

Grant Application

The grant will be submitted in an online portal. However, these following includes the items that will be uploaded through the portal.

Organization Information:

Fort Bend County

Primary Contact: Ketan Inamdar

Financial Contact: Ed Sturdivant

Number of full time staff in the health department: 200+

Jurisdiction served: County

Size of population: Large 500,000+

Geographic Region: West South Central

Degree of Urbanization: Suburban

Type of LHD Governance: Local (LHD is unit of local government)

LHD Population:

Fort Bend County Health & Human Services (FBCHHS) serves the population of Fort Bend County, Texas. The population approaches 850,000 and is the most ethnically diverse county in the US. The population is 25.5% Hispanic, 21.6% Asian, 30.2% White and 30.2% African American. Although the county median household income is high at \$101,158, this value obscures the fact that there are areas of the county with lower SES, less English Proficiency, undocumented and otherwise marginalized populations.

The eastern portion of the county borders the Houston/Harris County area and is predominantly urban/suburban. The western portion is more suburban to rural. Farming is still a way of life for many residents in the western region. There are 17 Cities, Towns or Villages in the County with their own governments.

Fort Bend County is home to many first (28.6%) and second generation residents, with 39.5% speaking a language other than English in the home.

There are three major school districts and three smaller districts educating the youth.

FBCHHS has many programs serving the population, including: an Immunization Program, a Tuberculosis Prevention and Control Program, HIV Prevention, and STD Prevention. FBCHHS also includes Public Health Emergency Preparedness and Response, Health Communications, Education and Engagement,

Epidemiology, Environmental Health, Social Services including mental health services, Indigent Health medical financial assistance , Animal Services, and the County EMS system.

The last reported data, documents more than 9,000 live births per year, showing a large population of pregnant women per year needing particular emphasis in emergency planning efforts

Identify an infectious disease currently impacting your jurisdiction:

The Epidemiology Division examined infectious disease data for infants < 1 year of age and for women of childbearing age in Fort Bend County in 2019 and 2020. For both groups the highest incidence of infectious disease was influenza. It has been 13 years since the last influenza pandemic (H1N1) and we can expect another at some point in the future. During this past year, there have been several notices of unusual influenza variants detected in the US. The CDC's Epidemiology of Vaccine Preventable Diseases states that pregnant women and young children, especially those under 2 years of age are in the groups most at risk of complications from influenza. Planning for this group must be in the forefront of emergency planning for the county.

Describe MCH, ID, and EPR challenges faced by your LHD

For example, challenges might be related to relationships with key stakeholders/communication plans, epidemiology/ surveillance, informatics, and/or workforce:

Fort Bend County (FBC) statistics generally compare favorably with health statistics and benchmarks across Texas and the US. One area which shows less than favorable data is in the number of low birth weight babies born in FBC.

Healthy People 2020 set the target of 7.8% of live births with Low Birth Weight (LBW) infants. According to the County Health Rankings, FBC did not meet this target as 9.0% of live births from 2014-2020 with LBW. Comparing LBW across race and ethnicity groups within FBC, there are noteworthy differences. Babies with LBW are more common among Black and Asian populations compared to births of Hispanic and White.

The Healthy People 2030 goal is increasing the proportion of pregnant women who receive early and adequate prenatal care. The latest data show that FBC has a three times greater percentage of births to women receiving late or no prenatal care (30%) compared to Texas (10%) and five times greater percentage than the US (6%). Of particular note in FBC is the increase between 2019 and 2020 of births with no prenatal care. This data aligns with a 10% decrease in the number of women receiving early (first trimester) prenatal care in FBC from 2019 to 2020. In terms of health inequities, Black Women have a higher percentage receiving late or no prenatal care followed by Hispanic, Asian, Multiracial, and other races, and White women in Texas and FBC

The data shows that in FBC an issue with engaging a portion of pregnant women in the important prenatal care, which leads to a disconnect when addressing this population for emergency planning and particularly for this demonstration project of engaging them in particular behaviors for prevention of infectious disease leaving them more vulnerable during an infectious disease emergency such as an influenza pandemic or even just a year with higher than normal number of cases, hospitalizations or deaths.

CDC's NCCCDPHP recognizes that any disaster impacting the community may also disrupt the availability of pre-natal care or the ability to access such care. Disaster planning must include recognition of this

vulnerable population. Access to pre-natal care should be encouraged and steps to promote care must be taken in any circumstances, but is a key indicator of MCH health during and post-disaster.

A challenge for the health department is the ability to engage with the many and varied health care providers who could provide pre-natal care, but also it is challenging to identify and connect with the women in the community who need the education and the access to care. During the COVID pandemic, the health department used the Social Vulnerability Index to identify populations within the county most likely to be without access to preventive practices such as vaccines and also to accurate and timely information about the pandemic and the measures they can take to protect themselves. This index of vulnerability can also indicate areas where action can be taken to engage, communicate and link to care, information, disaster planning and response.

Tell us about your existing partnerships, both within the LHD and with external stakeholders. In your response, describe the level of collaboration among MCH, ID, and EPR, and other relevant departments, at your LHD, and identify external partners that you need to work with to meet your goals.

Fort Bend County Health & Human Services (FBCHHS) Divisions, Public Health Emergency Preparedness and Response, Clinical Health Services, Epidemiology, Environmental Health, Social Services and EMS, frequently collaborate with each other and the Health Communications, Education and Engagement program. The Division managers meet as the leadership team of the health department to understand cross program issues, needs and projects. During community incidents, whether a natural disaster, infectious disease outbreak or potential multiple casualty event, there is ongoing, deliberate coordination of efforts and critical incident information sharing.

The recent COVID-19 pandemic response illustrates the collaborative effort: Epidemiology completed surveillance, contact tracing and data analysis which was provided to Health Communications for accurate messaging to elected officials and community about the state of the county regarding the pandemic, and educating the community on latest guidance from CDC and the state, and allowed PH emergency preparedness to set up testing and vaccination locations where most needed. Clinical Health Services lent expertise and personnel to the vaccination effort. A new grant-funded clinical response team was developed to address long term response to the pandemic, ensuring that core clinical public health functions could resume their pre-pandemic service levels. Social Services partnered with the County financial system to assist residents experiencing economic hardship due to the pandemic. Social Services used grant funding to begin a mental health team addressing the mental and behavioral health concerns presenting in those in financial needs. Environmental Health assisted food service establishments following ever-changing guidance about people eating out or drive-through. EMS transported patients, but also provided medical observation at vaccination sites. One popular EMS service was homebound vaccinations for elderly and incapacitated residents. The Long Term Response clinical team continues this. All activities were orchestrated with recurring meetings to discuss the data, the community response and the needs.

As with all local health departments, there are never enough internal staff for the work needed in the community. One 10 Essential Public Health Service is to "Mobilize community partnerships and action to identify and solve health problems." FBCHHS partners with many community organizations for collaborative efforts, including with:

- the FQHC for COVID-19 testing sites and vaccination delivery

- Behavioral Health Services, Sheriff's Office, hospitals and gastroenterologists for the Delivery System Reform Incentive Payment program of the 1115 Medicaid Transformation Waiver
- social services agencies creating an online interactive local service directory
- school districts and other non-profit agencies such as Boys and Girls Clubs for vaccine sites and marketing within their clients, and
- Partnering between FBCHHS Social Services Division, social service agencies and non-profits to create a platform to share client data (with permission) allowing for better assistance to the clients without them visiting from agency to agency for assistance.

FBCHHS does not have an internal Maternal Child Health program and will work with one of its ongoing partners, AccessHealth (FQHC), and new partners for this planning grant. One new partner is Young Lives, a 501c3 organization working with pregnant teens (~120 annually) in the school districts of the county.

Describe how this project will increase the capacity of your LHD to meet the needs of pregnant people and infants, and reduce inequities related to public health emergencies.

In your response, please include how you envision your MCH, ID, and EPR departments working together to achieve these goals and the types of activities that you hope to incorporate into your project plans.

Planning activities for the project:

Realizing that during the Technical Assistance meetings, the direction of some of these plans may change or be discarded, the initial ideas for planning and coordination needs are:

1) Strengthen the communications reach and messaging for pregnant people and the infants:

- a multidisciplinary team will be created to coordinate the activities associated with this planning grant: Public Health Emergency Planning and Response (PHEPR), Epidemiology (Epi) , Maternal Child Health (from the AccessHealth FQHC)(MCH), Social Support (Internal Social Services and the Young Lives 501c3), Health Communications, Education and Engagement (CEE).
- development of a communications plan specifically aimed at the increased risk for pregnant women during a potential infectious disease epidemic/pandemic, specifically for influenza but with flexibility for other infectious diseases. This communications plan will need to cover stages of an epidemic such as pre-testing capability, pre-vaccination capability and so will provide information on infection prevention, caring for ill persons, focusing on pregnant women and young children and will be able to be modified as guidance from federal and local experts changes. The communications plan will need to be tested with the target populations to ensure that they can be reached, that the messages are clear and that they can be trusted. Messaging will need to be in different languages and at an appropriate literacy level
- PHEPR and Epidemiology staff along with CEE outreach staff will develop a database of MCH providers in the community to include Maternal and Child Health care providers to understand their messaging push capabilities to their clients and best methods for guidance for the professionals for emergency communications

- Community partners in high SVI areas will be contacted to engage them in the best venues and methods of emergency communications for pregnant women in their communities

2) Increase access to prenatal care and encourage early access to care:

- Although not the main focus of this initiative, increased access and acceptance of early and continued pre-natal care will allow the local health department more capability to reach pregnant women while engaged in care. Outreach staff and Health Disparities staff will make note of communities where they encounter pregnant women who may not be accessing pre-natal care. Epi and PHEPR staff incorporate methods into existing protocols to identify care providers in various areas for potential referrals for the women encountered. Existing partners such as the FQHC will make available their referral information to be provided in the field.

3) Strengthen Support for Pregnant women in inequitable situations:

- working with social service and other 501c3 organizations, the local health department staff will assist with referrals of pregnant women or women with infant children to build their resilience to potential disasters including an influenza epidemic
- support needed may include stable housing, food, a medical home, access to supplies needed for the infant (diapers, crib, clothing), employment possibilities, legal assistance, completion of academic requirements.

4) Emergency Response with a focus on pregnant women and infants:

- PHEPR shelter and evacuation planning must include safe sheltering for pregnant women and for women with infant children. EPI staff can assistance with projections of need for this population using pandemic estimation methodology
- provision of sleeping areas for pregnant women (not a cot on the floor if possible), cribs/pack-n-play sleeping accommodations for infants
- clean and sheltered nursing/lactation areas (provision of breast pumps and bottles)
- supplies for infants (diapers, formula, food)
- isolation capabilities for pregnant women and for infants to lessen the exposure to influenza and other potential infectious diseases
- prioritization of pregnant women for vaccinations with ease of registration and medical oversight

5) Ongoing evaluation and assessment of program activities:

- The project team will meet regularly with the technical assistance staff and internally to assess the progress, successes and challenges of the planning and support activities.
- the final report will include the changes made to the plans and also of results from the various activities.
- lessons learned will be incorporated into the plans for Fort Bend County's Annex H - Health and Medical and after -action reviews of any future exercises or actual activations will include a focus on the results for pregnant women and women with infants as a particular population for evaluation.

How will this project build community resilience in your jurisdiction? See the appendices in the RFA for sample measures related to community resilience.

This planning effort to include the needs of pregnant women and mothers with infant children into all aspects of PH emergency planning, focusing on infectious diseases, will be a step in engaging pregnant women into prenatal care and especially early pre-natal care. Strengthening links to access to care and emergency planning by pregnant women and by the service providers in the community will reduce preterm births and infant deaths.

The Risk Communication assessment questions that will have an improved measure for our Local Public Health System are the following:

3.2.1 Develop health communication plans for media and public relations

This initiative will strengthen the health communication plans by the inclusion of specific content regarding pregnant women and women with infant children during emergencies and the distribution plan will include those providers and support agencies who are working with them.

3.3.1 At what level does the LPHS develop an emergency communications plan for each stage of an emergency

This planning initiative will improve the by-stage planning in two ways:

- The plan will address the risk to pregnant women and infants specifically at the various stages of an infectious disease outbreak. Before testing is widely available, with testing but before vaccines, and while there are vaccines.
- The reach out to community leaders, and medical providers may change as guidance changes or because agencies and providers may be more or less available to the community at various stages of an outbreak, so methods of communication will need to change

Describe your LHD's experience developing and conducting preparedness plans, exercises, and responses.

Fort Bend County Health & Human Services (FBCHHS) began its "bioterrorism program" in 2002 when the first DHS funding became available through the state of Texas. Since then FBCHHS has maintained the program and added a Cities Readiness Initiative program as well as having taken advantage of many special funding initiatives such as for West Nile Virus, H1N1, Ebola, and COVID-19. The program is responsible for the Annex H (Health and Medical) of the Fort Bend County emergency plan and is present and fully activated during any "all-hazards" event that the county encounters. The program is currently undergoing the 3 year revision cycle for Annex H. While there are always exercise requirements for the local jurisdictions on annual basis, the department has also taken the responsibility for contracting for regional planning exercises as well. Exercises range from table top to full-scale activation exercises.

The Public Health Emergency Preparedness and Response Division staff are always activated during an emergency, but also are responsible for coordinating the response of the FBCHHS department to partner with the county Emergency Operations Center and the other responding county departments (Sheriff, EMS, Road and Bridge, etc.)

Examples of response actions are: responsibility for individuals in Fort Bend County living with disabilities that make them more vulnerable during a disaster; setting up medical shelters; managing and activating the Medical Reserve Corps; assisting with providing public health information to the cities within the county; providing infectious disease alerts to EMS, Fire and Police in the county.

Describe your LHD's current data surveillance capacity

Fort Bend County HHS Epidemiology Division consists of Epidemiologists, Data Analysts, Data Entry personnel and administration. The Division contributes reports to the National Electronic Disease Surveillance system and to outbreak management systems as required by the state of Texas.

Influenza (flu) virus infection is more likely to cause severe illness in pregnant people than individuals of reproductive age who are not pregnant. Changes in the immune system, heart, and lungs during pregnancy may make pregnant women (and people up to two weeks postpartum) more likely to become seriously ill from influenza, resulting in hospitalization and this illness may last up to two weeks after the baby is born.

FBCHHS monitors and analyzes information on outpatient and emergency room visits to health care providers for influenza-like illness (ILI) through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), and Texas ILINet. Fort Bend County has also enrolled multiple schools into our school-based surveillance system to monitor epidemic influenza-like illness in a community. Additional data on reported medically attended visits for ILI reported are used to monitor visits for influenza-like illness using the Texas Syndromic Surveillance (TxS2). We currently produce a flu report on a weekly basis to monitor ILI and other respiratory virus activity within Fort Bend County. FBC Epidemiology Department collect information from data sources to determine and detect changes in influenza activity; measure the impact influenza is having on illness, hospitalizations, and deaths within Fort Bend County residents; and develop public health interventions to reduce the spread of influenza disease.

Entities

1

ACTIVE
REGISTRATION

0

WORK IN PROGRESS
REGISTRATION

0

SUBMITTED
REGISTRATION

1

ID
ASSIGNED

0

PENDING ID
ASSIGNMENT

Next Update Due: **Jul 1, 2023** | Due in Next 30 days: **0 Entities**

SUMMARY BUDGET

Fort Bend County

for Bridging Preparedness, Infectious Disease, Maternal-child Health, and Birth Defects within Cities and Counties
December 2022 through July 31, 2023

			Period 1 (Contract start - 7/31/2023)		Total Requested Funds	% Total Budget
A		Personnel	\$ -	\$ -	\$ -	0.0%
B		Fringe Benefits	\$ -	\$ -	\$ -	0.0%
C		Travel	\$ -	\$ -	\$ -	0.0%
D		Equipment	\$ -	\$ -	\$ -	0.0%
E		Supplies	\$ 10,000.00	\$ -	\$ 10,000.00	50.0%
F		Contractual	\$ 10,000.00	\$ -	\$ 10,000.00	50.0%
H		Other	\$ -	\$ -	\$ -	0.0%
J		Total Indirect costs	\$ -	\$ -	\$ -	0.0%
K		Total	\$ 20,000.00	\$ -	\$ 20,000.00	100%

LINE-ITEM BUDGET TEMPLATE

Fort Bend County

*Demonstration Sites for Bridging Preparedness, Infectious Disease, Maternal-child Health, and Birth Defects within Cities and Counties Project
December 2022 through July 31, 2023*

Line Items	Requested Amount through July 31, 2022		Cost Justification
Personnel (Name)			
	\$ -	\$ -	
Personnel Subtotal	\$ -	\$ -	
Fringe Benefits (X%)	\$ -	\$ -	
Travel			
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
Travel Subtotal	\$ -	\$ -	
Equipment			
	\$ -	\$ -	
	\$ -	\$ -	
Equipment Subtotal	\$ -	\$ -	
Supplies			
Pack-n-play type infant sleeper with mattress pad and sheets	\$ 4,500.00	\$ -	The supplies are all for emergency planning support of the pregnant women in our community who may not have stable housing for disasters and for isolation/quarantine situations Assumption of 20-25 women per event
Breast pumps and supplies	\$ 2,500.00		
Infant/baby bottles/formula	\$ 2,000.00		
Diapers / Infant clothing	\$ 1,000.00	\$ -	
Supplies Subtotal	\$ 10,000.00	\$ -	
Contractual Costs			
Salary Portion of Community Health Worker at our partner FQHC	\$ 10,000.00	\$ -	The individual will dedicate a portion of their work effort to the Bridging grant activities. Participating with TA calls and connecting with the pregnant clients at the FQHC and the mothers with infants.
	\$ -	\$ -	
	\$ -	\$ -	
Contractual Subtotal	\$ 10,000.00	\$ -	
Other			
	\$ -	\$ -	
Other Subtotal:	\$ -	\$ -	
Subtotals of Direct costs	\$ 20,000.00	\$ -	
Indirect (X%)	\$ -	\$ -	
Grand Total	\$ 20,000.00	\$ -	

NACCHO

Demonstration Sites for Bridging Preparedness, Infectious Disease, Maternal-Child Health, and Birth Defects within Cities and Counties Project

Applicant: Fort Bend County (Health & Human Services)

Budget Justification

Salary	\$0
Fringe	\$0
Travel	\$0
Equipment	\$0
Supplies	\$10,000

In accordance with the ASPR HHS Maternal-Child Health Emergency Planning Toolkit, the following identified supplies are critical for sheltering, isolating or quarantining pregnant mothers who may deliver or mothers with young infants. Because the mother/child may be displaced or otherwise unprepared, the following supplies are requested with an estimated 20-25 women impacted in an infectious disease emergency

Pack-n-play type sleeping system for infants and young babies, to include mattress covers, sheets and blankets. \$180 per set up x 15 infants/babies \$4,500

Breast pumps and supplies for women whose infant cannot nurse or who are separated from the infant. \$250 per unit with supplies x 10 mothers \$2,500

Infant/baby bottles and formula for separated mothers and babies or where mother is unable to nurse. \$100 per set up x 10 \$1,000

Formula (to be purchased as needed due to shelf life)
Cases of formula \$100 / case x 10 \$1,000

Diapers and infant clothing. \$100 per set up x 10 \$1,000

Contractual	\$10,000
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Because Fort Bend County Health & Human Services does not include a Maternal-Child Health program, the project will involve partnering with our long-term partner, the local FQHC, AccessHealth. The cost is for one third of the salary of a Community Health Worker on their staff to work with FBCHHS on the planning project and to conduct outreach and communication with their clients (approximately 180-200 pregnant women per year)

Community Health Worker – Annual Salary \$30,000 x 33% of time \$10,000

Other	\$0
<u>Total Direct Costs</u>	<u>\$20,000</u>
Indirect Costs	\$0
<u>Total Budget Request</u>	<u>\$20,000</u>



VENDOR INFORMATION FORM

Organization

Official Name of Organization: _____

EIN: _____ DUNS: _____

SAM Unique Entity ID: _____ CAGE Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact

Name: _____

Title: _____

Organization: _____

Address (if different from above): _____

Telephone: _____ Fax: _____

Email Address: _____

Person to Receive Contract from NACCHO for Signature

Name: _____

Email Address: _____

Authorized Signer for Contract

Title: _____

Organization: _____

Address (if different from above): _____

Telephone: _____

Email Address: _____

Accounts Payable Information

Name (Attn): _____

Address (if different from above): _____

Telephone: _____

Email Address: _____

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Fort Bend County

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

Fort Bend County

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

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

Political subdivision of the State of Texas

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

Exempt payee code (if any) X

Exemption from FATCA reporting code (if any) _____

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

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

301 Jackson St. Suite 201

6 City, state, and ZIP code

Richmond, TX 77469

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

7 4 - 6 0 0 1 9 6 9

or

Employer identification number

7 4 - 6 0 0 1 9 6 9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign
Here

Signature of
U.S. person ►

James Kover

Date ►

1/7/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that _____ has not been debarred or suspended pursuant to 2 CFR 200 SUBPART C (200.208) and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 "Debarment and Suspension" and 2 CFR 180.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
ORGANIZATION	DATE SIGNED