

HOW TO COMPLETE THE SUPPLEMENTAL CONTRACTING DOCUMENTS

Event Information:

| | |
|-------------------|--|
| Disaster Number: | |
| Event Name: | |
| Declaration Date: | |
| Contract #: | |
| FIPS #: | |

Step 1: Complete the following information to populate the forms.

1. Enter the date the forms will be submitted to EMD.

| | |
|-------------------------------|--|
| Date forms will be submitted: | |
|-------------------------------|--|

2. Enter jurisdiction/organization/subgrantee name and address.

| | | | | | |
|--------------------|--|--------|--|------|--|
| Applicant Name: | | | | | |
| Doing Business As: | | | | | |
| County: | | | | | |
| Street Address: | | | | | |
| Mailing Address: | | | | | |
| City: | | State: | | Zip: | |

3. Enter tax identification number (TIN or EIN), state revenue # (UBI) and DUNS #. The TIN and DUNS are required.

| | |
|----------------------------|--|
| Tax Identification Number: | |
| State Business # (UBI): | |
| DUNS #: | |

If you do not know your organization's DUNS #, please contact your comptroller, accountant, or finance department. They should be able to give it to you. Smaller jurisdictions (such as irrigation districts) may not already have one, but you can call Dun & Bradstreet at **1-866-705- 5711** and indicate that you are a Federal grant applicant. You can also call this number to see if you have a DUNS number. The number is assigned immediately. The following information is requested:

- Legal Name
- Headquarters name and address
- Doing business as (DBA) or other name by which organization is commonly known or recognized
- Physical Address, City, State and Zip Code
- Mailing Address(if separate from Headquarters and/or physical address)
- Telephone Number
- Contact Name and Title
- Number of Employees at physical location

Please note: The DUNS number has to match the name on the Federal grant application (Request for Public Assistance)

4. Do you have an account already established with the State of Washington?

Do you have an account already established with the State and have you received funds from the state within the past 2 years?

Yes and the account information is current – skip sections 5 and 6, continue to section 7.

Yes but I need to make changes to the account information – continue to section 5.

No – skip section 5, continue to section 6.

State Vendor #:

5. What information needs to be changed?

Name Address Contact Information Email Account Info Additional Info

6. Complete this section if you do not have an open account with the State of Washington or any changes need to be made. You may also need to complete this section if you have not received funds from the State for 2 years. If all information is current, skip this section.

| | | | |
|----------------------------------|-----------------|----------------|--|
| Contact Person: | | | |
| Phone: | | | |
| Fax: | | | |
| Email: | | | |
| Financial Institution: | | | |
| Phone: | | | |
| Routing Number: | | | |
| Account Number: | | | |
| Account Type: | <i>Checking</i> | <i>Savings</i> | |
| Authorized Representative: | | | |
| Authorized Representative Title: | | | |

7. Type of Applicant.

Enter the letter corresponding to the type of applicant:

A - State

B – County

C - City

D – School District

E – Special Purpose District (includes Diking Districts, Fire Districts, Water Districts, etc.)

F – Higher Educational Institution

G – Indian Tribe

H – Private NonProfit

I – Other (Specify)

If I: Other, specify type of organization (this is rare)

8. Enter congressional district numbers and legislative district numbers located within in your jurisdiction.

If you don't know them, check out <http://app.leg.wa.gov/districtfinder/>

| | |
|-----------------------------------|--|
| Congressional District Number(s): | |
| Legislative District Number(s): | |

9. Enter information regarding the primary contact. This is the person who will be our main day-to-day contact and will be signing most documents. This person must be named in the designation letter **or** resolution as the applicant agent. It is recommended that this person not be the authorizing authority such as the mayor or superintendent.

| | |
|--------|--|
| Name: | |
| Title: | |
| Phone: | |
| Fax: | |
| Email: | |

10. Enter information regarding the alternate agent. This person can also sign documents and must be named in the designation letter or resolution as the alternate.

| | |
|--------|--|
| Name: | |
| Title: | |
| Phone: | |
| Fax: | |
| Email: | |

11. If the highest elected official or head authorizing authority is to be the applicant agent or alternate, then a resolution format must be used to designate the applicant agent and alternate. This section can be skipped if the highest elected official or head authorizing authority is not to be the applicant agent or alternate. This section can also be skipped if the jurisdiction has its own resolution format. Examples of governing body are the County Board of Commissioners, City Council, and School Board.

| | | | |
|--|------|--------|-------|
| Date of resolution: | Day: | Month: | Year: |
| Governing Body: | | | |
| Individual certifying that the resolution is true and correct copy (usually clerk) | | | |
| Name: | | Title: | |
| Date certifying resolution: | | | |

12. Enter the name, title, and term of office for the highest elected official or highest authorizing authority. This needs to be the person signing the designation letter or the person(s) signing the resolution. At least one is required. This person cannot be the applicant agent or alternate in sections 9 and 10.

| | | | |
|-------|--|--------|--|
| Name: | | Title: | |
| Name: | | Title: | |
| Name: | | Title: | |
| Name: | | Title: | |
| Name: | | Title: | |
| Name: | | Title: | |

13. Enter the name and title of anyone authorized to sign contracts. Unless your jurisdiction has rules stipulating otherwise, the applicant agent and alternate should be listed again in this section.

| | | | |
|-------|--|--------|--|
| Name: | | Title: | |
| Name: | | Title: | |
| Name: | | Title: | |

14. Enter name, email, and phone of *Chief Financial Officer*.

| | |
|--------|--|
| Name: | |
| Email: | |
| Phone: | |

15. The authorized Chief Financial Officer completes and signs page 15: FFATA / Audit Certification Form.

- STEP 2:** The forms are now populated with the information entered in Step 1. Review the forms for accuracy. Complete the information on page 15.
- STEP 3:** Print page 6 if applicant agent or alternate is not highest authority.
- STEP 4:** Print page 7 if applicant agent or alternate is highest authority (or use your own resolution format).
- STEP 5:** Print pages 8 – 15 and **TWO copies of the contract/grant agreement**. The grant agreement will be a separate attachment.
- STEP 6:** Either highest official signs page 6: **Designation Letter** (if not applicant agent or alternate) or governing body passes and signs **Resolution**. If resolution format is used, clerk of governing body signs a copy of the **Resolution**.
- STEP 7:** Highest official and/or governing body signs in block 1 of page 9: **Signature Authorization Form**
- STEP 8:** Applicant agent signs block 2 of page 9: **Signature Authorization Form**, page 8: **Disaster Assistance Application**, page 10: **Debarment form**, page 11: **W-9**, and page 14: **FFATA Form**
- STEP 9:** Alternate applicant agent signs block 2 of page 9: **Signature Authorization form**, and page 8: **Disaster Assistance Application**
- STEP 10:** Someone who signed in block 2 of **Signature Authorization form** signs two copies of contract/grant agreement.
- STEP 11:** If account has not already been established with State and no changes need to be made, someone authorized to access account signs Pages 12 and 13: **Direct Deposit**
- STEP 12:** The authorized *Chief Financial Officer* completes and signs page 15: **FFATA / Audit Certification Form**.
- STEP 13:** After ***all signatures are obtained on all forms***, mail the following to:

Mr. Gerard Urbas
Washington Military Department
Emergency Management Division
Public Assistance Program
MS: TA-20, Building 20-B
Camp Murray, WA 98430-5122

2 originals of contract/grant agreement
1 original of designation letter or 1 certified copy of resolution
1 original signature authorization form
1 original disaster assistance application
1 original debarment form
1 W-9
1 direct deposit form
1 FFATA / Audit Certification form

Keep pages 1 through 5 and copies of pages 6 (or 7) and 8 through 15 for your file.

- STEP 14:** After the contract/grant agreement is executed by WA Military Department, one original contract agreement and a copy of the disaster assistance application will be mailed to the applicant agent. These should be kept for your file.

If you have questions, please contact your Program Delivery Manager or Program Assistant.

Mr. Gerard Urbas
Washington Military Department
Public Assistance Program
MS: TA-20 Building 20-B
Camp Murray, WA 98430-5122

Re: Designated Applicant Agent

Dear Mr. Urbas:

The purpose of this letter is to designate the Applicant Agent and Alternate authorized representatives for

Disaster:
Applicant:
Applicant Agent:
Alternate Applicant:

The purpose of this designation as the authorized representatives is to obtain federal and/or State Emergency or Major Disaster Assistance funds.

These representatives are authorized to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Sincerely,

**Designation of Applicant's Agent
Resolution**

Be it resolved by _____ of _____
(Governing Body) (Public Agency)

_____, _____ is hereby designated the authorized
(Name of New Agent) (Title)

representative and _____, _____ is designated
(Name of Alternate) (Title)

the alternate for and in behalf of _____, a public
(Public Agency Name)

agency established under the laws of the state of Washington.

The purpose of this designation as the authorized representative is to obtain federal and/or state emergency or disaster assistance funds. These representatives are authorized on behalf of the _____ to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Passed and approved this _____ day of _____, 20_____.

_____, _____, _____, _____
(Signature) (Title) (Signature) (Title)

_____, _____, _____, _____
(Signature) (Title) (Signature) (Title)

_____, _____, _____, _____
(Signature) (Title) (Signature) (Title)

Certification

I, _____, duly appointed and _____ of _____,
(Name) (Title) (Public Agency)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by
the _____ of _____ on the _____ day of _____, 20_____.
(Governing Body) (Public Agency)

Date: _____

(Official Position)

(Signature)

DISASTER ASSISTANCE APPLICATION**DEM - 131**

Application Identifier: State Number: _____
Federal Disaster Number: _____

Federal Catalog Number: 97.036**Title: Public Assistance Grants****Declaration Date:** _____**Applicant's FEMA Project Application Number:** _____**Legal Applicant Recipient:**

Applicant's Name: _____

Street Address: _____

Mailing Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

Applicant Agent:

Name: _____

Title: _____

Signature: _____

Contact Information:

Phone: _____

Fax: _____

E-mail: _____

Date: _____

Alternate Applicant Agent:

Name: _____

Title: _____

Signature: _____

Phone: _____

Fax: _____

E-mail: _____

Date: _____

Type of Applicant:

A - State

B - County

C - City

D - School District

E - Special Purpose District

F - Higher Educational Institution

G - Indian Tribe

H - Private NonProfit

I - Other (Specify) _____

Enter Appropriate Letter _____

Congressional District Number: _____**State Legislative District Number:** _____**Governor's Authorized Representative:**

Signature _____

Date: _____

NOTE: Shaded blocks for WA EMD use.

SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT
Camp Murray, Washington 98430-5122

Please read instructions on reverse side before completing this form.

| | |
|---|-----------------|
| NAME OF ORGANIZATION | DATE SUBMITTED |
| PROJECT DESCRIPTION Public Assistance Program, Disaster -DR-WA | CONTRACT NUMBER |

1. AUTHORIZING AUTHORITY

| SIGNATURE | PRINT OR TYPE NAME | TITLE/TERM OF OFFICE |
|-----------|--------------------|----------------------|
| | | |
| | | |
| | | |

2. OTHER INDIVIDUALS AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS

| SIGNATURE | PRINT OR TYPE NAME | TITLE |
|-----------|--------------------|-------|
| | | |
| | | |
| | | |

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific instructions on page 3.

| | |
|--|--|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| 2 Business name/disregarded entity name, if different from above | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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 checked="" 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) <u>3</u> 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 | | | | | | | | | |
| | | | | - | | | | | |
| OR | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

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 ►

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.

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

| | | | |
|---|---|--------------------------------------|--|
| NAME | | Doing business as (DBA) | |
| ADDRESS | Applicable Procurement or Solicitation #, if any: | WA Uniform Business Identifier (UBI) | Federal Employer Tax Identification #: |
| This certification is submitted as part of a request to contract. | | | |

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____

Date: _____

Print Name and Title: _____



Statewide Payee Registration Washington State

PLEASE READ BEFORE PROCEEDING

- The legal name on both forms must match each other and the legal name on file with the IRS.
- Please use **dark blue or black ink** when signing, or if filling out the forms by hand.
- Please fill out this form (**both pages**) in its entirety, even if some information has not changed.
- A 9-digit US taxpayer identification number (either SSN or EIN) is required on **both** forms.

If you know your **Statewide Vendor Number**, enter it here: _____

STEP 1: Enter information about the payee and contact person

| | |
|---|--|
| Legal Name of Payee as it appears on federal tax forms (see W-9) | SSN OR EIN |
| Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name | Contact Person |
| Mailing Address | () - Ext. |
| City, State and Zip Code | Contact Telephone Number |
| Email to receive Statewide Vendor Number and payment notifications | () - |
| Type of Business (If Non Profit or Tax Exempt, please submit your determination letter) | Contact Fax Number |
| | STATE USE ONLY Agy#/Owner-Int./System/Identifier |

STEP 2: Select Payment Option:

- ☐ Direct Deposit to bank (recommended) or ☐ Check in US mail (terminates any previous banking information on file)

STEP 2a: For Direct Deposit, complete all fields below and sign

In addition to providing your banking information on this form, you may also attach a voided check.

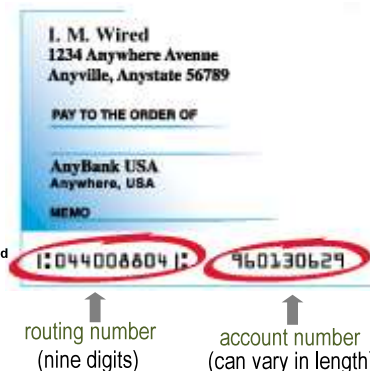
| | | |
|---|---------------------------------------|--|
| Financial Institution Name – must be a US institution | () - | Financial Institution Phone Number |
| Routing Number – see example at right | Account Number – see example at right | This account is: |
| | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | | Will default to Checking if no option is checked |

Account Type: ☐ PPD (Personal) ☐ CCD (Corporate/Business)

Will default to CCD if no option is checked

Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.



Authorized Representative (Please Print)
(Not to be signed by your financial institution)

Title

SIGNATURE of Authorized Representative
(No stamped or electronic signatures please)

Date

Forms will not be accepted if they have whiteout,
have been crossed off or have been written over.

Revised 11/15/18
Page 2 of 2

STEP 3: Complete and sign the Request for Taxpayer Identification Number (W-9)

| | | |
|--|---|--|
| Substitute Form W-9 | Request for Taxpayer Identification Number and Certification | |
| 1. Legal Name (as shown on your income tax return) | | |
| 2. Business Name , if different from Legal Name above – e.g. Doing Business As (DBA) Name | | |
| 3. Check ONLY ONE box below (see W-9 instructions for additional information) | | |
| <input type="checkbox"/> Individual/Sole Proprietor <small>(Including LLC-Sole Proprietor)</small> | <input type="checkbox"/> Corporation <small>(Including LLC-Corporation, S-Corp and LLC S-Corp)</small> | <input type="checkbox"/> Non Profit Organization |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Partnership <small>(Including LLC-Partnership)</small> | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Local Government |
| | | <input type="checkbox"/> State Government |
| | | <input type="checkbox"/> Federal Government <small>(Including Tribal)</small> |
| 4. For Corporation or Partnership ONLY , check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal | | |
| 5. Legal Address (number, street, and apt. or suite no.) | For office use The Legal Name, Address and TIN must be filled in completely and the document signed for the forms to be accepted. | |
| 6. City, State, and ZIP code | | |
| 7. Taxpayer Identification Number (TIN) | | Social Security Number |
| Enter your EIN OR SSN in the appropriate box to the right (do NOT enter both) | | |
| For individuals, this is your social security number (SSN). | | OR |
| For other entities, it is your employer identification number (EIN). | | |
| <i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS to avoid backup withholding. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions.</i> | | Employer Identification Number |
| <i>NOTE: If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i> | | |
| 8. Certification | | |
| Under penalty of perjury, I certify that: | | |
| <ul style="list-style-type: none">• The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and• I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and• I am a U.S. person (including a U.S. resident alien). | | |
| SIGNATURE of U.S. PERSON | | Date |

No Stamped or Electronic Signatures will be accepted

STEP 4: Submit

Please allow up to 7 business days for processing of this paperwork from the day we receive it.

If adding or changing direct deposit information, up to 10 additional business days may be needed for your financial institution to verify your information.

For fastest service, PRINT, SIGN, FAX to: 360-664-3363

or mail to: Statewide Payee Registration, PO Box 41450, Olympia WA 98504-1450

If you have questions regarding these forms, please contact the agency you are working with.



WASHINGTON MILITARY DEPARTMENT

Audit Certification and FFATA Reporting Form

CONTACT INFORMATION

Subrecipient Name (Agency, Local Government, or Organization):

Subrecipient Data Universal Numbering System (DUNS) / Unique Entity Identifier (UEI) Number:

Authorized Financial Representative (Name and Title):

Address:

Email:

Phone Number:

Directions: As required by 2 CFR Part 200 Subpart F, non-federal entities that expend \$750,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year. If your entity ***is not*** subject to these requirements, you must complete Section A of this Form. If your entity ***is*** subject to these requirements, you must complete Section B of this form. All subrecipients must complete the Federal Funding Accountability and Transparency Act (FFATA) related questions in Section C of this Form. Failure to return this completed Form to contracts.office@mil.wa.gov may result in delay of grant agreement processing, withholding of federal awards or disallowance of costs, and suspension or termination of federal awards.

SECTION A: Entities NOT subject to the audit requirements of 2 CFR Part 200 Subpart F (check all that apply)

☐ We did not expend \$750,000 or more of total federal awards during the preceding fiscal year.

☐ We are a for-profit organization.

☐ We are exempt for other reasons (describe):

However, by signing below, I agree that we are still subject to the audit requirements, laws, and regulations governing the program(s) in which we participate; that we are required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees; and that WMD may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds.

SECTION B: Entities that ARE subject to the audit requirements of 2 CFR Part 200 Subpart F (Complete the information below and check the appropriate box)

☐ We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] for fiscal year [enter date]. There were no findings related to federal awards or internal controls.

☐ We completed our last 2 CFR Part 200 Subpart F Audit on [] for fiscal year [] and there were findings related to federal awards and/or internal controls.

☐ Our completed 2 CFR Part 200 Subpart F Audit will be available on [enter date] for fiscal year [enter date].

Provide a complete copy of the audit report electronically to contracts.office@mil.wa.gov or provide the state audit number 1027527.

SECTION C: Federal Funding Accountability and Transparency Act (check the corresponding answer)

In your preceding fiscal year, did your organization receive 80% or more of its gross revenues from federal funding? ☐ Yes ☐ No

In your preceding fiscal year, did your organization receive \$25,000,000 or more in federal funding?
☐ Yes ☐ No

If you answered *yes* to the previous questions, WMD Contracts staff will request additional information to comply with FFATA reporting.

I hereby certify that I am an individual authorized by the above identified entity (subrecipient) to complete this form. Further, I certify that the above information is true and correct, and all material findings contained in the audit report/statement have been disclosed. Additionally, I understand this form is to be submitted every fiscal year for which this entity is a subrecipient of federal award funds from the Department until the grant agreement is closed.

Signature of Authorized Financial Representative:

Date: 11/16/2020

Tracey Kellogg, CPA