



CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor



BECOME AN INSTRUCTOR, COACH, PROGRAM CONSULTANT OR VOLUNTEER WITH PARKS RECREATION & BEACHES

Welcome to New Bedford Parks, Recreation, and Beaches! We are excited to have the opportunity to work with you for the benefit of our community! Benefits to you include administrative support for registration, marketing through our website, social media, brochures, flyers, emails, and local cable access as well as ongoing staff support. P R B Program areas include Full S.T.E.A.M. Ahead out of school time education, Group Fitness, Arts, Crafts, & Games, Theatre, Dance, Music, Health & Wellness, Life Skills, and Indoor & Outdoor Sports to name a few.

The following requirements must be met to offer your program or service:

- Vendor's must be at least 18 years of age.
- Instructors shall be certified in area of instruction where applicable.
- A Criminal Offender Record (CORI) check is mandatory when working directly with youth, copy of photo ID must be submitted with CORI form for all staff, volunteers, and on-site representatives of your group or organization. (We will provide this service).
- Cover Letter and Resume with Educational & Work Experience must be submitted with references
- A completed program information form, along with a typed outline of activities/services to be covered in the program.
- Vendor is responsible for completing an IRS Form W-9 (Request for Taxpayer Identification Number and Certificate) and returning it with the signed contract. A W-9 is attached at end of this form.
- Vendors that conduct business on City property are required to submit a certificate of general liability insurance listing the City of New Bedford as additionally insured. An insurance certificates must be submitted to the Parks, Recreation & Beaches no later than ten (10) working days prior to program registration.
- Persons who can establish an extraordinarily low risk of personal injury and/or property damage may be excluded from the insurance requirement if they are individuals and/or non-profit corporations specifically approved by the City.
- A signed Recreation Service Agreement
- A completed Account & Membership form for the McCoy Rec Center for all staff, volunteers & on-site representatives of your program.

If you are interested in getting involved at the Andrea McCoy Recreation Center, please contact us, or come visit us in person to take the next step in the process!

- Wages are negotiable.



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START A NEW PROGRAM FORM

WE REQUIRE SPECIFIC INFORMATION TO CREATE YOUR PROGRAM/SERVICE - Please answer all questions

Please list the Primary person legally responsible for YOUR BUSINESS OR ORGANIZATION:

Name: Title:

Contractor Name of Organization:

Are you a registered business/vendor in the state of Massachusetts? Yes No

Please provide a copy of your certificate if applicable

Phone:

Email Address:

*****Please include/attach all applicable licenses & certifications

PROGRAM INFORMATION: Please email any pictures or logos you want us to use to: info.prb@newbedford-ma.gov

Program Name or service: (Ex: Baseball)

Description:

SCHEDULE & FEES

Start Date: Start Time:

End Time: End Date:

Class Day(s): Sun Mon Tue Wed Thu Fri Sat

Exclusion Date(s) - Please list any date that you will not offer the class:

Desired Program Site: (please circle)

Andrea McCoy Rec Center Ashley Park Buttonwood Park Brooklawn Park

Hazelwood Park Fort Taber Riverside Park West Beach Pavilion

Other:

PARTICIPANT DEMOGRAPHICS & SEATING if applicable

Minimum Age: Max Age:

Minimum Grade: (Optional): Max Grade: (Optional):

Minimum Number of Participants Required:

Max Number of Participants Allowed:

REGISTRATION INFORMATION:

Registration Start Date:

End Date:



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NBPRB STAFF WILL COMPLETE THE INFORMATION BELOW

Program Type: _____

This will be a Free Program: ____ This program will be Fee Based: _____

Compensation:

Vendor is a Volunteer; No Compensation will be provided. Please complete separate volunteer application.

Vendor will receive an Hourly Rate of \$ _____ per hour.

Vendor will be paid a 1-Time Fee in the amount of: \$ _____

Revenue shared after all expenses are paid Vendor receives: _____ Percent; Rec Dept receives _____ Percent

PROGRAM INFORMATION FORM

REQUIREMENTS FOR RUNNING YOUR PROGRAM OR SERVICE:

- All of your staff, assistants & volunteers must create an account and become members of the McCoy Rec Center (Free for New Bedford residents)
- All of your participants must create an online account and become members of the McCoy Rec Center (Free to NB Residents)
- All of your staff, assistants & volunteers must work with New Bedford Parks & Rec Staff to make sure all participants are current McCoy Rec Center Members and have completed class registration prior to participating in their 1st class.
- All of your staff, assistants and volunteers are responsible for set up & break down of equipment before & after class, tracking attendance, and enforcing, COVID-19 Safety Guidelines.
- All of your staff, assistants and volunteers must direct any participant who has an outstanding balance to McCoy Rec Center Staff before they attend class.

*******PLEASE LIST ANY OTHER NEEDS BELOW**

Contractor Initials: ____



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Exhibit A: Recreation Services Agreement - Contracted Programs/Services Only

Outline:

- Contractors shall submit to the City of New Bedford Parks, Recreation & Beaches (PRB) a typed outline of activities/services covered in the program. This outline is to be submitted before the first day of the registration period for the program and/or before services are provided. It is recommended that Contractor also formulate lesson plans to maintain excellence in program offerings.

Advertising:

- Contractor may supplement PRB advertising by assuming the costs of producing their own advertisements/fliers. Contractor must have pre-approval from PRB of any advertisements/fliers representing the Contractor and/or PRB before the advertisements/fliers are distributed to the public. Contractor is responsible for the distribution of the advertisements/fliers. Contractor must follow City of New Bedford policies in order to distribute advertisements/fliers in public and private areas.

Min/Max:

- PRB shall have the OPTION to cancel a program/service if there is insufficient participant registration on or before the first day of the program and may cancel a program if there is insufficient participant registration after the first day of program. If a program is cancelled, tuition will be refunded to the participants and the contractual agreement between PRB, and Contractor is void for the applicable program site. Programs are not to be extended or cancelled by Contractor without prior approval of PRB.

Rosters:

- Contractor is responsible for obtaining program rosters from the PRB Recreation Coordinator, , or Director, only. Contractor may request up to date PRB rosters up to midway point of the program.

Attendance Forms:

- Contractor is responsible for obtaining attendance forms from the PRB Recreation Coordinator, or Director, only. Contractor may request up to date PRB attendance forms up to three days into a program session. Contractor shall keep attendance tallies that are accurate and complete, and which can be referenced by PRB staff at any time within the session. Contractor shall submit accurate attendance forms with any invoice for payment.

Registration Forms:

- All registration forms, envelopes, and waivers are to be collected and received at the Administrative Offices by the PRB Recreation Coordinator, or Director, only. PRB is responsible for issuance and completion of PRB registration forms (which include the approved Waiver of Liability forms) for all walk-in, late, and pro-rata (indicate date of prorate on registration form) participants at program locations. The participant or guardian (if participant is under 18 years of age), prior to actual participation, must complete these forms in full. Registrants may pay by check by mailing registration directly to the Administrative Offices of Parks, Recreation & Beaches; or register at www.nbprb.com.

Contractor Initials: _____



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Waivers:

- Contractor is responsible for obtaining a session waiver form from the PRB Recreation Coordinator, or Director, only. The responsibility of collecting signed waivers is assumed by PRB staff. All participants, or their guardian for participants under age 18, must sign off on the waivers before they participate in the program. This waiver form is available at www.nbprb.com or must be returned to Administrative Offices of Parks, Recreation & Beaches within one week of the program (one day program) or within one week of the first meeting of a program (multiple program dates).

Refunds:

- Refund requests by participants for Contracted programs will follow the PRB's stated Refund Policy. All refund requests must be directed to the Administrative Offices of Parks, Recreation & Beaches. In the event of a refund, the revenue to Contractor and to PRB regarding the refund will be prorated accordingly.

Accident/Incident Report Forms:

- The Contractor is responsible for obtaining Accident and Incident Report forms from the PRB Recreation Coordinator, or Director, only. Accident and Incident Reports are to be used as needed with any accidents, injuries and incidents that require staff attention being reported to the Director immediately at (508) 961-3015.

Session Evaluation Forms:

- Contractor is responsible for obtaining Session Evaluation Forms from the PRB Recreation Coordinator, or Director only. The Session Evaluation form is available at www.nbprb.com. Contractor shall distribute Session Evaluation Forms to the program participants one to two program meeting dates prior the close of a program session.

Other Applicable Paperwork and/or Program Equipment:

- Contractor is responsible for obtaining any other applicable paperwork and/or program equipment from the PRB Recreation Coordinator, or Director only. Contractor is responsible for returning said paperwork and program equipment, if applicable, to PRB at the end of the program.

Facility:

- Contractor is responsible for leaving the facility as clean and in the same condition as it was prior to each program session. PRB may require Contractor to complete a Facility Inspection Report. In the event of damage to the facility, Contractor shall complete an Incident Report form as required by PRB within 48 hours of any incident. Emergency situations must be reported to the or Director immediately at (508) 961-3015.

Cancellation:

- PRB may reserve additional dates for facility use to make-up cancelled programs if necessary. If a program has been cancelled permanently due to insufficient registration or any other reason, Contractor may be responsible for informing the participants who have pre-registered, if so, directed by PRB. PRB will be responsible for issuing all necessary refunds to the participants.

Contractor Initials: _____



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Staff:

- Contractor's instructors must be at least 18 years of age. Instructors shall be able to organize and implement programs for individuals of program age and have previous experience in conducting programs. At least one instructor on site shall be certified in CPR and First Aid from a nationally recognized organization, if applicable. Instructors shall be certified in applicable professions if applicable. Instructors shall be able to prepare and compile records and reports. Instructor Assistants must be at least 16 years of age. All must be current members of the McCoy Rec Center.

Background:

- Criminal background checks are to be done on all instructors and on-site representatives of Contractor, who are instructing programs where the majority of the participants are under the age of 18 years. PRB will provide this service.

Absenteeism:

- Contractor absenteeism without notification to PRB, will be grounds for immediate dismissal and this contract shall be voided.

Relations:

- Contractor and their Instructors will work cooperatively with and represent the City of New Bedford in a positive manner; will maintain open and effective communication with participants, parents of participants (if applicable), the City of New Bedford and City of New Bedford staff members.

Invoice:

- Contractor is responsible for maintaining accurate attendance records and submission of the same with invoice(s). Payment will be made with the final invoice that must be submitted within 2 weeks after the completion of a session. Failure to turn in attendance reports may result in termination of this contract. Contractor shall submit an invoice showing all dates, locations of work, rate of payment, and any other required information regarding services rendered for which payment is requested.

W-9

- Contractor is responsible for completing an IRS Form W-9 (Request for Taxpayer Identification Number and Certificate) and returning it with the signed contract. Payment will be held until a completed W-9 has been submitted.

Contractor Initials: _____



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Insurance

The City of New Bedford requires Vendors that conduct business on City property to obtain general liability insurance from an approved insurance company listing the City of New Bedford and the Park Board or other applicable department as additionally insured and providing coverage of not less than \$1,000,000.00 per incident, \$3,000,000.00 in the aggregate for personal injury or death and \$100,000.00 for property damage. Evidence of said insurance must be submitted to the Parks, Recreation & Beaches no later than ten (10) working days prior to program registration. The only persons who are excluded from the insurance requirement are individuals and/or non-profit corporations specifically approved by the City. The City - in its sole discretion – may grant an insurance exemption to an applicant who can establish: (a) an extraordinarily low risk of personal injury and/or property damage; (b) that the income generated by the programming is de minimis or non-existent; and (c) that the party seeking the exemption is not delegating duties to employees and/or agents. Any party that is granted the insurance exemption is encouraged to obtain insurance in order to protect their own financial interest and they must sign the following statement:

I certify that I will not hold the City of New Bedford responsible in the event litigation is brought against me and/or my contracting organization. I hereby acknowledge that the City of New Bedford will not cover me or my contracting organization in the event of any litigation.

Signature of Applicant

The City of New Bedford appreciates the Contractor's acceptance and cooperation with these practices. Following these procedures will contribute favorably towards the continued success of this contract.

Contractor Name: _____

Signature: _____ Date: _____

New Bedford Parks, Recreation & Beaches Representative Name: _____

By signing the filled-out form, you:

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

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

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

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

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

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

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

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

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

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

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

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

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

Backup Withholding

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

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

Payments you receive will be subject to backup withholding if:

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

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

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

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

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Line 1

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

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

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

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

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

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

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

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

Line 2

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

Line 3

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

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

Line 4, Exemptions

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

Exempt payee code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

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

Line 5

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

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

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

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

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

Part II. Certification

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

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

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

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

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

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

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

3. Real estate transactions.

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

4. Other payments.

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

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

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

What Name and Number To Give the Requester

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

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

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

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

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

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

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

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

Secure Your Tax Records From Identity Theft

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

To reduce your risk:

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

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

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

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

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

Protect yourself from suspicious emails or phishing schemes.

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

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

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

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

Privacy Act Notice

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



THE CITY OF NEW BEDFORD
DEPARTMENT OF LABOR RELATIONS & PERSONNEL

133 WILLIAM ST, RM 212, NEW BEDFORD, MA 02740

T: 508-979-1444 | F: 508-979-1619

Criminal Offender Record Information (CORI) Acknowledgement Form

The City of New Bedford is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the City of New Bedford to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the City of New Bedford with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the City of New Bedford may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE CITY OF NEW BEDFORD
DEPARTMENT OF LABOR RELATIONS & PERSONNEL

133 WILLIAM ST, RM 212, NEW BEDFORD, MA 02740

T: 508-979-1444 | F: 508-979-1619

SUBJECT INFORMATION

The fields marked with an asterisk () are required fields.*

*First Name: _____ Middle Initial: _____

*Last Name: _____ Suffix (Jr, Sr, etc...): _____

Former Last Name (1): _____

Former Last Name (2): _____

Former Last Name (3): _____

Former Last Name (4): _____

*Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

*Last **SIX** digits of Social Security Number: _____ - _____ No Social Security Number

Sex: _____ Height: _____ ft _____ in Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS

*Street Address: _____

Apt # or Suite: _____ *City: _____ *State: _____ *Zip Code: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date