



Huron Valley – Request for Proposal Response

February 23, 2022

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BRIARWOOD HOME HEALTHCARE DBA INTERIM OF OAKLAND COUNTY

Response to RFP from Huron Valley School District for School Nurse Services

RFP# HV-94886-121321

EXECUTIVE SUMMARY

Our agency is owned by Theresa M. Pritchard, RN BSN. Ms. Pritchard has been a Registered Nurse since April 1979. Her experience includes hospital nursing, healthcare administration and healthcare sales, community nursing for home care and hospice, as well as the development and administration of our school nurse program. Ms. Pritchard received a Bachelor's of Healthcare Administration from Madonna University in 1984.

In 2019, Ms. Pritchard was awarded a Bachelor's of Nursing from Eastern Michigan University. Ms. Pritchard is a member of the National Association of School Nursing (NASN) and the Michigan Association of School Nursing (MASN).

Interim of Oakland County (IOC), since April 1, 2004 has been providing homecare, staffing, and private duty care to the greater Detroit and Oakland counties. Recently, in 2018 the agency added hospice to our range of nursing services.

The school nurse program is operated from our staffing division and has grown from one contract, Waterford School District to six (6) districts over the past 15 years. Our nursing services supports three (3) models; Consultative RN with assignment of staff as ordered, District RN serving as the "school nurse" for 1200 students, and the third model is Transportation support.

Theresa serves as the Project Manager for all of the contracted districts with the exception of Bradford Academy. At Bradford, we have our first district level Nurse, BSN. Our agency is centrally located in the greater Detroit area, service Wayne, Oakland and can potentially fill orders for districts Livingston County with the staff currently on roster.

We have been providing school nurse services to Huron Valley School District for more than five (5) years. Recently, Ms. Pritchard has assumed an additional contract with Huron Valley Schools through the Adult Education Department. Four years ago, the Director of Adult Education, Mr. Ben Dowker began developing a new educational opportunity for post-high and GED students in the community; Certified Nurse Aide (CNA) program. Ms. Pritchard is the instructor for the CNA program.



ATTACHMENT A – Pricing

Hourly Rates for Nursing Services with Description

	Initial Period			Renewal Period	
Cost Per Hour / Nursing Support	07/01/2022 to 06/30/2023	7/01/2023 to 06/30/2024	07/01/2024 to 06/30/2025	07/01/2025 to 06/30/2026	07/01/2026 to 06/30/2027
RN – Program Manager / Existing Model*	\$68.00/hour w/2 hr. minimum	\$68.00/hour w/2 hr. minimum	\$72.00/hour w/2 hr. minimum	\$72.00/hour w/2 hr. minimum	\$72.00/hour w/2 hr. minimum
RN – District School Nurse / New Model - (21 st Century Framework)	\$63.00/hour PROMOTIONAL FOR 1ST YEAR	\$68.00/hour	\$70.00/hour	\$70.00/hour	\$70.00/hour
RN Assigned to Student/Classroom	\$60.00/hour	\$60.00/hour	\$61.00/hour	\$62.00/hour	\$63.00/hour
LVN/LPN Assigned to Student/Classroom	\$53.00/hour PROMOTIONAL FOR 1ST YEAR	\$55.00/hour	\$57.00/hour	\$57.00/hour	\$57.00/hour
Health Aide	\$29.00/hour PROMOTIONAL FOR 1ST YEAR	\$30.00/hour	\$32.00/hour	\$32.00/hour	\$32.00/hour

Definition of Professional Nursing Support level of care:

RN Program Manager (as directed by the Director of Support Services) – This position is engaged for Huron Valley Administration to support the district needs for the following:

1. Assures the lowest appropriate level of nursing support required to meet the safety and medical needs of the student and/or classroom **No Rate Charged**
2. Meets annually, semi-annually, and as needed to support district needs and makes changes to staff as requested/required by district. **No Rate Charged**
3. Performs daily, quarterly, and annual evaluation of contracted employees to assure coverage to meet student needs. **No Rate Charged**
4. Assures nursing staff has the required medical information to adequately provide services with requirements for reporting and documenting according to Interim of Oakland County School Nurse Program requirements. **No Rate Charged**
5. Collaborate with district personnel as requested/required. **No Rate Charged**
6. Report absences to Huron Valley as required. **No Rate Charged**
7. Health Aides are certified by Interim of Oakland County in the School Nurse Program at the equivalency of CMS (Medicare/Medicaid). **No Rate Charged**
8. Supports the Plan of Care program through evaluation, teach and train programs, individual student Plan of Care production, meeting with staff and families, and development of reports for ease of administration of the medical interventions required of school staff on a “day to day” basis. – **Consultative rate charged at 2-hour minimum**



***A District School Nurse (DSN)** supports students who have any number of health concerns including chronic health conditions, concussions, injuries, diabetes, lift-threatening allergies, asthma & oral health issues. A DSN implements and trains staff in health and safety guidelines, develops an Emergency Medical Response Team, Manages the safe administration of medication and health treatment, plans and implements medical care plans, coordinates care to remove health barriers to learning & school attendance, is a front-line healthcare provider in schools, and supports the administrative and educational teams responsible for the care and safety of students.

Expectation for cost of District School Nurse (DSN) assignment - This position requires a Registered Nurse, Bachelor's of Nursing preferred. The DSN is contracted through the staffing agency to be assigned to a suitable location in the district and is provided introduction by administration and access to all building administrators. This is considered a FT equivalent of 7.5 hours per day minimum when district is "in session". Additional time required for the DSN by the district will be reimbursed through HVS purchase order. It is important to remember, in this model, the **DSN does not replace the need for a 1:1 or categorical placement of a nurse and/or health aide for individual schools**. This district nurse is in addition to the need for 1:1 coverage, unless a health aide can safely perform the nursing interventions required for students needing 1:1 support.

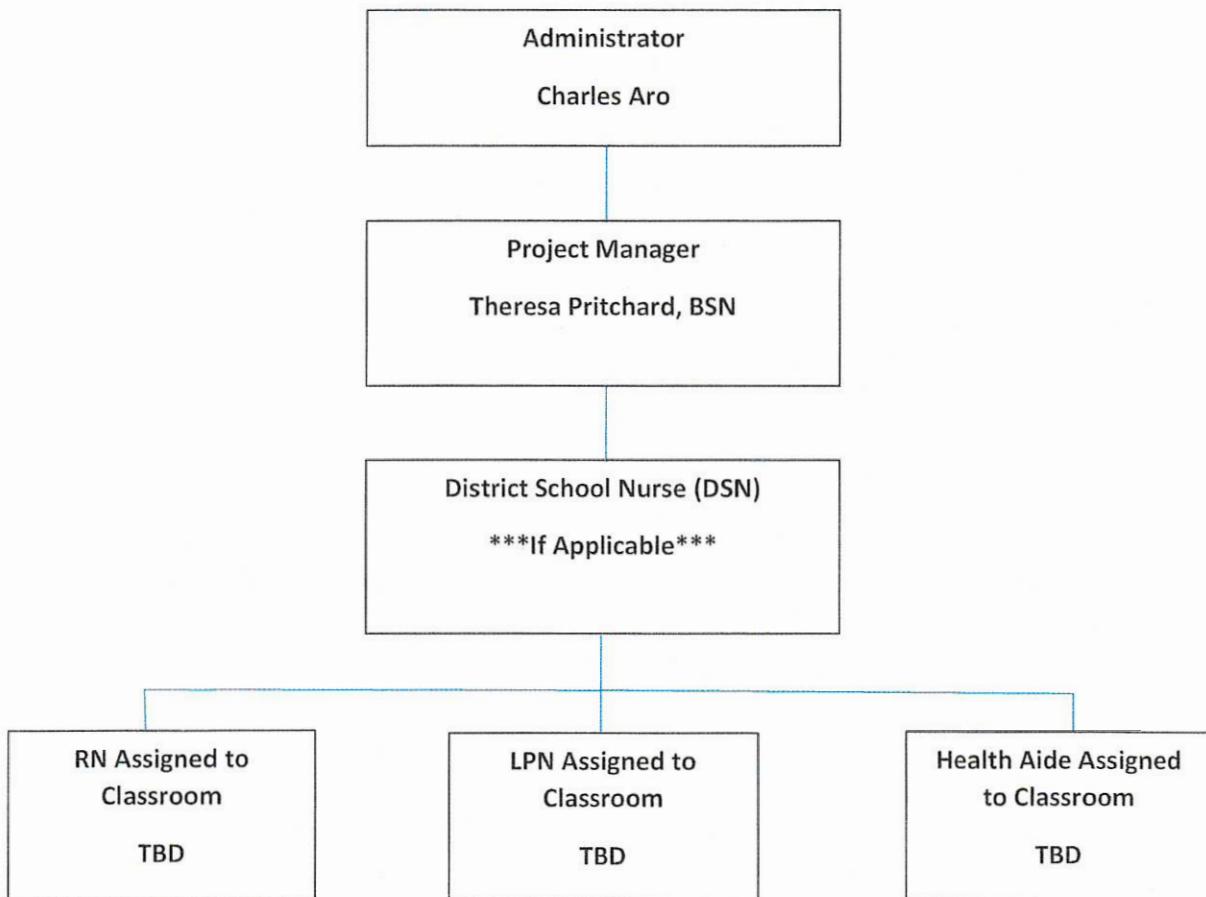
RN Assigned to Student/Classroom supports the "day-to-day" needs of the classroom and/or assigned student as directed by classroom teacher. The primary responsibility for the RN assigned to the student / classroom is to perform the nursing services identified by IEP or program based on the **acuity** of the student(s) as determined by the medical team and other professionals supporting teaching. Acuity of the student needs is often determined by airway management as well as over-all medical acuity, frequency of interventions and the number of students requiring nursing interventions daily while attending school.

LVN/LPN supports the "day-to-day" needs of the classroom and/or assigned student as directed by classroom teacher. The primary responsibility for the LVN/LPN assigned to the student / classroom is to perform the nursing services identified by IEP or program based on the **acuity** of the student(s) as determined by the medical team and other professionals supporting teaching. Fewer students with less fragile medical conditions assessed at a lesser acuity and infrequent nursing interventions allow nursing services to be provided by LVN/LPN.

Health Aide supports student and staff to meet specific student needs. Interim of Oakland County is a CMS (Medicare/Medicaid) certified provider. We follow the personnel requirements to be able to accept federal and state reimbursement for the delivery of care. Our health aides are trained at the level of care required of our federal and state payors. We have an extensive training and skills demonstration program for health aides to meet before placement in home care, hospice, and staffing. Health aides can provide tube feedings and are able to meet the requirements of the Plan of Care interventions; Asthma, Allergy (Epi Pen), Diabetes, Seizures and Medication Administration.



School Staffing Organizational Chart – Attachment B





ATTACHMENT C – Delivery and Acceptance

Time frame for delivery of service:	Availability of staff to support the service is between 48 hours up to 4 weeks. Consideration is if the candidate chosen requires: <ul style="list-style-type: none">• Notice to current employer• Specific training to meet the purchase order• Appropriate completion of background and/or fingerprinting results• Securing the appropriate level of nursing support as determined by market availability• Re-assignment from other contracts may be possible for immediate placement, providing the re-assigned nursing team member can be replaced or “fill-in” support can be provided.
Description and costs associated with the service models we are recommending	<ul style="list-style-type: none">• Statutory costs; taxes, payroll management, health/dental benefits, employee costs for hiring and management• Marketplace pay rate levels by discipline; RN, LVN, Health Aide• Management costs and Supervisory intervention• Margin
Our ordering procedure and/or process	<ul style="list-style-type: none">• The Program Manager is notified by the district to request nursing. The type of nursing support is dictated by the district (Special Education and/or Administration).• Program Manager discusses the availability of the type of nursing service required and begins interviewing and/or solicitation for the appropriate level of provider. Interim of Oakland County also has availability to re-assign our staff from other assignments due to meet the immediate needs of the district.• The district may choose to interview candidates for the order and Interim of Oakland County will provide more than one candidate for consideration.• Once the candidate has been identified, the process can take from 48 hours to 4 weeks for placement, orientation and training to be completed.
Policies and procedures for an organization accepting a delivery of service	Briarwood Home Healthcare dba Interim of Oakland County – Policy, Care Delivery: <ol style="list-style-type: none">1) Policy Statement<ol style="list-style-type: none">i) IOC plans, delivers and evaluates care/services provided to clients with accepted standards of practice in accordance with applicable law and regulationii) IOC manages the delivery of clients in accordance with clinical practice and accepted professional standards of practiceiii) IOC has current reference materials on hand to support the care/services provided.2) Procedure<ol style="list-style-type: none">i) The Program Manager (PM) ensures the “day to day” support of the delivery of services

	<ul style="list-style-type: none">ii) The PM ensures that employees have access to current references appropriate to the scope of services providediii) The PM ensures that employees providing services have been advised of the performance expectations regarding the delivery and documentation of the service being provided <p>3) Administrative Responsibilities – The PM implements the written Plan of Care according to acceptable standards and facilitates appropriate communication between team members.</p> <p>4) Caregiver Training – The PM identifies characteristics of medical interventions necessary to support the student/classroom assignment with information related to student acuity, diet, activity levels, medications, safety, the administration of medication, and the implementation of a Medical Emergency Plan.</p>
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ATTACHMENT D – Management and Staff

<p>Project Manager of the Contract- We identify this individual as the Administrator</p>	<ul style="list-style-type: none"> The key individual with responsibility for the contract is our Administrator, Charles Aro. As administrator he is responsible for the over-all management and operations of our agency. Responsibilities include oversee staff and departments, the agency results for optimal customer, client, and contractor services while adhering to guidelines required by federal and state mandates. The administrator is also responsible for budgeting, resource planning, logistics, payroll management, contract adjudication, accounts receivable and payments.
<p>Staff and responsibilities</p>	<ul style="list-style-type: none"> Project Manager for this contract has been established as the RN Manager, Consultant, and Supervising entity for the School Nurse Program. The Program Manager is responsible for the following: <ul style="list-style-type: none"> 1. The lowest appropriate level of nursing support required to meet the safety and medical needs of the student and/or classroom 2. Meets annually, semi-annually, and as needed to support district needs and makes changes to staff as requested/required by district. 3. Performs daily, quarterly, and annual evaluation of contracted employees to assure coverage to meet student needs 4. Assures nursing staff has the required medical information to adequately provide services with requirements for reporting and documenting according to Interim of Oakland County School Nurse Program requirements. 5. Collaborate with district personnel as requested/required. 6. Report absences to Huron Valley as required. 7. Health Aides are certified by Interim of Oakland County in the School Nurse Program at the equivalency of CMS (Medicare/Medicaid). 8. Supports the Plan of Care program through evaluation, teach and train programs, meeting with staff and families, and development of reports for ease of administration of the medical interventions required of school staff on a “day to day” basis.
	<ul style="list-style-type: none"> RN Assigned to Student/Classroom supports the “day-to-day” needs of the classroom and/or assigned student as directed by classroom teacher. The primary responsibility for the RN assigned to the student / classroom is to perform the nursing services identified by IEP or program based on the acuity of the student(s) as determined by the medical team and other professionals supporting teaching. Acuity of the student needs is often

	<p>determined by airway management as well as over-all medical acuity, frequency of interventions and the number of students requiring nursing interventions daily while attending school.</p> <ul style="list-style-type: none"> • LVN/LPN supports the “day-to-day” needs of the classroom and/or assigned student as directed by classroom teacher. The primary responsibility for the LVN/LPN assigned to the student / classroom is to perform the nursing services identified by IEP or program based on the acuity of the student(s) as determined by the medical team and other professionals supporting teaching. Fewer students with less fragile medical conditions assessed at a lesser acuity and infrequent nursing interventions allow nursing services to be provided by LVN/LPN. • Health Aide supports student and staff to meet specific student needs. Interim of Oakland County is a CMS (Medicare/Medicaid) certified provider. We follow the personnel requirements to be able to accept federal and state reimbursement for the delivery of care. Our health aides are trained at the level of care required of our federal and state payors. We have an extensive training and skills demonstration program for health aides to meet before placement in home care, hospice, and staffing. Health aides can provide tube feedings and are able to meet the requirements of the Plan of Care interventions; Asthma, Allergy (Epi Pen), Diabetes, Seizures and Medication Administration.
<p>NEW PROGRAM OPPORTUNITY FOR DISTRICT</p>	<p>*A District School Nurse (DSN) supports students who have any number of health concerns including chronic health conditions, concussions, injuries, diabetes, lift-threatening allergies, asthma & oral health issues. A DSN implements and trains staff in health and safety guidelines, develops an Emergency Medical Response Team, Manages the safe administration of medication and health treatment, plans and implements medical care plans, coordinates care to remove health barriers to learning & school attendance, is a front-line healthcare provider in schools, and supports the administrative and educational teams responsible for the care and safety of students.</p> <p>Expectation for cost of District School Nurse (DSN) assignment - This position requires a Registered Nurse, Bachelor's of Nursing preferred. The DSN is contracted through the staffing agency to be assigned to a suitable location in the district and is provided introduction by administration and access to all building administrators. This is considered a FT equivalent of 7.5 hours per day minimum when district is “in session”. Additional time required for the DSN by the district will be reimbursed through HVS purchase order. It is important to remember, in this model, the DSN does not replace the need for a 1:1 or categorical placement of a nurse and/or health aide for individual schools. This district nurse is in addition to the need for 1:1 coverage, unless a health</p>



	aide can safely perform the nursing interventions required for students needing 1:1 support.
Process and procedures to keep safe and secure facilities when delivering services;	Attachment F – Employee Integrity and Compliance Training Verification , taken from Briarwood Home Healthcare dba Interim of Oakland County Employee Handbook. Provided at hire and updated annually.
Describe Interim of Oakland County background check / fingerprinting for nursing services personnel	Interim Healthcare of Oakland conducts a Federal, State and County criminal record search of all Nursing services personnel. Additionally, we conduct a Social Security trace report as well as verifying their professional licensing through LARA to ensure that their licenses are clear of suspensions, fees or fines.

South Lyon Community Schools

Special Education Department • 62500-B West Nine Mile Rd. • South Lyon, MI 48178 • (248) 573-8220 • Fax (248) 437-8438
Susan Toth, Director of Special Education

February 17, 2022

To Whom It May Concern,

It is my pleasure to highly recommend Interim Health Care as a provider of high quality health care services. As Director of Special Education, I have worked closely with Interim for over ten years in South Lyon Community Schools. My role is to provide the most comprehensive and reliable services to individuals with special needs and Interim helps me to accomplish this goal.

Interim staffs our program nurses who serve in our complex classrooms. The nurses assigned to these positions are experts in their fields and provide excellent service. They are personable with students, families and staff members. Each professional is reliable which allows our district to properly care for students with special needs.

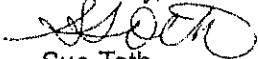
Each year, Interim trains our staff members in first aid and emergency health responses. The comprehensive training provides up to date information presented in an engaging manner. We rely on Interim to help our staff protect and serve individuals during crisis situations.

South Lyon Community Schools has over eight thousand students, many of whom have critical health conditions. When needed, Interim has trained individual teams to respond to emergencies related to diabetes, seizures, and severe allergies. With the support of Interim, families feel confident in our skills during emergency situations.

Our district has partnered with Interim to staff medical aides within buildings. These support persons assist with medical tasks. They have provided consistent and reliable services.

Interim Health is an organization that our district relies upon. Their quality and dependability are unmatched.

Sincerely,



Sue Toth

Director of Special Education
South Lyon Community Schools



Employee Integrity and Compliance Training
Verification – Attachment F

Date of Training _____ Instructor's Name _____

I, _____ (print employee name) have received training in the Interim Health Care Integrity and Compliance Program, and I have received a copy of the Interim Healthcare Integrity and Compliance Employee Handbook.

I understand that it is my responsibility to:

- Report any wrongdoing and voice a concern about any action or direction that I question the ethics or believe that there is a possible violation of law or regulation;
- Bring any integrity or compliance issue to my supervisor or administrator, or to report my concerns to the Compliance Officer at 248-553-3333 and I may ask to remain anonymous if I wish;
- Know the law, regulation or contract requirements that apply to my job and to follow these, as well Interim HealthCare policy and procedures;
- Create and present only accurate time slips, medical records and other documentation;
- Report any known or suspected conflict-of—interest;
- Act ethically in my daily business practice or delivery of care;
- and ➤ Cooperate in any legitimate government review or investigation.

In addition, I understand that:

- Interim HealthCare does not tolerate retaliation for reporting or questioning;
- I cannot accept any gift of value greater than \$50.00 in any one year from a patient, family or vendor without my administrator's permission; and
- I may not offer anything of value to a referral source in order to induce referrals to Interim HealthCare.

I have been given the opportunity for questions and answers, and understand my responsibilities to remain in compliance with law, regulation or contract provisions. I also understand the failure to do this may result in disciplinary action or termination.

My signature certifies that I agree to comply with Interim Healthcare Standards of Conduct and Interim Healthcare Policies and Procedures, as stated in the Employee Handbook.

Signature

Job Title



Non-Solicitation and Non-Disclosure Agreement – Attachment G

This Non-Solicitation and Non-Disclosure Agreement (the "Agreement") is between Interim Healthcare & Briarwood Home Healthcare (the "Company") and me, By my signature below, I agree to the promises contained in this Agreement and acknowledge that I am entering into this Agreement in exchange for my employment or continued employment with Interim Healthcare & Briarwood Home Healthcare and Interim Healthcare & Briarwood Home Healthcare promise to provide me with access to Interim Healthcare & Briarwood Home Healthcare relationships and Confidential Information, which are discussed below.

1. At-Will Employment. I understand and agree that my employment with Interim Healthcare & Briarwood Home Healthcare is "at will," which means that either Interim Healthcare & Briarwood Home Healthcare or I can terminate the employment relationship at any time and for any reason (or no reason), with or without advance notice or cause.

2. Non-Disclosure of Confidential Information. I agree that, both during and after my employment with Interim Healthcare & Briarwood Home Healthcare, I will not use or disclose any of the Company's Confidential Information other than in the scope of my employment with the Company. I agree that the term "Confidential Information" means any information that I became aware of through my employment with the Company and that the Company keeps confidential. Examples of "Confidential Information" include, but are not limited to, lists of the Company's customers, suppliers, and vendors; business plans; client documents and files; financial information of the Company or its clients; and information received from clients, suppliers, vendors and other third parties with whom the Company does business. I acknowledge and agree that "Confidential Information" does not include information about my own pay or hours of work and that this Agreement does not prevent me from discussing the terms and conditions of my own employment with the Company.

3. Confidentiality of Patient Information. In addition to my promises above, I also acknowledge and agree that, during my employment with Interim Healthcare & Briarwood Home Healthcare, I will have access to protected health information ("PHI") about the Company's clients. I

acknowledge and agree that the term "Confidential Information" also includes PI-II and I promise to keep all PHI confidential according to all legal requirements applicable to such information. If I have any questions about the requirements for keeping PHI confidential, I will direct any questions to my supervisor.

4. Return of Company Property and Confidential Information. At the end of my employment with Interim Homecare & Briarwood Home Healthcare, or at any other time that the Company requests, I will return to the Company all "Company Property" (discussed below) in my possession, custody, or control. I agree that all documents, records, or files that I receive or have access to through my employment with the Company are Company Property. I also agree that any computers and computer related equipment that I receive or had access to during my employment with the Company



(e.g. hardware, software, disks, electronic storage devices, cell phones, etc.) are also Company Property.

5. Competitive Employment. During my employment with Interim Healthcare & Briarwood Home Healthcare, I will not accept additional employment or work that either (a) requires me to compete with the Company, (b) conflicts with my work schedule, duties, or responsibilities, or (c) requires me to conduct work or related activities on the Company's property during my working hours or using the Company's facilities, equipment, and/or Confidential Information.

6. Non-Solicitation of Company Clients and Employees. For one (1) year following the

Non-Disclosure Agreement

end of my employment with Interim Healthcare & Briarwood Home Healthcare, I will not engage in the following activities for myself or any other person or business that competes with the Company: (a) I will not provide or offer to provide any services to any client of the Company to whom I provided services on behalf of the Company during the last twelve (12) months of my employment with the Company if such services are competitive with the services that I provided to the Restricted Client on behalf of the Company; (b) I will not hire, recruit, solicit, or attempt to hire, recruit, or solicit any other Company employees; and (c) I will not interfere or attempt to interfere with any Company employees' continued employment with the Company.

7. Miscellaneous. In addition to my other promises in this Agreement, I agree as follows:

(a) If I breach this Agreement, Interim Healthcare & Briarwood Home Healthcare shall be entitled to enforce this Agreement by obtaining a temporary restraining order, a preliminary or permanent injunction, or any other remedies that a court determines are appropriate.

(b) If I have any other written agreements with the Company relating to the subject matter of this Agreement, all such agreements shall be interpreted to provide the Company with cumulative rights and remedies, and the benefits and protections provided to the Company under each such agreement shall be given full force and effect.

(c) This Agreement cannot be amended, waived, or revoked unless set forth in another written agreement writing expressly stating the amendment, waiver or revocation and signed by an authorized officer of the Company.

(d) The Company may transfer and/or assign this Agreement, and this Agreement is for the benefit of and may be enforced by the Company, its present and future successors, assigns, subsidiaries, affiliates, and purchasers, but it is not assignable by me.

(e) I have read this Agreement in its entirety and understand all its terms and conditions. I am entering into this Agreement voluntarily and agree to all the terms and conditions of this Agreement. I further agree and acknowledge that, if I had any questions about this Agreement before signing it, all my questions have been answered by the Company to my satisfaction.



Employee Signature

Printed Name:

Date:

Non-Disclosure Agreement

**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.

Briarwood Home Healthcare, Inc.

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

Intern of Oakland County

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

 Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) ► _____

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

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

40200 Grand River Ave #300

Requester's name and address (optional)

6 City, state, and ZIP code

Nov. MI 48375

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											
20	-	0	7	7	9	6	4	5			

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
HereSignature of
U.S. person ►

Date ► 1-12-2022

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.*