
REQUEST FOR APPLICATIONS (RFA)

**GET THE GOOD STUFF
PROGRAM EXPANSION**

ISSUE DATE: MARCH 29, 2022

APPLICATION DUE DATE: MAY 9, 2022

RELEASED BY:

Fund for
Public Health NYC

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Acronyms and Glossary

For the purpose of this Request for Applications, the following definitions are applicable.

Eligible fruits and vegetables means fresh, frozen, canned and dried fruits, vegetables and beans without added sugars, fats, oils or salt.

Food and Nutrition Service (FNS) is an agency of the United States Department of Agriculture (USDA) responsible for administering nutrition assistance programs, including SNAP.

Food and Nutrition Service (FNS) number is the 7-digit number printed on the Supplemental Nutrition Assistance Program (SNAP) permit sent to you/your store when your store became authorized to participate in SNAP.

Incentives are defined as financial inducements intended to increase the purchase and consumption of eligible fruits and vegetables by customers participating in the program.

Point of sale (POS) system means the electronic system for processing payment, including SNAP benefits, and issuing and redeeming incentives.

Supplemental Nutrition Assistance Program (SNAP) means the food assistance program, also known as food stamps, established under the Food and Nutrition Act of 2008 (U.S.C. 2011 et seq).

United States Department of Agriculture (USDA) is the federal agency responsible for developing and executing federal laws related to food, farming, forestry, and rural economic development.

Section 1: Overview

1. Funding Opportunity

The Fund for Public Health in New York City (FPHNYC) and the New York City Department of Health and Mental Hygiene’s (NYC Health Department) Center for Health Equity and Community Wellness announce the availability of \$4.5 million to support expansion of the **Get the Good Stuff** program to communities disproportionately impacted by COVID-19, racism and disinvestment. The intent of this Request for Applications (RFA) is to identify up to 20 supermarkets with capacity to operate an electronic incentive program benefitting New Yorkers who participate in the Supplemental Nutrition Assistance Program (SNAP). **Applicants may apply for more than one supermarket location; however, if applying for more than one location, each location requires a separate and complete application.**

2. RFA Timetable

The following timeline outlines key events related to the RFP process, from solicitation to program implementation. The dates listed here are subject to change. Applicants are responsible for monitoring FPHNYC’s website (<https://fphnyc.org/get-involved/requests-proposals/>) for any changes prior to the submittal deadline.

RFA release	March 29, 2022
Deadline for written questions	April 12, 2022 at 11:59 p.m. ET
Q&A Posted	April 18, 2022
Application deadline	May 9, 2022 at 11:59 p.m. ET
Expected selection notification*	Week of May 23 rd
Expected project start date*	Beginning July 2022 and continuous

* Selection notification and project start date are target dates only. FPHNYC may amend the schedule as needed.

3. Who May Apply

Supermarkets applying for this funding must meet all of the following criteria:

1. Applicants must be a food retailer located in a zip code listed below. Eligible zip codes are those identified as part of a priority neighborhood by the COVID-19 Taskforce for Racial Inclusion and Equity (TRIE) and where 33% or more of residents live at or below 200% of the Federal Poverty Line (FPL) based on the American Community Survey 2014-2018.

Neighborhood	Borough	ZIP Codes
Lower East Side and Chinatown	Manhattan	10002, 10009
Central Harlem	Manhattan	10026, 10027, 10030, 10037, 10039
East Harlem	Manhattan	10029, 10035
Morningside Heights and Hamilton Heights	Manhattan	10027, 10031, 10032
Washington Heights and Inwood	Manhattan	10032, 10033, 10034, 10040
Mott Haven and Melrose	Bronx	10451, 10454, 10455, 10456
Highbridge and Concourse	Bronx	10452
Fordham and University Heights	Bronx	10453
Belmont and East Tremont	Bronx	10457, 10458
Morrisania and Crotona	Bronx	10456, 10459, 10460
Hunts Point and Longwood	Bronx	10459
Williamsbridge and Baychester, Edenwald	Bronx	10466, 10467, 10468
Kingsbridge	Bronx	10463, 10468
Parkchester and Soundview	Bronx	10472, 10473
Hunts Point and Longwood	Bronx	10474
Bedford Stuyvesant	Brooklyn	11205, 11206, 11216, 11221, 11233
Bushwick	Brooklyn	11206, 11207, 11221, 11237
East New York and Starrett City	Brooklyn	11207, 11208, 11239
Brownsville	Brooklyn	11212, 11233
Sunset Park	Brooklyn	11220, 11232
Coney Island	Brooklyn	11224, 11235
Flatbush and Midwood	Brooklyn	11203, 11226
East Flatbush	Brooklyn	11226
Queensbridge and Astoria	Queens	11101
Jackson Heights	Queens	11368, 11369
Elmhurst and Corona	Queens	11368
Kew Gardens and Woodhaven	Queens	11419
Jamaica and Hollis	Queens	11432, 11433, 11435
Briarwood, Flushing South	Queens	11435
Rockaway and Broad Channel	Queens	11691, 11692, 11693
St. George, Stapleton, Port Richmond	Staten Island	10301, 10303, 10304, 10310

2. Applicants must be authorized to accept SNAP benefits for the location they are applying for and willing to share their Food and Nutrition Service (FNS) number with the NYC Health Department.
3. Applicants must demonstrate at least \$500,000 in SNAP sales in 2021.
4. Applicants must utilize a point-of-sale (POS) system to process transactions and work with a qualified POS vendor willing and able to contract with FPHNYC to complete the scope of work identified on page 11 within an agreed upon timeline. *Note, to be considered for the program, applicants must have their POS vendor complete a Point-of-Sale Vendor Commitment Form (<https://fphnyc.org/wp-content/uploads/sites/76/2022/03/Point-of-Sale-Vendor-Commitment-Form.pdf>) and submit it as part of the supermarket application.*
5. Applicants must not sell or market tobacco products.

6. Applicants must not sell or market hard liquor products or alcohol other than beer, cider and wine products.
7. Applicants must be willing to:
 - a. Share SNAP transaction, incentive, and eligible purchases data as outlined in Section II B Scope of Services
 - b. Designate supermarket staff, including management, to participate in an interview with a NYC Health Department program evaluator
 - c. Allow NYC Health Department staff to survey customers participating in Get the Good Stuff about their eating and shopping behaviors on an annual basis.
 - d. Allow external evaluators to recruit customers, prior to Get the Good Stuff program implementation, to participate in a research study assessing program impact on dietary behaviors.
 - e. Explore opportunities to procure locally grown produce to sell at the supermarket.
8. If awarded, Applicants and their POS vendors must provide proof of required insurance coverage prior to work commencing. Further detail on insurance requirements can be found in Section 5 on page 16.
9. If awarded, Applicants must be willing to comply with all applicable New York City COVID-19 safety precautions and vaccination requirements.

4. Available Funding

FPHNYC and the NYC Health Department anticipate approximately \$4.5M in federal funding will be available to support expansion of Get the Good Stuff to up to 20 supermarkets through this RFA. Award amounts will vary as determined by each supermarket’s record of sales activity. Successful Applicants will be funded for a two-year project period or when the cumulative program fees reach the maximum cost authorized, whichever occurs first. The project period may be extended if funding permits.

5. Anticipated Contracting and Payment Structure

Awards made through this RFA will result in two key contracts to develop and implement Get the Good Stuff. First is a contract between the selected supermarket and FPHNYC. Second is a contract between FPHNYC and the selected supermarket’s POS vendor.

The contract timelines, payment structures and estimated funding are outlined in the table below:

	Supermarket	Supermarket	POS Vendor
Service Delivery Activities	Dollar-for-dollar match on purchases of eligible fruits, vegetables and beans paid for with SNAP benefits	Program administration, including, but not limited to, distribution of loyalty cards, participation in staff training and program promotion and recruitment.	Programming of electronic nutrition incentive system utilizing customer loyalty technology
Timeline	Approx. 2 years	Approx. 2 years	Up to 6 months

Payment Structure	Monthly reimbursement of redeemed incentives	Fixed monthly payments	Payment based on completion of deliverables
Estimated Funding	Award amounts will vary based on SNAP sales, up to \$300,000	\$100 per month	Up to \$10,000 for development and launch of incentive system at first supermarket* Up to \$5,000 for each additional supermarket

* POS vendors who have participated in an earlier version of the project will be eligible to receive up to \$5,000 for any supermarket awarded under this RFA.

Contracts will be awarded on a rolling basis between May and July 2022. Recipients are expected to work with their POS vendor and NYC Health Department staff to launch the program as soon as possible following contract execution.

6. Funding Priorities

In awarding contracts, priority will be given to supermarkets that:

- a. Have high average monthly SNAP sales
- b. Are located in a zip code where a large percentage of residents live at or below 200% of the Federal Poverty Line (FPL) based on the American Community Survey 2014-2018.
- c. Are located within the catchment areas of the NYC Health Department’s Bureau of Neighborhood Health. Catchment areas include Bronx Community Districts 201-2066, Manhattan Community Districts 110-111, and Brooklyn Community Districts 303-305 and 316.
- d. Are located in a community district where a large percentage of households reported eating zero servings of fruits and vegetables per the NYC Health Department’s Community Health Survey 2019-2020¹.
- e. Are located in a community district where a large number of households participated in SNAP over the last 12 months per the [New York City Human Resources Administration, Borough/Community District, Report - SNAP Population](#).
- f. Have demonstrated capacity for implementing Get the Good Stuff, Get the Good Stuff Now or other electronic supermarket-based nutrition incentive program.
- g. Have large percentage of supermarket square footage dedicated to fresh produce and high percentage of total supermarket sales spent on fresh produce

Preference Factors: FPHNYC and the NYC Health Department are working to address historic disparities in City contracting and provide minority and women-owned business enterprises (M/WBE) with increased opportunities to do business with the City. Applications from supermarkets identifying as a M/WBE will be awarded additional points.

FPHNYC and the NYC Health Department aim to partner with up to five new POS vendors that have not previously worked on Get the Good Stuff. However, if the number of applications with new or unique POS vendors exceeds this number, Applicants with a POS vendor experienced in programming the Get the

¹ NYC Department of Health and Mental Hygiene, [Community Health Survey](#), 2019-2020 (unpublished)

Good Stuff nutrition incentive system and/or a POS vendor that services multiple supermarkets applying to participate in the program may be prioritized for selection.

7. RFA Inquiries, Written Questions and Answers

Questions and requests for clarification about this RFA must be submitted via email to procurement@fphnyc.org with a subject line of “**Get the Good Stuff Expansion.**” All such questions and inquiries must be received on April 12, 2022 by 11:59 p.m. EST. Any questions received after the deadline may not be answered.

The Q&A will be posted at: <https://fphnyc.org/get-involved/requests-proposals/>

Applicants are encouraged to check the webpage frequently to stay informed throughout the procurement process.

8. Submission Instructions

Completed applications are due no later than May 9, 2022 at 11:59 p.m. EST. All applications must be submitted online using the following link: <https://www.surveymonkey.com/r/YV8782P>.

Supermarkets should submit separate and complete applications for each eligible location

9. Addenda to the RFA

If necessary, FPHNYC will issue addenda to amend conditions or requirements relating to the RFA. Any addenda to the RFA will be posted on the FPHNYC website: <https://fphnyc.org/get-involved/requests-proposals/>. Applicants are encouraged to check the website prior to submitting their final proposal.

Section 2: Scope of Services

A. Background and Purpose

In 2019, the New York City Department of Health and Mental Hygiene (NYC Health Department), in partnership with independent supermarkets and their point-of-sales (POS) vendors, launched **Get the Good Stuff**, NYC's first supermarket-based nutrition incentive program for New Yorkers who participate in the Supplemental Nutrition Assistance Program (SNAP, previously food stamps).

The program offers shoppers at six supermarkets a dollar-for-dollar match on purchases of eligible fruits, vegetables and beans paid for with SNAP benefits. For every \$1 spent in SNAP benefits on eligible fresh, frozen, canned and dried fruits, vegetables and beans, shoppers enrolled in the program get \$1 in reward points added to a Get the Good Stuff card to spend on more eligible food at their next purchase. Participants can earn up to \$10 in reward points on their Get the Good Stuff card per day.

Eligible foods include:

- Fresh fruits, vegetables, and herbs
- Frozen fruits and vegetables without added sugar, salt or fat
- Canned and jarred fruits, vegetables, beans and lentils without added sugar, salt or fat
- Dried beans, lentils and fruit without added sugar, salt or fat

Get the Good Stuff helps New Yorkers with low incomes purchase and consume more fruits and vegetables. Since Get the Good Stuff launched, over 8,500 New Yorkers with SNAP benefits have enrolled in the program and redeemed more than \$1.6 million worth of fruit and vegetable incentives at participating supermarkets.

The NYC Health Department aims to expand Get the Good Stuff to additional supermarkets in 2022. The program expansion will be operated by the NYC Health Department in partnership with FPHNYC. It will be funded by a United States Department of Agriculture (USDA) Gus Schumacher Nutrition Incentive Program (GusNIP) grant, a USDA GusNIP COVID Relief and Response (GusCRR) grant, and the City of New York. This program expansion is expected to run through mid-2024, as funding permits.

A. Project Scope of Work

The purpose of this RFA is to identify up to 20 independent supermarkets to participate in the Get the Good Stuff expansion. Working in partnership with FPHNYC, the NYC Health Department will contract with selected supermarkets and their POS vendors to complete the following:

Supermarkets

- Contracting: Timely negotiation of contract with FPHNYC and timely submission of all required contract documents. **No work can begin, and no payments will be made until supermarket and POS vendor contracts are executed.**

- Support incentive system programming: Facilitate communication between the NYC Health Department and the supermarket's POS vendor to discuss programming requirements. Support programming and testing of incentive system.
- Staff Training: Ensure that cashiers and other relevant staff attend a program training led by the NYC Health Department and the supermarket's point-of-sales (POS) vendor. Staff will be trained on program enrollment and operations.
- Promotion: Promote Get the Good Stuff by displaying program promotional materials including posters, floor decals, palm cards and shelf-talkers.
- Enrollment: Designate staff to screen and enroll eligible customers into the program, issue Get the Good Stuff loyalty cards to program participants, and regularly submit enrollment forms to the NYC Health Department. Health Department staff will support program enrollment at participating supermarkets immediately following program launch. Supermarkets are expected to continue enrolling eligible customers into the program thereafter.
- Implementation: Operate Get the Good Stuff including:
 - Distribute incentives: The supermarket's POS system will be programmed to automatically add \$1 in reward points to participants' Get the Good Stuff card for every \$1 spent in SNAP benefits on eligible fruits, vegetables and beans up to \$10 in incentives per day.
 - Redeem incentives: The supermarket's POS system will be programmed to apply incentives accrued on participants' Get the Good Stuff card toward purchase of eligible foods when requested by customer.
- Reporting: Share SNAP sales data, including all transactions where SNAP was used to pay for at least part of a purchase for up to a year prior to program start and during the first two years of the program. Submit, or ensure submission by POS vendor, monthly program reports including the following:
 - Incentives accrued: Transaction level data showing date, loyalty card number and points accrued
 - Incentives redeemed: Transaction level data showing date, loyalty card number and points redeemed
 - SNAP transactions: Total dollar value of SNAP purchases and total number of SNAP transactions
 - Eligible items purchased by shoppers participating in the program including product UPC, product description, product department, weight/quantity and amount paid
- Invoicing: Invoice FPHNYC for redeemed incentives on a monthly basis by the 15th of the following month.
- Evaluation: Participate in program evaluation activities including:
 - Designate supermarket staff, including management, to participate in an interview with a NYC Health Department program evaluator. Interview will explore lessons learned promoting and implementing Get the Good Stuff.
 - Allow NYC Health Department staff to survey customers participating in Get the Good Stuff on an annual basis about their eating and shopping behaviors.

- Allow external evaluators to recruit customers prior to Get the Good Stuff implementation to participate in a research study assessing program impact on dietary behaviors.

POS vendors

- Contracting: Timely negotiation of contract with FPHNYC and timely submission of all required contract documents. **No work can begin, and no payments will be made until supermarket and POS vendor contracts are executed.**
- Flag eligible foods in POS system: Cross-reference the NYC Health Department’s database of eligible foods (including UPC codes and product names) to supermarket’s inventory. Update POS system with incentive eligibility for all matching items. Generate a list of remaining inventory items including UPC code and product name and share with NYC Health Department staff. Following staff review, use information provided by the NYC Health Department to flag remaining eligible items in the POS system. This step should be completed within 3 months of executing a contract for the project.
- Program incentive system: Program supermarket’s POS system to:
 - Assign each program participant a unique program ID to be captured at the time of a Get the Good Stuff card swipe.
 - Automatically add \$0.01 to program participants’ Get the Good Stuff card for every \$0.01 spent on eligible items using SNAP benefits, up to \$10 per day. Incentives should be available for redemption at the participants’ next shopping trip.
 - Apply an “all or nothing feature” whereby participants can choose to either redeem all their incentives toward a purchase of eligible items or none. If participants’ incentive balance is greater than the value of eligible items being purchased, apply incentives in the value of the purchasing amount.
 - Calculate and display on customer receipts: Get the Good Stuff card balance at the start of the transaction; total dollar amount spent on eligible items using SNAP; dollar amount of incentives accrued; dollar amount of incentives redeemed and; Get the Good Stuff card balance at the end of the transaction.

Incentive system programming should be completed within 5 months of executing a contract for the program.

- Conduct internal and external system testing: Test incentive system to confirm functionality and reprogram system as needed until operating correctly. This step should be completed within 5 months of executing a contract for the program.
- Train supermarket staff: Conduct in-person or virtual store staff training. Train relevant supermarket staff operate the incentive system, including registering Get the Good Stuff cards, applying accrued incentives to eligible purchases and generating monthly reports. Staff training should be completed within 6 months of executing a contract for the program.
- Reporting: Program POS system to:
 - Generate reports with supermarket’s SNAP sales data, including all transactions where SNAP was used to pay for at least part of a purchase for up to a year prior to program start and during the first two years of the program.
 - Auto-generate monthly program reports including:

- Incentives accrued: Transaction level data showing date, loyalty card number and points accrued
- Incentives redeemed: Transaction level data showing date, loyalty card number and points redeemed
- SNAP transactions: Total dollar value of SNAP purchases and total number of SNAP transactions
- Eligible items purchased by shoppers participating in the program including product UPC, product description, product department, weight/quantity and amount paid

A report with the supermarket's SNAP sales data should be submitted within 6 months of executing a contract for the program. Monthly auto-generating reports should be programmed within the same time period.

- Provide supermarket and NYC Health Department staff with technical support related to Get the Good Stuff, as needed.
- Close out program when funding ends and according to timeline provided by the NYC Health Department.

Technical Assistance for Selected Supermarkets and their POS vendors

The NYC Health Department will provide supermarkets and their POS vendors with ongoing technical assistance, including support programming the incentive system and developing program reports and assistance with supermarket staff training, program promotion, participant enrollment and program implementation.

Section 3: Completing the Application

To be considered for selection, supermarkets must submit their application by May 9, 2022 at 11:59 p.m. EST. All applications must be submitted online using the following link:

<https://www.surveymonkey.com/r/YV8782P>

The application consists of the following sections:

- Applicant Eligibility Questionnaire
- Applicant Information
 - Supermarket Information
 - Supermarket Operations
 - Supermarket Size
 - Supermarket Sales
 - Supermarket's Point-of-Sale Vendor Information, including link to upload completed Point-of-Sale Vendor Commitment Form (<https://fphnyc.org/wp-content/uploads/sites/76/2022/03/Point-of-Sale-Vendor-Commitment-Form.pdf>)

Please note that Applicants must first complete a questionnaire to determine their eligibility for award. After demonstrating that the RFA's minimum requirements have been met, Applicants will be able to complete the full application.

Application instructions:

- Applicants should prepare answers to all application questions prior to beginning their online application.
- The application cannot be saved and returned to for completion. Applicants should ensure they have plenty of time to complete the full application in one sitting.
- Questions requiring a response are marked with an asterisk.
- Applicants must upload a completed Point-of-Sale Vendor Commitment Form for an application to be considered complete.
- Once submitted, Applicants will see the following confirmation message, "Your application has been successfully submitted and will be reviewed by the selection committee."
- Applicants are strongly encouraged to submit their applications at least 24 hours prior to the due date and time. This will allow sufficient opportunity for the Applicant to obtain assistance should there be a technical issue with the submission process.
- Late applications and applications submitted via email will not be accepted.

Section 4: Evaluation and Award Procedures

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the NYC Health Department. The panel will evaluate and rate all qualified applications based on the criteria below.

A. Evaluation Criteria

All qualified applications will be scored according to the criteria below.

Criteria	Maximum points
Supermarket SNAP sales	30 points
Geographic factors and population served	35 points
Demonstrated capacity for implementing Get the Good Stuff, Get the Good Stuff Now or other electronic incentive programs	25 points
Space dedicated to and sales of fresh produce	10 points

B. Review Process

Applications will undergo an initial administrative review for completeness and minimum requirements. Basic requirements include timely receipt of application meeting all eligibility criteria, and submission of all required documentation. Applications that do not meet the required eligibility criteria will not move to the next stage of the review process. Applications with omissions of any required documentation may also be subject to disqualification.

All responsive applications will be reviewed by a panel convened by the NYC Health Department. The panel will evaluate applications and score Applicants according to the criteria listed above. Each application will be scored by at least three reviewers and scored on a scale of 0—100 using the evaluation criteria above. In addition, a preference factor for applications from supermarkets identifying as a MWBE will be awarded 3 additional points for a possible total score of 103 points. After review, the panel will compile scores and rank applications according to total score.

C. Award Selection

Applications with the highest total score will be considered first for possible funding. However, the panel may make exceptions in order to assure adequate geographic distribution of services, particularly to areas not currently served by Get the Good Stuff.

Prior to final award decisions, FPHNYC and the NYC Health Department reserve the right to conduct interviews and/or site visits as FPHNYC and the NYC Health Department deem applicable and appropriate, in order to verify application content and confirm produce sold at the supermarket is of high quality.

D. Award Process

Each Applicant will be notified in writing regarding the decision concerning their application. Once selections are made, FPHNYC will contract with selected supermarkets and their POS vendors. Final contract execution is contingent upon successful completion of contract negotiations and demonstration of compliance with all FPHNYC requirements and applicable federal and state laws and policies. If FPHNYC is unable to execute a contract with the supermarket's POS vendor, another supermarket will be selected.

Section 5: Disclaimers and General Provisions

The following are disclaimers and general provisions under the Fund for Public Health in New York City. The Applicant shall review each statement below to ensure capacity for compliance before submitting a proposal for consideration.

Right to Amend, Cancel this RFA, or Solicit a New RFA

FPHNYC may amend or cancel this RFA at any time, without any liability to FPHNYC, and/or the NYC Health Department. FPHNYC or the NYC Health Department may solicit new requests for information and/or proposals regarding the services addressed in this RFA at any time.

Right to Reject Proposals

FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFA may be excluded from further consideration and alternative information packages may not be considered.

Insurance

Applicants selected for award will be required to maintain a commercial general liability insurance policy in the amount of \$1,000,000 per incident and \$3,000,000 aggregate. Contractors will also be required to provide proof of worker's compensation insurance coverage at the statutory limits. FPHNYC and the City of New York shall be named as Additional Insureds on the commercial general liability policy and as Certificate Holders for all other required insurance. Contractors will need to demonstrate that necessary insurance coverage is in place from the start of the contract.

Fulfillment of Requirements

By submitting an application, the Applicant acknowledges that the respondent has read and understands this RFA and can fulfill all requirements.

Submitted Information

Once submitted, responses will be the property of FPHNYC and will not be returned.

APPENDIX A

Supermarket Application

Thank you for your interest in the Get the Good Stuff Program Expansion Request for Applications (RFA). The purpose of this guide is to provide detailed instructions to assist Applicants in preparing and submitting their applications. The guide contains a complete list of the questions included in the application, as well as instructions and other helpful tips for planning and organizing an application.

To be considered for an award, Applicants must submit their completed application by May 9, 2022 at 11:59 p.m. EDT. Applications must be submitted using the following link: <https://www.surveymonkey.com/r/YV8782P>. Late applications and applications submitted via e-mail will not be accepted. If Applicant is applying for multiple stores, a separate and complete application must be submitted for each location.

Instructions: Please answer the following questions to demonstrate your supermarket’s eligibility for the Get the Good Stuff expansion. For more information on applicant eligibility, please refer to pages 4 and 5 of the RFA.

Applicants will be required to indicate that they meet the minimum requirements of this RFA on an “eligibility quiz” before entering the rest of the application.

If you have concerns about the minimum requirements and would like to discuss your eligibility, please contact Rebecca Adeskavitz, radeskavitz@fphnyc.org.

1. Is the supermarket you are applying for located in one of the following zip codes:

Bronx	10451, 10452, 10453, 10454, 10455, 10456, 10457, 10458, 10459, 10460, 10463, 10466, 10467, 10468, 10472, 10473, 10474
Brooklyn	11203, 11205, 11206, 11207, 11208, 11212, 11216, 11220, 11221, 11224, 11226, 11232, 11233, 11235 11237, 11239
Manhattan	10002, 10009, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040
Queens	11101, 11368, 11369, 11419, 11432, 11433, 11435, 11691, 11692, 11693
Staten Island	10301, 10303, 10304, 10310

- Yes. *If yes, you may be eligible*
- No. *Sorry, this opportunity is only available to supermarkets located in one of the specified zip codes*

2. Is your supermarket authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits for the store location you are applying for?

- Yes. *If yes, you may be eligible*
- No. *Sorry, this opportunity is only available to supermarkets authorized to accept SNAP benefits*

3. **If awarded, do you agree to share your supermarket’s Food and Nutrition Service (FNS) number with the NYC Health Department?**
 - Yes. *If yes, you may be eligible*
 - No. *Sorry, supermarkets must agree to share their FNS number with the NYC Health Department*

4. **Did your supermarket have at least \$500,000 in SNAP sales for the store location you are applying for over the last 12 months?**
 - Yes. *If yes, you may be eligible*
 - No. *Sorry, this opportunity is only available to supermarkets with at least \$500,000 in SNAP sales over the last 12 months*

5. **Does your supermarket utilize a POS system to process transactions?**
 - Yes. *If yes, you may be eligible*
 - No. *Sorry, this opportunity is only available to supermarkets utilizing a POS system to process transactions*

6. **If yes, did your supermarket’s POS vendor complete and sign Attachment X POS Vendor Commitment Form indicating their willingness to participate in this project?**
 - Yes. *If yes, you may be eligible*
 - No. *Sorry, the POS Vendor Commitment Form is required*

7. **Does your supermarket sell or market tobacco products?**
 - Yes. *Sorry, supermarkets selling or marketing tobacco products are not eligible*
 - No. *If no, you may be eligible*

8. **Does your supermarket sell or market hard liquor products or alcohol other than beer, cider and wine products?**
 - Yes. *Sorry, supermarkets selling or marketing hard liquor products or alcohol other than beer, cider and wine products are not eligible*
 - No. *If no, you may be eligible*

9. **If awarded, do you agree to comply with the following program requirements:**

	Yes	No
Share your supermarket’s SNAP transaction, incentive, and eligible purchases data as outlined in Section II B Scope of Services?		
Designate supermarket staff, including management, to participate in an interview with a NYC Health Department program evaluator?		
Allow NYC Health Department staff to survey customers participating in Get the Good Stuff about their eating and shopping behaviors on an annual basis?		
Allow the NYC Health Department’s program evaluation partners to recruit customers, prior to Get the Good Stuff program implementation, to participate in a research study assessing program impact on dietary behaviors?		

Facilitate communication between the NYC Health Department and your supermarket's POS vendor to discuss programming requirements and to support programming and testing of the incentive system?		
Ensure that cashiers and other relevant staff attend a program training led by the NYC Health Department and the supermarket's point-of-sales (POS) vendor?		
Promote Get the Good Stuff by displaying program promotional materials including posters, floor decals, palm cards and shelf-talkers?		
Designate staff to screen and enroll eligible customers into the program, issue Get the Good Stuff loyalty cards to program participants, and regularly submit enrollment forms to the NYC Health Department?		
Explore opportunities to procure locally grown produce to sell at the supermarket?		

10. If awarded, do you agree to provide proof of required insurance coverage prior to work commencing?
Further detail on insurance requirements can be found in Section 5, Page 16 of the RFA.
- o Yes. *If yes, you may be eligible*
 - o No. *Sorry, supermarkets must agree to provide proof of required insurance coverage prior to work commencing*
11. If awarded, does the Applicant agree to comply with all applicable New York City COVID-19 safety precautions and vaccination requirements?
- o Yes. *If yes, you may be eligible*
 - o No. *Sorry, supermarkets must agree to comply with all applicable New York City COVID-19 safety precautions and vaccination requirements*

Please press "Next" to continue.

APPLICANT INFORMATION

Instructions: Please complete the information about your supermarket below.

- 12. Applicant's Legal Name
- 13. Supermarket Name
- 14. Street Address
- 15. Zip Code
- 16. Borough
 - Bronx
 - Brooklyn
 - Manhattan
 - Queens
 - Staten Island
- 17. Name of Owner/Operator
- 18. Phone Number
- 19. Email Address
- 20. Contact Person for this Application

21. Contact person title
22. Contact person phone number
23. Contact person email address
24. Is your supermarket a minority or women-owned business enterprise (M/WBE)? A M/WBE is a business that is at least 51% owned, operated and controlled by a U.S. Citizen(s) or U.S. permanent resident(s) who are women and/or members of designated minority groups including:
 - Black
 - Hispanic
 - Asian-Pacific
 - Asian-Indian
 - Native American
25. Please upload your supermarket's Applicant Signature Form (Attachment A of the RFA). Access the form here: <https://fphnyc.org/get-involved/requests-proposals/>
Please note that a completed Applicant Signature Form must be submitted for an application to be considered complete.

Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.

26. Please upload your supermarket's IRS Form W-9 (Attachment B of the RFA). Access the form here: <https://fphnyc.org/get-involved/requests-proposals/>
Please note that a completed W-9 must be submitted for an application to be considered complete.

Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.

Supermarket Operations

27. Month and Year Supermarket Opened
28. Days and Hours of Operation (for example 9am-8pm)

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

29. Total Number of Store Employees
30. Has the supermarket previously participated in the NYC Health Department’s Get the Good Stuff or Get the Good Stuff Now programs or in another electronic supermarket-based nutrition incentive program?

Supermarket Size

31. What is your supermarket's total square footage?
32. What is the approximate square footage of your supermarket's produce section?

Supermarket Sales

33. What was your supermarket's total SNAP sales over the last 12 months?
34. Please specify the time period for total SNAP sales reported in the previous question.
35. What was your supermarket's percent of total sales on fresh produce over last 12 months? (calculate using produce sales/total sales)
36. Please specify the time period used in calculating the percent of total sales on fresh produce over the last 12 months.

Point-of-Sale Vendor Information

To be eligible to participate in Get the Good Stuff, a supermarket's POS vendor must be willing and able to program the store's POS system to flag all food eligible for incentives and electronically distribute and redeem incentives. Supermarkets must also have their POS vendor complete the POS Vendor Commitment Form. The form must be submitted below in order for the application to be considered complete.

37. POS Vendor Name
38. POS Vendor Contact Person
39. POS Vendor Contact Title
40. Contact Phone Number
41. Contact Email Address
42. Please upload your Point-of-Sale Vendor Commitment Form. Access the form here: <https://fphnyc.org/wp-content/uploads/sites/76/2022/03/Point-of-Sale-Vendor-Commitment-Form.pdf>. *Please note that a completed Point-of-Sale Vendor Commitment Form must be submitted for an application to be considered complete.*

You will now be directed to the Final Application Review and Submission screen.

FINAL APPLICATION REVIEW AND SUBMISSION

You have reached the end of this application. You may press "Previous" to return to any prior screens to review and/or change your responses. When you are ready to submit your application, please press "Done." Thank you for applying for this opportunity.

Please note that the applications **cannot** be saved and completed later. If you exit the application without completing it, your answers will not be saved. Be sure to set aside plenty of time to complete the application in one sitting. If responses and all required documentation are prepared in advance, the application should take approximately 15-20 minutes to complete.

Once submitted, Applicants will see the following confirmation message, "**Your application has been successfully submitted and will be reviewed by the selection committee.**"

**ATTACHMENT A
APPLICANT SIGNATURE FORM**

INSTRUCTIONS: Applicants must complete and submit this Applicant Information Form signed and dated by the Supermarket Manager, or other authorized personnel, and the Supermarket Owner.

Applicant Organization
Supermarket Name:
Certifications
<p>As Supermarket Manager, I certify that all information provided in this application is correct and accurate to the best of my knowledge.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="display: flex; justify-content: space-between;">Signature of Supermarket ManagerDate</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Printed Name and Title</p> <p>As the Owner of the supermarket submitting this application, I am supportive of this application and commit my store to fully engaging in the work proposed as part of this application.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="display: flex; justify-content: space-between;">Signature of Authorizing OfficialDate</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Printed Name and Title</p>

ATTACHMENT B
IRS FORM W-9

See Next Page

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

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

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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

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.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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, 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 Part II instructions on page 3 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. 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 the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. 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 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

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, and payments for services paid by a federal executive agency.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, 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 domestic 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, below, and items 4 and 5 on page 4 indicate 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 the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation 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* on page 1.

*Note. 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, social security number (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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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 at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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. 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.