL in the Payroll # box.
3. The box that states "NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE" needs to have all the information. This box has (1) on the top of the box.
4. The box that says (3) WORK CLASSIFICATION on the top has to have a work classification that is found on the document that says "General Decision Number" on the top, which is the prevailing wage document. For example, you are a plumbing company and your employees are plumbers. If you have a Site Supervisor or a Foreman, they are exempt because they are paid salary. The classification box would say "SITE SUPERVISOR EXEMPT".

5. The box that says (4) DAY AND DATE needs to have SU, M,TU, W, TH, F, S to represent the days of the week on the top line and the dates underneath. Under "HOURS WORKED EACH DAY", the person's hours should be filled in on the line that says "S" to the left, which stands for standard time. The lone that says "O" means overtime and should be filled in if employees work overtime and are given time-and-a half.
6. In the box that says (5) TOTAL HOURS should have the total amount of hours that the worker worked on the Davis-Bacon project only.
7. The most important box is (6) RATE OF PAY. This should have the prevailing wage from the prevailing wage document. If you put in the WORK CLASSIFICATION box that your employee was a plumber, then the RATE OF PAY box should have the correct rate from the prevailing wage list along with rates and fringes added.
8. Box (7), GROSS AMOUNT EARNED THIS CHECK, has the total amount of the check for that week's payroll and does not have to be just for the Davis-Bacon project.
9. The only thing that we look for in box (9) DEDUCTIONS, is if you take health, state or 401k out of the employee's check. We add the total amount to the RATE OF PAY box. For example, if your RATE OF PAY for the plumber was \$30.00 but you took out \$6.90 for their 401k, then you are still meeting the prevailing wage because the total would be \$36.90.

Second Page

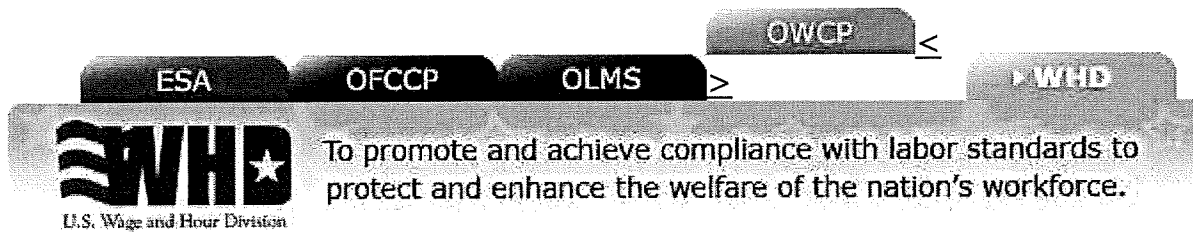
1. The date, name of signatory party, title, contractor or subcontractor, building or work, and the dates of when the payroll period started and ended; all need to be filled out.
2. Name, title and signature need to be on the bottom right hand side.



U.S. Department of Labor Employment Standards Administration

Wage and Hour Division (WHD)

[Printer-Friendly Version](#)



Instructions For Completing Payroll Form, WH-347

WH-347 (PDF)

OMB Control No. 1215-0149, Expires 12/31/2011.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

General: Form WH-347 has been made available for the convenience of contractors and subcontractors required by their Federal or Federally-aided construction-type contracts and subcontracts to submit weekly payrolls. Properly filled out, this form will satisfy the requirements of Regulations, Parts 3 and 5 (29 C.F.R., Subtitle A), as to payrolls submitted in connection with contracts subject to the Davis-Bacon and related Acts.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Under the Davis-Bacon and related Acts, the contractor is required to pay not less than prevailing wage, including fringe benefits, as predetermined by the Department of Labor. The contractor's obligation to pay fringe benefits may be met either by payment of the fringe benefits to bona fide benefit plans, funds or programs or by making payments to the covered workers (laborers and mechanics) as cash in lieu of fringe benefits.

This payroll provides for the contractor to show on the face of the payroll all monies to each worker, whether as basic rates or as cash in lieu of fringe benefits, and provides for the contractor's representation in the statement of compliance on the payroll (as shown on page 2) that he/she is paying for fringe benefits required by the contract and not paid as cash in lieu of fringe benefits. Detailed instructions concerning the preparation of the payroll follow:

Contractor or Subcontractor: Fill in your firm's name and check appropriate box.

Address: Fill in your firm's address.

Payroll No.: Beginning with the number "1", list the payroll number for the submission.

For Week Ending: List the workweek ending date.

Project and Location: Self-explanatory.

Project or Contract No.: Self-explanatory.

Column 1 - Name and Individual Identifying Number of Worker: Enter each worker's full name and an individual identifying number (e.g., last four digits of worker's social security number) on each weekly payroll submitted.

Column 2 - No. of Withholding Exemptions: This column is merely inserted for the employer's convenience and is not a requirement of Regulations, Part 3 and 5.

Column 3 - Work Classifications: List classification descriptive of work actually performed by each laborer or mechanic. Consult classification and minimum wage schedule set forth in contract specifications. If additional classifications are deemed necessary, see Contracting Officer or Agency representative. An individual may be shown as having worked in more than one classification provided an accurate breakdown of hours worked in each classification is maintained and shown on the submitted payroll by use of separate entries.

Column 4 - Hours worked: List the day and date and straight time and overtime hours worked in the applicable boxes. On all contracts subject to the Contract Work Hours Standard Act, enter hours worked in excess of 40 hours a week as "overtime".

Column 5 - Total: Self-explanatory

Column 6 - Rate of Pay (Including Fringe Benefits): In the "straight time" box for each worker, list the actual hourly rate paid for straight time worked, plus cash paid in lieu of fringe benefits paid. When recording the straight time hourly rate, any cash paid in lieu of fringe benefits may be shown separately from the basic rate. For example, "\$12.25/.40" would reflect a \$12.25 base hourly rate plus \$0.40 for fringe benefits. This is of assistance in correctly computing overtime. See "Fringe Benefits" below. When overtime is worked, show the overtime hourly rate paid plus any cash in lieu of fringe benefits paid in the "overtime" box for each worker; otherwise, you may skip this box. See "Fringe Benefits" below. Payment of not less than time and one-half the basic or regular rate paid is required for overtime under the Contract Work Hours Standard Act of 1962 if the prime contract exceeds \$100,000. In addition to paying no less than the predetermined rate for the classification which an individual works, the contractor must pay amounts predetermined as fringe benefits in the wage decision made part of the contract to approved fringe benefit plans, funds or programs or shall pay as cash in lieu of fringe benefits. See "FRINGE BENEFITS" below.

Column 7 - Gross Amount Earned: Enter gross amount earned on this project. If part of a worker's weekly wage was earned on projects other than the project described on this payroll, enter in column 7 first the amount earned on the Federal or Federally assisted project and then the gross amount earned during the week on all projects, thus "\$163.00/\$420.00" would reflect the earnings of a worker who earned \$163.00 on a Federally assisted construction project during a week in which \$420.00 was earned on all work.

Column 8 - Deductions: Five columns are provided for showing deductions made. If more than five deduction are involved, use the first four columns and show the balance deductions under "Other" column; show actual total under "Total Deductions" column; and in the attachment to the payroll describe the deduction(s) contained in the "Other" column. All deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 C.F.R., Part 3. If an individual worked on other jobs in addition to this project, show actual deductions from his/her weekly gross wage, and indicate that deductions are based on his gross wages.

Column 9 - Net Wages Paid for Week: Self-explanatory.

Totals - Space has been left at the bottom of the columns so that totals may be shown if the contractor so desires.

Statement Required by Regulations, Parts 3 and 5: While the "statement of compliance" need not be notarized, the statement (on page 2 of the payroll form) is subject to the penalties provided by 18 U.S.C. § 1001, namely, a fine, possible imprisonment of not more than 5 years, or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

Items 1and 2: Space has been provided between items (1) and (2) of the statement for describing any deductions made. If all deductions made are adequately described in the "Deductions" column above, state "See Deductions column in this payroll." See "FRINGE BENEFITS" below for instructions concerning filling out paragraph 4 of the statement.

Item 4 FRINGE BENEFITS - Contractors who pay all required fringe benefits: If paying all fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor, show the basic cash hourly rate and overtime rate paid to each worker on the face of the payroll and check paragraph 4(a) of the statement on page 2 of the WH-347 payroll form to indicate the payment. Note any exceptions in section 4(c).

Contractors who pay no fringe benefits: If not paying all fringe benefits to approved plans, funds, or programs in amounts of at least those that were determined in the applicable wage decision of the Secretary of Labor, pay any remaining fringe benefit amount to each laborer and mechanic and insert in the "straight time" of the "Rate of Pay" column of the payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the application wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringe benefits, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringe benefits at the straight time rate. In addition, check paragraph 4(b) of the statement on page 2 the payroll form to indicate the payment of fringe benefits in cash directly to the workers. Note any exceptions in section 4(c).

Use of Section 4(c), Exceptions

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the covered

worker as cash in lieu of fringe benefits. Enter any exceptions to section 4(a) or 4(b) in section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid each worker as cash in lieu of fringe benefits and the hourly amount paid to plans, funds, or programs as fringe benefits. The contractor must pay an amount not less than the predetermined rate plus cash in lieu of fringe benefits as shown in section 4(c) to each such individual for all hours worked (unless otherwise provided by applicable wage determination) on the Federal or Federally assisted project. Enter the rate paid and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll. See paragraph on "Contractors who pay no fringe benefits" for computation of overtime rate.

Public Burden Statement: We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Note: In order to view, fill out, and print PDF forms, you need Adobe® Acrobat® Reader® version 5 or later, which you may download for free at www.adobe.com/products/acrobat/readstep2.html. To save the completed forms on your workstation, you need to use the "Save As" method to save the file. For example, move your mouse cursor over the PDF link and click on your "RIGHT" mouse button. This will cause a menu to be displayed, from which you will select the proper save option -- depending upon which browser you are using:

For Microsoft IE users, select "Save Target As"

For Netscape Navigator users, select "Save Link As"

Once you've selected the proper save option for your browser, and have saved the file to a location you specified, go to your program menu and start the Adobe Acrobat® Reader. Once open, locate the PDF file you saved and open it directly in Acrobat®.

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: **1-866-4-USA-DOL** (1-866-487-2365) | TTY: 1-877-889-5627 **Contact Us**

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. April 2006

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS	OMB No.: 1215-0149 Expires: 04/30/2009
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The Copeland Act (40 U.S.C. 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR Part 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 56 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date _____

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____, (Contractor or Subcontractor) _____ on the

_____, (Building or Work) _____; that during the payroll period commencing on the

_____ day of _____, and ending the _____ day of _____, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____, (Contractor or Subcontractor) _____ from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, of if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ -- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ -- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

Prevailing Wages Classification List

Please list classification that you will be using on this project.

Use a classification that is listed on the prevailing wage document.

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EMPLOYEE RIGHTS UNDER THE DAVIS-BACON ACT

FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PREVAILING WAGES

You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.

OVERTIME

You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

ENFORCEMENT

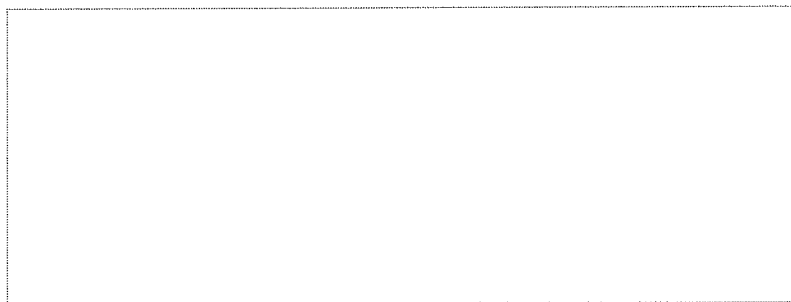
Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.

APPRENTICES

Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.

PROPER PAY

If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:



or contact the U.S. Department of Labor's Wage and Hour Division.



For additional information:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627



WWW.WAGEHOUR.DOL.GOV

DERECHOS DEL EMPLEADO

BAJO LA LEY DAVIS-BACON

PARA OBREROS Y MECÁNICOS EMPLEADOS EN PROYECTOS DE CONSTRUCCIÓN FEDERAL O CON ASISTENCIA FEDERAL

LA SECCIÓN DE HORAS Y SUELDOS DEL DEPARTAMENTO DE TRABAJO DE EEUU

SALARIOS PREVALECIENTES

No se le puede pagar menos de la tasa de pago indicada en la Decisión de Salarios Davis-Bacon fijada con este Aviso para el trabajo que Ud. desempeña.

SOBRETIEMPO

Se le ha de pagar no menos de tiempo y medio de su tasa básica de pago por todas las horas trabajadas en exceso de 40 en una semana laboral. Existen pocas excepciones.

CUMPLIMIENTO

Se pueden retener pagos por contratos para asegurarse que los obreros reciban los salarios y el pago de sobretiempo debidos, y se podría aplicar daños y perjuicios si no se cumple con las exigencias del pago de sobretiempo. Las cláusulas contractuales de Davis-Bacon permiten la terminación y exclusión de contratistas para efectuar futuros contratos federales hasta tres años. El contratista que falsifique los registros certificados de las nóminas de pago o induzca devoluciones de salarios puede ser sujeto a procesamiento civil o criminal, multas y/o encarcelamiento.

APRENDICES

Las tasas de aprendices sólo se aplican a aprendices correctamente inscritos bajo programas federales o estatales aprobados.

PAGO APROPIADO

Si Ud. no recibe el pago apropiado, o precisa de información adicional sobre los salarios aplicables, póngase en contacto con el Contratista Oficial que aparece abajo:

o póngase en contacto con la Sección de Horas y Sueldos del Departamento de Trabajo de EEUU.



Para obtener información adicional:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627



WWW.WAGEHOUR.DOL.GOV

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

You must be paid not less than the wage rate listed in the Glass-Steagall Wage Decision posted with this Notice for the work you perform.

You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if certain pay requirements are not met. Davis-Bacon contract clauses allow contract termination and enforcement of contract terms. Some states have contracts for up to three years. A contractor who battles certain payroll records or induces wage lawsuits may be subject to civil or criminal penalties, fines and/or imprisonment.

Apprentice rates apply only to apprentices properly registered with
and Federal or State apprentices program.

If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Office web below.

1-866-4-USNAGE

1-800-828-7273
WWW.WAGEHOUR.IL.GOV

[illegible]

"General Decision Number: AZ20240040 01/19/2024

Superseded General Decision Number: AZ20230040

State: Arizona

Construction Type: Building

County: Pima County in Arizona.

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories).

Note: Contracts subject to the Davis-Bacon Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658. Please note that these Executive Orders apply to covered contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but do not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(1).

If the contract is entered into on or after January 30, 2022, or the contract is renewed or extended (e.g., an option is exercised) on or after January 30, 2022:	<ul style="list-style-type: none">• Executive Order 14026 generally applies to the contract.• The contractor must pay all covered workers at least \$17.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2024.
If the contract was awarded on or between January 1, 2015 and January 29, 2022, and the contract is not renewed or extended on or after January 30, 2022:	<ul style="list-style-type: none">• Executive Order 13658 generally applies to the contract.• The contractor must pay all covered workers at least \$12.90 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours performing on that contract in 2024.

The applicable Executive Order minimum wage rate will be adjusted annually. If this contract is covered by one of the

Executive Orders and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must still submit a conformance request.

Additional information on contractor requirements and worker protections under the Executive Orders is available at <http://www.dol.gov/whd/govcontracts>.

Modification Number	Publication Date
0	01/05/2024
1	01/19/2024

BRAZ0003-001 07/01/2023

	Rates	Fringes
BRICKLAYER.....	\$ 32.74	9.52

CARP1912-001 07/01/2023

	Rates	Fringes
CARPENTER.....	\$ 33.55	14.17

ELEC0570-001 06/01/2023

	Rates	Fringes
ELECTRICIAN (Excludes Low Voltage Wiring).....	\$ 31.00	18%+6.00

ENGI0428-016 06/01/2023

	Rates	Fringes
POWER EQUIPMENT OPERATOR		
Bulldozer.....	\$ 31.69	13.52
Crane.....	\$ 36.04	13.52

* IRON0075-007 10/01/2023

	Rates	Fringes
IRONWORKER, STRUCTURAL.....	\$ 32.00	18.91

PLUM0469-009 07/01/2023

Rates	Fringes
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PIPEFITTER.....\$ 45.65 18.00

SHEE0359-001 07/01/2022

Rates Fringes

SHEET METAL WORKER.....\$ 40.82 19.04

* SUAZ2019-003 06/12/2023

Rates Fringes

CEMENT MASON/CONCRETE FINISHER...\$ 21.00 0.00

DRYWALL FINISHER/TAPER.....\$ 22.47 0.00

ELECTRICIAN (Low Voltage
Wiring).....\$ 26.16 9.91

IRONWORKER, REINFORCING.....\$ 22.04 0.00

LABORER: Common or General.....\$ 17.46 0.00

LABORER: Mason Tender -
Cement/Concrete.....\$ 19.79 0.00

LABORER: Pipelayer.....\$ 16.77 ** 1.05

OPERATOR:
Backhoe/Excavator/Trackhoe.....\$ 19.58 3.79

OPERATOR: Loader.....\$ 15.00 ** 4.15

OPERATOR: Roller.....\$ 23.62 6.44

PAINTER.....\$ 15.00 ** 0.00

PLUMBER.....\$ 28.51 0.00

TILE SETTER.....\$ 21.50 0.00

WELDERS - Receive rate prescribed for craft performing
operation to which welding is incidental.

=====
** Workers in this classification may be entitled to a higher
minimum wage under Executive Order 14026 (\$17.20) or 13658

(\$12.90). Please see the Note at the top of the wage determination for more information. Please also note that the minimum wage requirements of Executive Order 14026 are not currently being enforced as to any contract or subcontract to which the states of Texas, Louisiana, or Mississippi, including their agencies, are a party.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (iii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example:

PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour National Office because National Office has responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative

Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION"

**Bid Sheet
Roof Project 2024**

Contractor: _____ **Date:** _____

Contact Name: _____ **Title:** _____

Contractor must provide all costs (including taxes, permits, overhead, and profit) associated with each location. Child-Parent Centers, Inc. reserves the right to alter locations from the project in the event that bid prices exceed the funding available for the project.

<u>Liberty Head Start</u>	<u>Base Bid</u>
How long will work take to complete (days, weeks)? (Will work be completed by July 15, 2024?)	
How soon will contractor be able to begin after being awarded the project?	
Are you willing to coordinate with the HVAC vendor?	

<u>Wright Head Start</u>	<u>Base Bid</u>
How long will work take to complete (days, weeks)? (Will work be completed by July 15, 2024?)	
How soon will contractor be able to begin after being awarded the project?	
Are you willing to coordinate with the HVAC vendor?	

ATTACHMENT C

<u>Mission Manor Head Start</u>	<u>Base Bid</u>
How long will work take to complete (days, weeks)?	
How soon will contractor be able to begin after being awarded the project?	
Are you willing to coordinate with the HVAC vendor?	

<u>Coronado Head Start</u>	<u>Base Bid</u>
How long will work take to complete (days, weeks)?	
How soon will contractor be able to begin after being awarded the project?	
Are you willing to coordinate with the HVAC vendor?	

Notes:

- Your bid must meet Davis Bacon Act requirements for Pima County.
- You must provide a 2-year service warranty and indicate length of manufacturer's warranty.
- Must be able to work closely with selected HVAC mechanical vendor when performing work.

Use the space below to list any special considerations and/or excluded items and costs:

ATTACHMENT C

RFP Submittal/Decline Form

Roof Replacement 2024

Date: _____

Check one of the following:

- ☐ Submitting a proposal
- ☐ Declining a proposal – We would appreciate if you would please provide a brief explanation of why you are declining at this time. Thank you!

Agency Name:	Agency Contact:
Agency Address:	Agency Telephone:
	Agency Fax:
	Agency Email:

If submitting a proposal, please include the following:

1. RFP/Bid Submittal Decline Form
2. Vendor/Bidder Fact Sheet and Questionnaire
3. Debarment Certification Form
4. Business License
5. Certificate of Liability Insurance
6. Workers Compensation Certificate
7. W-9 Form
8. Bid Sheet – **ATTACHMENT C**

**CPC must have these on file to consider you for a contract or bid award.*

To assist us in meeting our reporting guidelines, please return this form with the RFP submittal or if declining fax to CPC, Inc. attention Kristi Rosing at (520) 884-0605 or email to krosing@childparentcenters.org

VENDOR/BIDDER FACT SHEET AND QUESTIONNAIRE

Please return to:
CHILD-PARENT CENTERS, INC.
Procurement Department
602 E. 22nd St.
Tucson, AZ 85713

DATE: _____

NAME OF COMPANY/DIVISION: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ FAX: _____ OFFICE HOURS: _____

REPRESENTATIVE: _____ HOW LONG IN BUSINESS?: _____

REPRESENTATIVE EMAIL ADDRESS: _____

IDENTIFY YOUR BUSINESS OR SERVICES YOUR BUSINESS PROVIDES:

LEGAL STRUCTURE:

Sole Proprietorship: ____ Partnership: ____ Corporation: ____

*Vendors supplying services (contracting, etc.) shall supply the following:

Federal Employers Tax I.D. number (TIN): _____

Contractor license types/numbers held: _____

SELF-CERTIFICATION CATEGORIES – PLEASE CHECK APPROPRIATE CATEGORIES:

NOTE: DEFINITIONS –

"Control" is defined as exercising the power to make policy decisions.

"Operated" is defined as actively involved in the day-to-day management and not merely acting as officers or directors.

____ LARGE BUSINESS – A domestic concern which, including domestic and foreign divisions and affiliates, normally employees 500 or more persons, is independent or publicly owned or controlled and operated, and which may be a division of another domestic or foreign concern.

____ SMALL BUSINESS – The term "small business" shall mean a small business as defined pursuant to section 3 of the Small Business Act and in relevant regulations promulgated thereto. Generally, unless your firm is operating in an industry with a special size standard, it is considered small if (a) it has fewer than 500 employees for manufacturing industries, (b) has average annual receipts for three (3) preceding years of less than \$12 million for general construction (c) has average annual receipts for preceding fiscal years of less than \$2 million for service industry.

____ MINORITY OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more minority individuals; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more minority individuals, and whose management and daily business operations are controlled by one or more minority individuals. Please check the appropriate group(s) listed here and note percentage of ownership.

____ (F) = Female	____ (M) = Male	____ Black Americans	____ Hispanic Americans
____ Asian-Indian Americans	____ American Indians	____ American Eskimos and Aleuts	____ Other Designated Minority
____ Native Hawaiians			

Please specify: _____

____ ARE YOU A U.S. CITIZEN?

____ WOMEN OWNED BUSINESS – a concern that is at least fifty-one percent (51%) owned by one or more women; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more women.

____ HANDICAPPED-OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more individuals who have a physical or mental impairment that substantially limits one or more major life activity. The individual(s) must either have a record of such impairment or correctly regard him-herself(s) as having such an impairment or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more handicapped persons, and whose management and daily business operations are controlled by one or more such individuals.

* Mandatory

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76 certifies to the best of his or her knowledge and belief that it and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transaction (Federal, State or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The Department of Health and Human Services' (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided below without modification in all lower tier covered transactions.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (TO BE SUPPLIED TO LOWER TIER PARTICIPANTS)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR, Part 76, certifies to the best of its knowledge and belief that it and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

CERTIFICATION REGARDING LOBBYING FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of an agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby agree to the above certifications and assurances.

Signature of Certifying Official

Title

Applicant Organization

Date

02/26/24

Form

W-9
(Rev. December 2014)
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.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.