

REQUEST FOR PROPOSALS - RFP #15

The Ocala Housing Authority (OHA), 1629 N.W. 4th Street, Ocala Fl. is soliciting proposals from qualified firms to conduct an energy audit physical needs assessment of the 186 public housing units (see property list attached), 4 laundry rooms, 4 community centers, and the administrative and maintenance warehouse located in Ocala, Florida. Energy audit/physical needs assessment shall include inspection, analyzing energy conservation measures, and calculating payback periods for those measures as well as estimating the remaining useful life of building components and timing for those replacements as well as the expected cost of those replacements.

RESPONSES ARE DUE FEBRUARY 23, 2023 @ 4:30 PM EST. Please return four (4) completed copies of your proposal to the Ocala Housing Authority (OHA), 1629 N.W. 4th Street, Ocala Fl. 34475.

'Energy Audit and Physical Needs Assessment Services Qualifications'

I certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting for the same services, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal for the firm. NOTE TO SUBMITTERS: The undersigned does declare that he/she has carefully examined the specifications and conditions of the proposal and is thoroughly familiar with its provisions.

Authorized Signature

Date

Printed Name & Title

Company

INSTRUCTIONS AND CONDITIONS

Preparation of RFP:

- A. Responders are expected to examine the complete scope and all attachments including instructions. Failure to do so is at the responder's risk.
- B. Responders shall furnish all information required by the solicitation in the form requested. A written narrative and documentation to support all evaluation criteria listed on the evaluation form (page 7). OHA reserves the right to reject proposals with incomplete information or which are presented in a different form.

- C. Responders shall provide a table of contents enumerating the items listed on the evaluation form (page 7).
- D. Time of delivery shall be the actual time the submission is received by OHA.
- E. Each vendor interested in bidding on the RFP must register as a vendor by emailing Kate at kmasi@ocalahousing.org. Please give your name, name of business, phone number, and email address. If there are questions or addendums to this RFP, we will have your contact information.

Signature:

Authorized signers shall sign the proposal, on the first page and on all continuation pages in the proper section, and shall enter his/her title and the date of submission. The person signing the proposal must initial mark-throughs or other changes. Signature shall be that of an agent authorized to sign such documents; however other evidence of authority to sign may be provided with the proposal.

Submission of RFP:

Proposal shall be submitted by mail or hand delivered Attention: Kate Masi.. All proposals are due no later than February 23, 2023, by 4:30 p.m. EST.

Modifications or Withdrawal of Proposals:

A. Proposals may be modified or withdrawn by written notice that is received prior to the exact hour and date specified for receipt of proposal. A proposal may also be modified in person by a responder or his/her authorized representative, prior to the exact hour and date set for receipt of proposals. **Telephone withdrawals are not permitted.**

B. If the proposal is negotiated, proposals may be modified or withdrawn by written notice received any time prior to award. Proposals may be withdrawn in person by a bidder or his/her authorized representative, provided his/her identity is made known, and he/she signs a receipt for the bid prior to award.

Time for Consideration:

The bidder warrants, by virtue of proposing the prices quoted, its proposal will be good for Ninety (90) days from the date of proposal opening, unless otherwise stated. **Responders will not be permitted to withdraw or modify their proposals after the opening date and time.**

Prices:

All proposals submitted must show the proposal price after any and all allowable discounts have been deducted.

Proposal Submittal:

One (1) original and three (3) copies of proposal shall be submitted at the time of submission.

Proposal Errors:

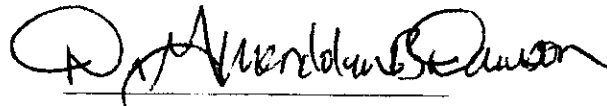
When errors are found in the extension of proposal prices, the unit price will govern. The individual signing for the bidder must initial proposals having erasures or correction in ink.

Proposal Submittal Costs:

Submittal of a proposal is solely at the cost of the bidder. The Ocala Housing Authority (OHA) is, in no way, liable or obligated for any cost incurred in preparing the proposal. Questions regarding this RFP should be directed to Judith Houlios, Ocala Housing Authority, P.O. Box 2468, Ocala Florida 34478-2648, via telephone (352) 620-3563 or via email at jhoulios@ocalahousing.org.

Acceptance and Rejection:

The Chief Executive Officer (CEO) of the OHA, reserves the right to reject any, or all proposals, to waive irregularities and technicalities, if any, and to accept the proposal or proposals which she deems in the best interest of the OHA.



Gwendolyn B. Dawson, CEO

Ocala Housing Authority

SCHEDULE OF PROPOSAL EVENTS

The following is a schedule of events concerning the Proposal process:

- | | |
|--|-------------------|
| 1. Posting of Request for Proposal | January 25, 2023 |
| 2. Proposal Closing | February 23, 2023 |
| 3. Opening of Proposals | February 27, 2023 |
| 4. Evaluation due back | March 13, 2023 |
| 5. Ranking of Proposals | March 20, 2023 |
| 6. Notification & Contract Negotiations w/ Top Ranked Firm | March 21-23, 2023 |
| 7. Contract Presented to Board of Commissioners | March 27, 2023 |
| 8. Complete Contract Negotiations and Sign Contract | March 31, 2023 |

Please note: These dates are preliminary and are subject to possible change.

SECTION 1-INTRODUCTION

A. OBJECTIVE:

The CEO of the Ocala Housing Authority solicits proposals for the purpose of selecting an independent energy audit/physical needs assessment firm to provide energy audit services as well as a physical needs assessment for 186 public housing units, laundry rooms, the administrative office, and the maintenance warehouse. See property list attached.

B. STANDARD TERMS AND CONDITIONS

In order to submit a proposal, a firm must meet the following criteria:

1. Managing staff must be certified as engineers, architects, energy auditors, and/or LEED accredited professionals, and meet other statutory qualifications to conduct energy audits/physical needs assessments in compliance with the State of Florida. Such firms must also be qualified to conduct Public Housing Authority energy audits/physical needs assessments and present such to the United States Department of Housing and Urban Development (HUD).
2. The firm must be able to complete field work on a timely basis.
3. The audit and assessment must comply in all aspects with the requirements of 24 CFR 905.300 and 24 CFR 965, "Energy Conservation for Housing" and "Energy Conservation for Housing – A Workbook". This audit must meet all State of Florida guidelines as well as HUD guidelines.

The firm agrees to abide by all applicable laws and regulations of the United States Government, State of Florida, and the ordinances and regulations of HUD. The firm shall provide an original and three (3) copies of its findings.

The contract period will be for one (1) year. OHA shall have the option to extend the contract for up to four (4) additional one-year periods contingent upon written mutual agreement. Energy Audit/physical needs assessment services charges set out in the contract may be adjusted at the beginning of each renewal period by written mutual agreement between both parties.

Failure to perform or comply with any of the terms and conditions of the contract by the firm may be cause for termination of the contract. OHA must notify the firm in writing of any such default. The firm will have thirty (30) days after receipt of said notice, in which to remedy the default or to show compliance with the contract. If the firm fails to do so, the CEO may terminate the contract.

C. SELECTION CRITERIA:

The firm that offers the highest quality proposed service, at the lowest reasonable cost, will be awarded the contract. Firms and their partners will not be eligible to bid if they are currently or previously have been on HUD's debarment from services list or have ever been debarred from or by HUD.

A proposal analysis group from the OHA will review and evaluate each proposal, and selection will be made on the basis of the criteria listed on the "Request For Proposal Energy Audit Physical Needs Assessment Services Evaluation Form".

The firm must provide all information necessary to evaluate its qualifications. At a minimum, the firm must meet **all** requirements shown in the RFP and provide information necessary to answer all questions on the evaluation form. All information submitted that relates to the quality of audit services will be considered.

D. SCOPE OF WORK:

Firm must complete a walk through of each property both interiors and exteriors as well as common areas. Review building plans, prior assessments and energy audits, maintenance records, and utility bills. Provide an estimate of the remaining useful life on the various building systems and estimate cost of those replacements. Identify energy conservation measures and calculate payback time periods of those measures. Prepare a detailed report illustrating what needs to be completed immediately, short, and long term.

Specific exterior items to review are as follows: roof, building envelopes, doors, windows/screens, gutters and downspouts, fascia and soffits, landscaping, streets/parking areas, sidewalks, stairwells/elevator, fencing, trees, turf, lighting, signage, storm drains, and mailboxes.

Specific interior items to review are as follows: interior finishes, fixtures, halls, lobbies, crawl spaces/attics, appliances, cabinetry and countertops, ceilings, walls, molding, and flooring.

In addition, all mechanical, electrical, plumbing, and HVAC systems need to be inspected and analyzed.

The fixed price shall be inclusive of all expenses, travel, report preparation, and submission.

EVALUATION FORM

Name of Evaluator: _____ Date _____

Energy Audit Firm Name: _____

SCOPE/COST OF SERVICES

Maximum Pts.

Score

Knowledge of applicable regulations and demonstrated experience in conducting

Energy audits/physical needs assessments for multi-family properties 6 _____

Experience of the staff with other governmental energy audits 6 _____

Professional qualifications of staff (architect, engineer, etc.) 6 _____

Evidence of professional knowledge (LEED, CEM, CWEP, etc.) 6 _____

Proposed Costs 6 _____

Maximum Points 30

Scoring Range

Excellent 27

Very Good 24

Average 21

Below Average 18

Poor 15

Rater's Comments: _____

SECTION II-COMPLETION OF PROPOSAL DOCUMENTS

GENERAL INSTRUCTIONS:

Failure to provide the requested information will result in the rejection of the proposal.

1. Transmittal Letter: The name and address of the energy audit firm shall be entered; in addition, a person having the legal authority to execute a contract on behalf of the accounting firm must sign the letter and provide the requested information.
2. All required HUD forms attached to this proposal must be submitted with proposal prior to the deadline.
3. Insurance requirements of vendor:
 - a. An original certificate evidencing the quoter's current industrial (worker's compensation) insurance carrier and coverage amount, or a State of Florida issued certificate of exemption if applicable;
 - b. An original certificate evidencing General Liability coverage, naming the HA as an additional insured, together with the appropriate endorsement to said policy reflecting the addition of the HA as an additional insured under said policy (minimum of \$1,000,000 each occurrence, general aggregate minimum limit of \$1,000,000, together with damage to premises and fire damage of \$50,000 and medical expenses any one person of \$5,000), with a deductible of not greater than \$1,000;
 - c. An original certificate showing the quoter's automobile insurance coverage in a combined single limit of \$500,000. For every vehicle utilized during the term of this program, when not owned by the entity, each vehicle must have evidence of automobile insurance coverage with limits of no less than \$50,000/\$100,000 and medical pay of \$5,000.
 - d. A copy of the quoter's business license allowing that entity to provide such services within the jurisdiction of Marion County, Fl.;
 - e. A copy of the quoter's license issued by the State of Florida licensing authority allowing the quoter to provide the services detailed herein.

LETTER OF TRANSMITTAL

Proposal Submitted By:

Firm _____

Address _____

Earliest Date when on-site fieldwork can begin: _____

Signature

Printed Name

Title

Date

Office Telephone Number Cell Phone Number

Fax Number Email



Ocala
Housing Authority

HUD Certified Housing Counseling Agency

CHIEF EXECUTIVE OFFICER
Dr. Gwendolyn B. Dawson
FL Licensed Real Estate &
Mortgage Broker
NMLS #383663

BOARD OF COMMISSIONERS

Dr. Tanya M. Hanks
Chairperson

Mr. Reginald E. Landers, Jr.
Vice-Chairman

Dr. Marcia Roberson-Fields
Treasurer

Ms. LaToria Francis
Resident-Commissioner

Mr. Howard L. Gunn, Jr.
Commissioner

PHYSICAL ADDRESS
1629 NW 4th Street
Ocala, FL 34475-6051

MAILING ADDRESS
P.O. Box 2468
Ocala, FL 34478-2468

TELEPHONE
(352) 369-2636

TDD
+1 (800) 545-1833; ext. 507

FAX
(352) 369-2642

EMAIL
contactus@ocalahousing.org

WEBSITE
www.ocalahousing.org



EQUAL HOUSING
OPPORTUNITY

Equal Opportunity Employer

Administrative Office/Maintenance Warehouse

Physical Address: 1629 NW 4th Street, Ocala, FL 34475

Deer Run Community

Physical Address: NE 4th Court, Ocala, FL 34479

Unit Numbers: 2804 – 3148

76 Total Units

2 laundry rooms/2 community center

Pavilion Oaks Community

NW 1st Avenue, Ocala, FL 34475

Unit Numbers: 2193 – 2231

40 Total Units

Pine Gardens Community

515 SW 2nd Avenue, Ocala, FL 34471

Unit Numbers: 2 – 21

20 Total Units

1 laundry room/1 community center

Shady Hollow Community

SW 19th Avenue Road, Ocala, FL 34471

Unit Numbers: 802 – 961

50 Total Units

1 laundry room/1 community center

**OCALA HOUSING AUTHORITY
APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM**

To ensure that the Ocala Housing Authority maintains the continued confidence of the people of Marion County and its partners in carrying out its mission of providing affordable housing, Ocala Housing Authority employees and commissioners must avoid situations in which their obligations or commitments to other organizations or individuals or their personal or financial relationships or interests are or appear to be at odds with their responsibilities to the Ocala Housing Authority.

When federal funding is involved, federal regulations govern conflicts of interest. In general, these laws prohibit Ocala Housing Authority employees and commissioners from working on transactions with applicants with whom they have financial, business, professional or personal relationships or other ties. In addition, these laws prohibit former Ocala Housing Authority employees and commissioners from working on certain transactions for up to two years after leaving Ocala Housing Authority.

To help ensure the continuing integrity of Ocala Housing Authority's business and compliance with these laws, applicants for loans or certain other assistance under Ocala Housing Authority's programs must disclose any financial, business, professional, civic, charitable, family (or other personal) relationships, associations or connections that the applicant, its affiliates, employees of applicant who may work on the Ocala Housing Authority's project, or any parties the applicant intends to hire to work on the Ocala Housing Authority's project (whether employees, contractors or consultants) may currently have with Ocala Housing Authority or any Ocala Housing Authority employee or commissioner or may have had within the past two years. An applicant and its affiliates include:

- if the applicant is one or more individuals, all individuals;
- if the applicant is a business or nonprofit entity, that entity;
- the officers and board members of the applicant;
- employees of the applicant with decision-making authority, including an executive director, manager or someone in a similar position;
- if the applicant is a business corporation, any shareholder with a controlling interest;
- if the applicant is a partnership, the applicant's partners;
- any other business partner or associate of the applicant involved in this Ocala Housing Authority project;
- if the applicant is a limited liability company, the members and managers;
- a family member (including husband, wife, child, brother, sister) or other person in a personal relationship;

If you are unsure whether a relationship, association, or connection you have may constitute a conflict of interest, please consult with Ocala Housing Authority's Chief Counsel.

**OCALA HOUSING AUTHORITY
 APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM**

To the best of your knowledge:

1. Are you, any of your affiliates, or any party you intend to hire to work on the project a party to (or financially interested in) any business owned or operated by an Ocala Housing Authority commissioner or employee either as an individual or through an interest in a corporation, partnership, limited liability company, or other entity? (please circle) YES NO

2. Do you, any of your affiliates, or any party you intend to hire to work on the project have family relations or other personal associations with any Ocala Housing Authority employee or Ocala Housing Authority commissioner? (please circle) YES NO

3. Do you or any party you intend to hire to work on the project have any employee who was once an employee or commissioner of Ocala Housing Authority? (please circle) YES NO

4. Do you, any of your affiliates, or any party you intend to hire to work on the project have any other type of relationship either with an Ocala Housing Authority employee or Ocala Housing Authority commissioner that may be construed to be a conflict of interest? (please circle) YES NO

PLEASE NOTE: If you answered yes to any of the above questions, please describe below (or on back).

Name of Applicant			
Signed		Date	
Printed Name		Title	

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name _____

Program/Activity Receiving Federal Grant Funding _____

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official _____

Title _____

Signature _____

Date _____

X



NON-COLLUSIVE AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MARION
CITY OF OCALA

_____, Being first duly sworn, deposes and says:

That he/she is the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or that said bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with a bidder or person to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement, collusion, communication, conference with any person to fix the bid price of affiant or of any other bidder to fix overhead, profit, or cost element of said bid price, or that of any other, or to secure any advantage against the Housing Authority or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Sworn to and subscribed before me by means of ____ physical presence OR ____
online notarization this ____ day of _____, 20____.

Signature of Notary: _____

Print or type name of Notary: _____

Personally known or produce ID: _____

Type of ID produced: _____

NOTARY SEAL:



**EQUAL HOUSING
OPPORTUNITY**



CERTIFICATE OF CORPORATE PRINCIPAL

I, _____ hereby certify that I am A/THE Corporate
Principal For _____, a Corporation in the
State of _____.

SIGN: _____

PRINT: _____

DATE: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical
presence or ___ online notarization this ___ day of
_____, 20____,

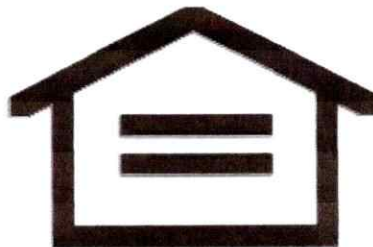
Signature of Notary Public - State of Florida: _____

Print or Type Commissioned Name of Notary Public: _____

Personally Known OR Produced Identification

Type of Identification Produced:

Notary Seal:



EQUAL HOUSING
OPPORTUNITY

**Contractor's Certification Of Authorization to Execute Bid/Contract on Behalf of
Company**

I, _____ certify that I am the _____ of
the corporation named as Contractor herein; that _____,
who signed this Contract of behalf of the Contractor, was then
_____ of said corporation; that said Contract was duly
signed for and in behalf of said corporation by authority of its governing body, and is
within the scope of its corporate powers.

Affix Corporate Seal

By: _____

Title: _____

Date: _____

Request for Taxpayer Identification Number and Certification

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

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

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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												
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Part II Certification

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 ▶
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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.