

## **AGREEMENT KC-023-24**

This Agreement is entered into between Kitsap County Human Services Department and Kitsap County Fire District #18 dba the Poulsbo Fire Department for the Kitsap Fire CARES Program (community assistance, referral, and education services) in Poulsbo, South Kitsap, Central Kitsap, North Kitsap, and Bainbridge Island. Serving 2000 individuals annually.

### **I. Purpose**

This Agreement is for the appropriation of \$375,000 for the purpose of augmenting state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data-driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460 for the time period January 1, 2024 – December 31, 2024. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this agreement may be used to supplant existing funding for these programs.

### **II. Collaboration and Collective Impact**

The Poulsbo Fire Department shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. The Poulsbo Fire Department will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by the Poulsbo Fire Department and respective systems that can be addressed through collective impact strategies. Examples of such systems include: mental health, aging, veterans, child protection and welfare, adult protection and welfare, education, juvenile justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All entities providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

### **III. Identification and Coordination of Available Funding Sources**

The Poulsbo Fire Department is required to identify and coordinate all available funding resources to pay for the mental health and chemical dependency services funded by this agreement, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance and other private sources. The 1/10<sup>th</sup> of 1% funding should be utilized as a Payor of Last Resort.

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#### **IV. Project Description**

This project will provide behavioral health services within the prevention/crisis intervention level of the continuum of care and addresses the following strategic goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and wellbeing of Kitsap County residents.

The Poulsbo Fire Department will manage a Kitsap Fire CARES Program (community assistance, referral, and education services). Kitsap Fire CARES will consist of mobile units throughout Kitsap.

The CARES staffing breakout:

CARES Teams

(3) Bachelor level or greater Social Workers: One in Poulsbo, One in Central Kitsap, One to be hired in South Kitsap

(3) Firefighter EMT or Qualified Crisis Responder: One in Poulsbo, One in Central Kitsap, One to be hired in South Kitsap

Executive Leadership:

(3) Fire Chiefs: One from Poulsbo, One from Central Kitsap, One from South Kitsap

(1) Social Services Director from Poulsbo

SUDP services provided by partnership with Kitsap Recovery Center

Program Managers:

(3) Medical Officer/Captains One in Poulsbo, One in Central Kitsap, and One in South Kitsap

The program estimates serving 2000 individuals in 2024.

#### **V. Project Activities**

The CARES Unit will respond to fire, police, school, and social service agency requests for service, and respond in the field either immediately or with a follow up visit. Services will include non-clinical assessment, non-clinical evaluation, education, referrals, care

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planning and case management. The CARES Unit will be equipped with standard medical and outreach supplies and can transport or arrange transport to non-emergency room destinations. Staff will work closely with Designated Crisis Responders and staff at our County hospital and behavioral health agencies.

The CARES Program will respond to calls involving behavioral health issues, defined here as mental health disorders (including cognitive decline), substance use disorders, and suicidality. Services will focus on areas served by the Poulsbo Fire Department, Central Kitsap Fire, South Kitsap Fire, North Kitsap Fire, and Bainbridge Island Fire Departments. Case management services will be provided to 50 to 75 individuals per department. The CARES Unit will provide support to individuals while they are waiting to connect to providers and will work with providers to ensure timely, successful handoffs into care.

The Poulsbo Fire Department will employ a Crisis Intervention Officer to staff their CARES Unit and provide in field supervision for a behavioral health specialist. Central Kitsap and South Kitsap will employ Fire Fighters, Social Workers and Crisis Responders to staff their CARES units. All Fire Departments will provide a vehicle appropriate for use as a CARES Unit. Operational supervision of the CARES Units will be provided by the Department's Medical Officer.

## **VI. Project Design**

The Washington State legislature authorized fire-based CARES programs in 2017 (RCW 35.21.930). This legislation recognizes low-acuity assistance, education and referral services as an emerging best practice, and mandates the state Department of Health to work with fire departments to support these programs. CARES units exist throughout Washington state (including King, Pierce, Snohomish, Jefferson, and Spokane counties) and have been widely praised for their capacity to reduce emergency health care utilization and improve patient outcomes.

The CARES approach is recognized as a best practice outside of Washington State. Fire services, nationwide, are creating low acuity mobile services, or Mobile Integrated Healthcare Units (MIH), in recognition of their importance in crisis prevention, non-emergent field response, and follow up case management.

Kitsap Fire Cares goal is to enhance the quality of life and decrease the suffering of citizens relying on 911 services for assistance. To meet this goal, we will use the following KPI's.

1. Reduce Harm from Substance Abuse Disorders: direct access to contracted CARES SUPD, detox services, inpatient rehabilitation
  2. Access to Behavioral Health and Medical Care: connect citizens directly to behavioral health and PCP services.
  3. Promoting Enhanced Mobility: CARES provides prescriptions and connections to physical therapy.
  4. Food security: Connect citizens with SNAP benefits, food banks.
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5. Financial Security: Establish VA, SS and DSHS benefits for citizens.

## **VII. Project Outcomes and Measurements**

The Poulsbo Fire Department will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are reviewed by the Citizens Advisory Committee and monitored by the Human Services Department. The Poulsbo Fire Department will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs meet expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs).
- Level of change occurring among participants (outcomes).
- Return-on-investment or cost-benefit (system savings) if evidence-based
- Adherence to the model (fidelity).
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report on).

Data will be collected to monitor the following goals and objectives identified by the Poulsbo Fire Department:

Goal #1: Divert individuals with behavioral health issues from the emergency response systems.

Objective #1: Understand general number of participants and services including:

- Outreach visits
- Individuals served
- Individuals referred to services
- Individuals connected to services
- Kinds of services provided (home visits, transportation, case management)

Objective #2: Individuals receiving case management from CARES team show a 50% reduction in emergency room utilization and emergency transports when comparing period 6 month prior to participation and 6 months after case management begins.

Goal #2: Improve health and wellbeing of program participants.

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Objective #3: Individuals receiving assistance from CARES team or geriatric case manager will self-report improved social/health outcomes because of program.

Goal #3: Enhance collective impact among Kitsap providers.

Objective #4: Agencies and organizations working with CARES Unit report improved cross agency communication and impact because of program.

### **VIII. Data Collection and Reporting**

The Poulsbo Fire Department will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, October 31, 2024 and January 31, 2025 each year funding is received under this grant detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

### **IX. Billing and Payment**

Payments to the Poulsbo Fire Department shall be requested using an invoice form, which is supplied by the County. Poulsbo Fire Department invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Poulsbo Fire Department is authorized to receive payments in accordance with the cost reimbursable budget included under this agreement. The Poulsbo Fire Department will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Poulsbo Fire Department must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of the year-to-date budgeted total.

All payments to be made by the County under this agreement shall be made to:

Poulsbo Fire Department  
911 NE Liberty Rd  
Poulsbo, WA 98370

The agreement shall not exceed the total amount indicated on the cover sheet of this agreement and any other modifications hereof.

### **X. Duration**

This agreement is in effect from January 1, 2024 – December 31, 2024.

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**XI. Amendments**

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

**XII. Attachments**

The parties acknowledge that the following attachments constitute a part of this agreement:

**Attachment A: Budget**



KC-023-24

This Agreement shall be effective January 1, 2024.

Dated this 22 day of February, 2024. Dated this 11 day of March, 2024.

**CONTRACTOR**  
**KITSAP COUNTY FIRE DISTRICT #18**  
**dba POULSBO FIRE DEPARTMENT**

DocuSigned by:

*Jim Gillard*

\_\_\_\_\_  
Jim Gillard, Fire Chief

**KITSAP COUNTY BOARD OF**  
**COMMISSIONERS**

*Katherine T. Walters*

\_\_\_\_\_  
KATHERINE T. WALTERS, Chair

*Christine Rolfes*

\_\_\_\_\_  
CHRISTINE ROLFES, Commissioner

*Charlotte Garrido*

\_\_\_\_\_  
CHARLOTTE GARRIDO, Commissioner



ATTEST:

*Dana Daniels*

\_\_\_\_\_  
Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office



## ATTACHMENT A: BUDGET

### Mental Health, Chemical Dependency and Therapeutic Court Program 2024 Special Project Budget Form

Agency Name: **Poulsbo Fire Department** Project: **Kitsap Fire CARES**

Enter the estimated costs associated with your project/program	2023			2024		
	Award	Expenditures	%	Request	Modifications	%
<b>Personnel</b>						
Managers		\$ 30,000.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 188,732.00	\$ 260,000.00	138%	\$ 315,000.00	\$ 126,268.00	67%
Total Benefits	\$ 47,183.16	\$ 40,000.00	85%	\$ 60,000.00	\$ 12,816.84	27%
<b>SUBTOTAL</b>		<b>\$ 285,000.00</b>	<b>#DIV/0!</b>	<b>\$ 375,000.00</b>	<b>\$ 375,000.00</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment		\$ 6,000.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 500.00	\$ 500.00	100%	\$ -	\$ (500.00)	-100%
Other (Describe):		\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>		<b>\$ 6,500.00</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ 500.00	\$ 480.00	96%	\$ -	\$ (500.00)	-100%
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 500.00	\$ 460.00	92%	\$ -	\$ (500.00)	-100%
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 10,000.00	\$ 8,000.00	80%	\$ -	\$ (10,000.00)	-100%
% Indirect (Limited to 5%)	\$ 5,000.00	\$ 3,000.00	60%	\$ -	\$ (5,000.00)	-100%
Other (Julota required software):	\$ 20,000.00	\$ 35,000.00	175%	\$ -	\$ (20,000.00)	-100%
<b>SUBTOTAL</b>	<b>\$ 36,000.00</b>	<b>\$ 46,940.00</b>	<b>130%</b>	<b>\$ -</b>	<b>\$ (36,000.00)</b>	<b>-100%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 36,000.00</b>	<b>\$ 338,440.00</b>	<b>940%</b>	<b>\$ 375,000.00</b>	<b>\$ 339,000.00</b>	<b>942%</b>

NOTE: Indirect is limited to 5%



## Mental Health, Chemical Dependency and Therapeutic Court Program 2024 Project Salary Summary

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**Agency Name: Poulsbo Fire Department**

**Project: Kitsap Fire CARES**

### Description

Number of Professional FTEs	6.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.60
<b>Total Number of FTEs</b>	<b>6.60</b>

### Salary Information

Salary of Executive Director or CEO (Fire Chief 5 % of time spent on CARES program)	\$	208,000.00
Salaries of Professional Staff	\$	645,000.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: Program managers	\$	60,000.00
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
<b>Total Salaries</b>	<b>\$</b>	<b>913,000.00</b>
Total Payroll Taxes	NA	
Total Cost of Benefits	\$	60,000.00
Total Cost of Retirement	\$	60,000.00
<b>Total Payroll Costs</b>	<b>\$</b>	<b>1,033,000.00</b>

Enduris  
**EVIDENCE OF COVERAGE**

**INSURED/PARTICIPANT:**

Poulsbo Fire Department  
911 NE Liberty Road  
Poulsbo, WA 98370

**MEMORANDUM#:** 2024-00-615

**EFFECTIVE:** September 1, 2023 through August 31, 2024

*This is to certify that the Memorandum of Coverage has been issued to the Insured/Participant for the period indicated.*

**CERTIFICATE HOLDER:**

Kitsap County Human Services Department  
614 Division St. MS-23  
Port Orchard, WA 98366

*The Evidence of Coverage does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.*

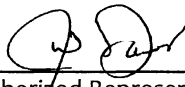
COVERAGE:	PER OCCURRENCE LIMIT	AGGREGATE LIMIT
<b>COMPREHENSIVE GENERAL LIABILITY</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>
<i>Professional Liability</i>	\$1,000,000	\$2,000,000
<i>Personal Liability</i>	\$1,000,000	\$2,000,000
<i>Products – Complete Operation</i>	\$1,000,000	\$2,000,000
<b>AUTO LIABILITY</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>
<i>Combined Single Limit; Hired and Non-Owned; Temporary Substitute</i>	\$1,000,000	\$2,000,000
<b>CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY</b>	<b>N/A</b>	<b>N/A</b>
<i>Per Occurrence Aggregate</i>	N/A	N/A
<b>PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY</b>		
<i>Property</i>	N/A	N/A
<i>Mobile Equipment</i>		
<b>AUTOMOBILE PHYSICAL DAMAGE</b>	N/A	N/A
<b>OTHER COVERAGE: N/A</b>	<b>N/A</b>	<b>N/A</b>

**CANCELLATION:**

Should any of the above described coverage be cancelled before the expiration date of thereof. Notice will be delivered in accordance with the provisions of the MOC.

**MEMO:**

Evidence of Coverage  
Reference: Agreement, KC-023-24



Authorized Representative  
January 30, 2024



## Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name:  Principal:  From:  To:   
WA UBI Number:  RCW:   
License Number:  Penalty Due:  Wage Due:

[Download all debarment data](#)

Show  per page Showing 0 records First Previous Next Last

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.									

Show  per page Showing 0 records First Previous Next Last

## Debarred Contractors List

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Company Name:  Principal:  From:  To:   
WA UBI Number:  RCW:   
License Number:  Penalty Due:  Wage Due:

[Download all debarment data](#)

Show  per page Showing 0 records First Previous Next Last

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.									

Show  per page Showing 0 records First Previous Next Last

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Kitsap County Fire District #18</b>	
<b>2</b> Business name/disregarded entity name, if different from above <b>Poulsbo Fire Department</b>	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <small>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.</small>  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Kitsap County Junior Taxing District</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>911 NE Liberty Road</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Poulsbo, WA 98370</b>	
<b>7</b> 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.

<b>Social security number</b>											
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or											
<b>Employer identification number</b>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> </tr> </table>	9	1	-	1	9	9	9	8	3	4	
9	1	-	1	9	9	9	8	3	4		

### Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Wendy Luther</i>	Date ▶ 1/31/24
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### 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](http://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.*