

REQUEST FOR PROPOSAL

DATE: December 14, 2018

TO: All Interested Parties

RE: Development of **Enhanced Behavioral Supports Home (EBSH)** RFP to serve specific eligible persons served through the Regional Center of Orange County Community Placement Plan

SUMMARY: Primary goal is to develop one (1) high quality staff operated residential EBSH for adults ages 18-59 with a combination of severe behavioral, medical, and severe self-care deficits. Start-up funding is available with the award of this project. The home will have a maximum of two (2) residents who may be either ambulatory or non-ambulatory. This home will be developed within the Regional Center of Orange County geographic area. The home will be purchased through a Non-Profit Housing Development Organization (HDO) and leased to the prospective service provider.

Access California Code of Regulations (CCR), Title 17 via www.dds.ca.gov
Access California Code of Regulations (CCR), Title 22 via www.dds.ca.gov

The Regional Center of Orange County (RCOC) appreciates your interest in responding to the Request for Proposal (RFP) **EBSH1819**. The specific information that is required in the submission of this request is detailed below. Please read all of the material and follow the guidelines accordingly. RCOC reserves the right to eliminate proposals which do not meet the minimum standards described in the proposal or those which deviate from the requested format. Start-up funding is available upon the award of the project and will be negotiated between the RCOC and the Applicant.

RCOC reserves the right to reject any or all proposals and to cancel the RFP process at its discretion. If negotiations fail with the selected applicant, RCOC reserves the right to re-open negotiations with the next qualified applicant or to re-post the RFP.

RCOC may elect to fund all, part, or none of the project, dependent upon funding availability as approved by Department of Developmental Services (DDS), and the quality of the proposals received.

We thank you in advance for your willingness to serve persons with disabilities.

FACILITY NEED/ FACILITY CAPACITY

The facility to be vendored must qualify as a Staff Operated Residential Facility Serving Adults as defined by California Code of Regulations (CCR) Title 17 Section 54342(a)(69) and a Community Care Facility, as set forth in Title 22, Division 6, Chapter 6. In addition, the home

will be vendored through RCOC as an Enhanced Behavioral Supports Home (EBSH) pursuant to (CCR) Title 17 Section 59050 through Section 59072, an adult residential facility certified by the Department of Developmental Services and licensed by the Department of Social Services providing 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting, as defined in Section 4684.80 of the Welfare and Institutions Code.

The facility will be licensed through the Department of Social Services' Community Care Licensing Division. The facility will serve a maximum of two (2) residents in single bedrooms. A minimum of one bedroom will be designated as "non-ambulatory". The facility will be located within the geographic boundaries of the RCOC, and will be within close proximity to available community resources, transportation, and services which are necessary to meet the needs of the proposed residents. The home will be purchased and owned through an HDO, to be leased to the proposed service provider. The location of the facility will be determined in RCOC's sole discretion, and the development of the project is contingent upon RCOC identifying, and the HDO acquiring, an appropriate property.

The staffing pattern of the proposed facility must meet the requirements set forth in Title 17 CCR section 59062; in addition, one resident identified for this home will require a minimum staffing pattern of 3:1 at all times. It is anticipated that a negotiated rate of reimbursement will be required to meet the actual costs of the program; the rate of reimbursement will be negotiable between RCOC and the Applicant, and will be subject to the approval of the DDS pursuant to CCR Title 17 Section 59072. The rate to be agreed upon will support a staffing pattern determined by RCOC based upon the needs of the residents, additional consultant supports, administrative supports, behavioral supports, and training to insure the delivery of quality services for residents with challenging behavioral needs and other conditions.

INDIVIDUAL PROFILES/TARGETED POPULATION

Service referrals for the proposed facility will be for individuals who have been identified through RCOC's Community Placement Plan (CPP), who reside within a State Developmental Center, in a specialized program outside of the State of California, or who have been identified as requiring deflection from a State Developmental Center. Individuals who have been identified for placement through RCOC will be given priority. Residents may be between the ages of 18-59, male or female, ambulatory or non-ambulatory, and may have resided within an institutional setting for a number of years. Residents may present with unique challenges, including the need for specialized resources to address issues related to maladaptive sexual behaviors, intensive physical aggression, screaming, and elopement.

One specific individual who is currently residing at Fairview Developmental Center (FDC) is the primary resident for whom this home is being developed. The award of start-up funding is conditional upon the applicant's agreement to serve this individual. The individual will be the first person to transition to the home once development has been completed. This resident will require an all male staff with a 3:1 staffing ratio at all times due to his current behavioral needs, including physical aggression and incidents of severe biting which resulted in severe injuries and

attempting to bite staff. It is anticipated that the individual will be the only resident in the home for the time that he resides there. The following conditions must be included within the development of the home and be met PRIOR to the acceptance of the initial resident:

- Contracting of a psychiatrist who has extensive experience working with individuals with severe maladaptive behaviors and dual diagnosis.
- Behavioral support must include BCBA staff who have a minimum of five years direct care experience working with adults who exhibit severe maladaptive behaviors including but not limited to behaviors that are danger to self, danger to others and who have dual diagnosis.
- Direct care staff must have a minimum of five years direct care experience working with adults who exhibit severe maladaptive behaviors including but not limited to behaviors that are danger to self, danger to others and who have dual diagnosis.
- The Administrator and all staff employed within the facility must be certified in non-violent crisis intervention techniques, including Crisis Prevention Institute (CPI), Professional Assault Crisis Training (ProACT), or other approved method, PRIOR to the start date of employment within the residence.
- Psychologist must be made available on an as needed basis for psychological supports including events or symptoms of trauma and to support trauma informed care.

The successful service provider must demonstrate a commitment to maintain a long term and stable environment for residents, as well as a commitment to maintaining ongoing communication with family members and others in support of the residents who will be transitioning to the community. This will include outside agencies such as RCOC, FDC staff, South Coast Regional Project (SCRIP), healthcare professionals, behavioral care professionals, etc.

The Administrator identified for the program must have two (2) years of experience within the above noted service levels and must meet one of the following criteria as a:

- (A) Registered Behavior Technician,
- (B) Licensed Psychiatric Technician, or
- (C) Qualified Behavior Modification Professional.

Additionally, the Administrator may not serve at more than two (2) total residential facilities, must be present within the facility for a minimum of 20 hours per week, possess effective communication skills, and be available to attend pre-placement meetings at various locations.

Residents referred for placement at the facility may have a combination of severe behavioral and/or medical needs. Residents may require a Restricted Health Care Plan (RHC) based upon a medical need as designated within Title 22 regulations or as identified through RCOC as requiring a health care plan. This RHC must be approved prior to the admission of the resident. Other resident characteristics may include but are not limited to the following:

- Biting
- Self-abuse
- Elopement
- PICA
- Physical and Verbal Aggression

- Fire Setting
- Head Banging
- Property Destruction
- Inappropriate Sexual Behaviors
- Smearing
- Stealing
- Impulse Control Disorders
- Nutritional/Dietary Restrictions
- Visual or Hearing Deficits
- Medical needs requiring routine Nursing care
- Insulin Dependent Diabetes
- Injections
- Acute or Active Mental Health needs, including suicidal ideation, schizophrenia, or Bi-polar disorders
- May have a Traumatic Brain Injury (TBI)
- May require total physical assistance with all daily living needs
- Bowel and Bladder Incontinence
- May be unable to participate in a structured program outside of the residential setting

ELIGIBLE APPLICANTS

Refer to CCR, Title 17 Section 54314 for individuals who are not eligible for regional center vendorization.

All applicants must meet the following criteria:

- Currently vendored with a California regional center for the provision of a residential care facility;
- Minimum of two (2) consecutive years of experience providing services at a Level 4-I CCF or Specialized Residential Facility;
- Experience serving individuals with severe behavioral challenges, severe self-care deficits, and medical conditions; and
- Willing to serve as representative payee for all residents.

Applicants failing to meet the above criteria will not be considered.

RATE OF REIMBURSEMENT

To maintain the required minimum staffing ratios, consultant supports, medical care, and safety of the residents, the facility will be awarded a negotiated rate based upon the requirements set forth in (CCR) Title 17 Section 59072. The rate to be negotiated will be based upon the staffing requirements of the resident(s) to be served in the home, cost of the HDO lease, , and other costs associated with the operation of the home. This rate will be subject to the approval of the DDS prior to vendorization.

A start-up funding award will be available in order to support the program during the initial time frame required to obtain licensure, and may include but not be limited to completing any modifications to the home environment for residents, furnish the home, hire and retain staffing, complete staff training requirements prior to resident occupancy, and purchase any necessary equipment for the home. The amount of the start-up award will be negotiated, but will not exceed Two Hundred Fifty Thousand Dollars (\$250,000). The successful applicant will be required to enter into a contractual agreement with RCOC. This contract will detail the conditions under which start-up funds may be utilized as well as a repayment penalty if the applicant fails to meet agreed upon timeframes for the completion of this project, including the ongoing delivery of services for a minimum period of five (5) years.

APPLICATION AND CONTENT REQUIREMENTS

Each proposal must contain the information and documents identified below, in order. Proposals must not exceed twenty (20) pages in length, excluding the Face Sheet and Attachments 1 through 5. **Proposals exceeding the 20 page limit will not be reviewed past the 20th page.**

1. Face Sheet (Must serve as the Face Sheet of Proposal):

Complete the Face Sheet form provided with this RFP including name, address, and telephone number of the applicant, vendor number(s), vendoring regional center(s), and facility license, name the author(s) of the proposal, list any parties who participated in writing all or part of the proposal. If the applicant is a corporation, list the principle members of the corporation and include verification of incorporation in California. Any proposal written by a consultant or grant writer must demonstrate a commitment by the writer to provide ongoing technical assistance during the implementation stage, which should be reflected in the budget. Complete the attached Internal Revenue Service Form W-9, Request for Taxpayer Identification Number and Certification.

2. Proposal Section 1

Agency/Individual Experience and Background Information must be presented in the following manner:

A. Qualifications of the agency.

- Provide a current resume detailing information about current experience in each of the following areas: residential services, collaborative efforts with partner agencies/services, and behavioral support services. Include the names and contact information for each of the facilities or programs identified.
- Summarize the education, experience, and knowledge of the Applicant and/or Administrator of the facility as it relates to managing residents with severe behavioral or medical needs in the community. Describe how this knowledge will apply to the residents' unique needs.

3. Proposal Section II

Brief program design presentation in the following manner:

- #### **A. Identification of the organizations' philosophy regarding services to persons with disabilities.**

- B. Identification of the organizations' treatment philosophy and behavior management approach involving the individuals to be served.
- C. Staff Development, in terms of:
 - 1. Orientation of new employees.
 - 2. On-going staff training, including routine consultant in-service training, implementing an Individual Program Plan (IPP), data collection, special incident reporting, etc.
 - 3. Plan for completion of the DSP I course *prior* to working within the Facility, and the completion of the DSP II course within the first 12 months of working in the facility.
 - 4. The anticipated staffing pattern for the facility's operation
- D. Description of facility's plan for individual Assessment, Entrance, and Exit Criteria.
- E. General description of the services to be provided to residents placed:
 - 1. Integration into the facility, neighborhood, and community.
 - 2. Access to and involvement in community resources and leisure time activities.
 - 3. Linkage to vocational skills training, day, and work programs.
 - 4. Access to and utilization of transportation resources.
 - 5. Access to emergency and on-going medical care.
 - 6. Identification of how the unique religious preference and cultural uniqueness of individuals with disabilities will be addressed.
 - 7. A statement on equality and diversity in accordance with Welfare and Institutions Code section 4648.11.
 - 7. Anticipated service outcomes for the facility and for each individual placed.
- F. Statements regarding start-up activities (anticipated timeline with dates)
 - 1. Steps to be taken to develop neighborhood and community acceptance.
 - 2. Steps to be taken to purchase equipment and required furnishings.
 - 3. Steps to be taken in terms of licensure of the facility (including any fire and safety requirements).
 - 4. Steps to establish a plan so that the facility will be open within 6 (six) months (licensed and vendored).

NOTE: The summary program plan may serve as the basis for the complete program design.
Please do not submit a completed program design.

4. Attachments

Attachment #1: Organizational Structure

An organizational chart for the project must be included (full names), and identification of the governing or advisory board, administrative and supervisory hierarchy and the anticipated staffing pattern, etc. Identification of the private or corporate ownership must be identified on an attached page. If the company is under corporate ownership, the owners and/or board of directors must also be identified by name, address, and telephone number.

Attachment #2: Start-up Budget

Applicants must identify the anticipated start-up budget on a monthly and annualized basis. The budget proposal will account for estimated costs associated to the development of the

program, and should include but not be limited to hiring of staff, including training and retention, furnishings, modifications, consultation on referrals, rent/utility costs, and costs associated to the licensure of the facility. Please note that Administrative Costs cannot exceed 15% of the negotiated rate for this home. A **sample** start up budget is attached.

Attachment #3: Financial Statement

Corporate or LLC Applicants must demonstrate fiscal responsibility by submitting a current financial statement that details all current and fixed assets, and current and long-term liabilities. Individual Applicants must submit the most recent two years of tax returns.

A Credit and Security Agreement (Line of Credit) is not required; but will be considered as part of the evaluation of the proposal if provided.

Attachment #4: Consultants & Qualifications

Applicant is expected to hire and retain various consultants based upon the individual needs of the residents. Such consultants, their name, address, and telephone number must be identified. The qualifications/credentials must be identified with each consultant's function(s), role, and/or purpose articulated in the brief program design. The proposal must include information regarding the instructional strategies that will be used to assist residents in developing and/or maintaining daily living skills, community skills, behavioral skills, and other skills identified in his/her IPP, as well as addressing/mitigating severe self-care deficits.

Attachment #5: References

The proposal must include a list of at least three (3) references with addresses, email and telephone numbers. Applicants should be aware that the selection committee will contact references. References should be able to discuss the applicant's strengths within the context of the proposed services. References should not include current or former employees of RCOC.

FORMATTING REQUIREMENTS

Proposals must meet the following formatting requirements:

- Standard size (8 ½ x 11) white paper
- Typed, using a standard font (12), single-spaced pages with one (1) inch margins
- Table of Contents indicating each of the Sections and Attachments to be evaluated
- Each page must be numbered in consecutive order for each Section and Attachments
- Clearly label each Section
- Clearly label each Attachment
- Do NOT place in ring binders or folders; but, rather use binder clips or compressor clips.

A complete RFP response must contain the following:

- ✓ Face Sheet
- ✓ Proposal
 - Section I
 - Section II
- ✓ Attachments:
 - #1 Organizational Structure
 - #2 Start-up Budget
 - #3 Financial Statement
 - #4 Consultants and Qualifications
 - #5 References

Applicants MUST submit an ORIGINAL proposal and six (6) copies to RCOC.

EVALUATION CRITERIA

Applicants will be evaluated based on the following criteria:

- Applicant demonstrates an understanding of the needs of individuals to be served and the issues involved in providing quality services.
- Applicant demonstrates an understanding of current “Best Practices” and has incorporated them into the brief program design.
- Proposal outcomes are realistically attainable and can be expected to produce desired outcomes and a higher quality of life for individuals receiving services.
- The applicant’s philosophy and values are consistent with RCOC’s mission, vision, and guiding principles.
- Applicant has the necessary training and experience to meet the needs of the proposed residents.
- Applicant demonstrates the financial resources necessary for completion of the project.

In addition to the proposal and interview, RCOC will consider prior dealings with the applicant. Corrective Action Plans, Plans of Correction, and Annual Reviews from RCOC, other regional centers, and licensing agencies for the past two (2) years may be reviewed and considered.

APPLICATION PROCESS

Step 1: An Information Conference will be held on Monday, January 7, 2019 at 2:00 p.m. All applicants are encouraged to attend.

Step 2: Interested applicants must register with RCOC no later than Friday, January 18, 2019.

Step 3: RFP applications must be submitted to RCOC no later than 4:00 p.m. on Friday, February 8, 2019.

Step 4: Applications will first be screened for eligibility based upon RFP requirements. It is anticipated that this process will take place within one (1) week following the application due date.

Step 5: Applications meeting the eligibility criteria will be evaluated by an RFP Review Committee. This step is anticipated to take two to three (2-3) weeks.

Step 6: Following evaluation of applications, all eligible applicants will be asked to attend an interview with the RFP Review Committee. The RFP Review Committee will have the opportunity to modify their scoring sheets following the interviews.

Step 7: Final scores will be tallied and presented to the RCOC Executive Director for approval within one (1) week of completion of interviews.

Step 8: The proposed start-up contract with the recommended applicant will be presented to RCOC's Board of Directors for approval at the next regularly scheduled Board meeting.

Step 9: The selected applicant will be required to submit a full program/service design and vendor application. RCOC will collaborate with the vendor to achieve an acceptable program to best meet the needs of the persons served.

Step 10: Following submittal of the vendor application, approval of program design and licensure, a vendor number will be assigned.

ADDITIONAL PROVISIONS:

- Applicants intending to submit a proposal **must register with RCOC no later than Friday, January 18, 2019**, by sending an email to slomeli@rcocdd.com which includes name, email address and telephone number. This will allow RCOC to provide any updated information to all applicants.
- Questions regarding this RFP may also be submitted via email to slomeli@rcocdd.com. Questions must be submitted no later than Friday, January 18, 2019. Answers to questions will be distributed to all registered applicants via email.
- An Information Conference will be held on Monday, January 7, 2019 at 2:00 p.m. at RCOC's main office at 1525 North Tustin Avenue, Santa Ana. All interested applicants are encouraged to attend.
- **RCOC reserves the right to reject any or all proposals and to cancel the RFP process at its discretion. If negotiations fail with the selected applicant, RCOC reserves the right to re-open negotiations with the next qualified applicant or to re-post the RFP.**

- **Completed proposals for this RFP must be submitted to RCOC no later than 4:00 p.m. on Friday, February 8, 2019. Proposals received after 4:00 p.m. on the due date will be returned unopened.** Proposals may be sent via U.S. mail to the following address:

Jack Stanton, Associate Director of Housing
Regional Center of Orange County
P.O. Box 22010
Santa Ana, CA 92702-2010

The proposal may also be **hand delivered** to the following address:

Jack Stanton, Associate Director of Housing
Regional Center of Orange County
1525 North Tustin Ave.
Santa Ana, CA 92705

FACE SHEET

(Must be used as the cover page for the proposal)

RFP#: <u>#EBSH1819</u>	RFP Due Date: <u>4:00 p.m., Friday, February 8, 2019</u>
Applicant (Agency) Name (If the applicant is a corporation, list the principle members of the corporation.)	
Contact Person:	
Contact Phone Number:	
Mailing Address:	
Site Address	
List name of consultant and/or individuals involved in writing the program design: Any proposal written by a consultant or grant writer must demonstrate a commitment by the writer to provide ongoing technical assistance during the implementation stage, which should be reflected in the budget.	
List any and all vendor number(s) and the vendoring regional center. Use additional sheets if needed.	
Vendor number: Regional Center	Vendor Number: Regional Center:
Vendor number: Regional Center	Vendor Number: Regional Center:

Please certify the statements below are correct by initialing next to each statement:

_____ Applicant has at least two (2) consecutive years of experience providing services at a Level 4-I CCF or Specialized Residential Facility.

_____ Applicant has experience serving individuals with severe behavioral challenges, severe self-care deficits, and medical conditions.

_____ Applicant is willing to serve as representative payee for all residents.

I certify that the information provided in this Face Sheet is true and correct.

Signature

Date

Name/Title

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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

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

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

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

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

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

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

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

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

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

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

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

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

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

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions.

You must sign the certification. You may cross out item 2 of the certification.

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

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.

You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

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

Secure Your Tax Records From Identity Theft

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

To reduce your risk:

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

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

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

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

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

Protect yourself from suspicious emails or phishing schemes.

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

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

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

SAMPLE START UP BUDGET FORM
Please include costs related to the development of the
program during the start-up phase only

<u>ITEM</u>		<u>PROJECTED COST</u>
Staff Salaries (specify details)		
Staff Benefits (specify details)		
Administrative Overhead		
Staff Recruitment Costs (advertising, fingerprinting)		
Program Consultants – list by type/service		
Residential Lease – property to be leased from 3 rd party Housing Development Organization (HDO)		
Household Supplies/Equipment <ul style="list-style-type: none"> • Major Appliances will be included in the home 		
Household Furnishings <ul style="list-style-type: none"> • Bedroom items, living room, linens, TV, etc. 		
Office Equipment/Supplies		
Program Supplies <ul style="list-style-type: none"> • May include recreational and/or adaptive equipment as needed 		
Insurance (vehicle, fire, household, etc.)		
Utility Costs		
Travel Expenses <ul style="list-style-type: none"> • Associated with residents, costs of visits for referral purposes, trainings, meetings, etc. 		
Vehicle Lease/Purchase <ul style="list-style-type: none"> • Include maintenance, payment, vehicle type, use 		
Licensing Fees – initial fees to be included as start-up cost		
Ongoing Training Expenses <ul style="list-style-type: none"> • Meetings, cross training of staff, Direct Service Professional Training 		
Other General Expenses (Specify)		
TOTAL:		

In addition to the projected cost for each item, be sure to include a detailed breakdown/description of how each line item was constructed. (If necessary, adjust outline to your program needs). Please attach additional sheets as necessary.