



NORTH CAROLINA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF COASTAL MANAGEMENT  
MARINE SEWAGE PUMPOUT STATION GRANT PROGRAM

# APPLICATION

Grantee Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Marina Website: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ \*DUNS Number: \_\_\_\_\_

Grantee fiscal year dates: Circle one: Jan 1-Dec 31 July 1-June 30, Oct 1 - Sept 30 other: \_\_\_\_\_

Address: \_\_\_\_\_  
*(address is where all correspondence concerning the grant will be sent)*

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

(Complete if different than grantee)

Name of Marina : \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of waterbody the facility is located on or next to: \_\_\_\_\_

*(Include copy of navigation chart or topographic map showing exact location of marina)*

## PROJECT DESCRIPTION

- |   |   |
|---|---|
| <input type="checkbox"/> Portable Pumpout Station                             | <input type="checkbox"/> Fixed Pumpout Station        |
| <input type="checkbox"/> Combination Pumpout and Dump Station                 | <input type="checkbox"/> Slip-side Pumpout            |
| <input type="checkbox"/> Expansion/Improvement/Renovation of Existing Service | <input type="checkbox"/> Portable Toilet Dump Station |

Explain fully, including Brand or Manufacturer (attach additional sheets if necessary including any engineering):

Pumpout/Dump Station waste will discharge to:

\_\_\_ City Sewer (Submit evidence, **in writing**, of consent from owner of the system.)

\_\_\_ Septic System (Submit evidence, **in writing**, of approval of from local health officials, stating that sufficient sewage disposal capacity is available.)

\_\_\_ Unit will be emptied by licensed septic hauler for disposal by a treatment facility. (Submit evidence, **in writing**, of a contract with a licensed septic hauler as well as approval from local health officials.)

\_\_\_ Other (explain): \_\_\_\_\_

Location of Pumpout/Dump Station (attach map indicating location):

- \_\_\_ on bulkhead      \_\_\_ fuel dock      \_\_\_ mobile
- \_\_\_ other dock      \_\_\_ all slips

**PUMPOUT/DUMP STATION OPERATION**

Who will operate the facility:    \_\_\_ boater self serve      \_\_\_ marina staff  
\_\_\_ other (describe): \_\_\_\_\_

Availability of Service

- Months (circle)                      Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.
- Days (circle)                          Daily (or only) Mon. Tue. Wed. Thu. Fri. Sat. Sun.
- Hours                                      24 Hours or Between \_\_\_ a.m. and \_\_\_ p.m.
- Fee Charged                              Free or \$\_\_\_\_\_/use (Maximum of \$5.00)

Expected Date To Begin New Pumpout/Dump Station Service: \_\_\_\_\_

**Please note that no work or purchases on the project can begin until a contract with the NC Department of Environmental Quality has been executed.**

\* Created in 1962, the Data Universal Numbering System or D-U-N-S® Number is Dun & Bradstreet's copyrighted, proprietary means of identifying business entities on a location-specific basis. **Assigned and maintained solely by D&B, this unique nine-digit identification number has been assigned to over 100 million businesses worldwide.**

**A D-U-N-S® Number remains with the company location to which it has been assigned even if it closes or goes out-of-business.** The D-U-N-S® Number also "unlocks" a wealth of value-added data associated with that entity, including the business name, physical and mailing addresses, tradestyles ("doing business as"), principal names, financial, payment experiences, industry classifications (SICs and NAICS), socio-economic status, government data and more. The D-U-N-S® Number also links members of corporate family trees worldwide.

The D-U-N-S® Number is widely used by both commercial and federal entities and was adopted as the standard business identifier for federal electronic commerce in October 1994. **The D-U-N-S Number® was also incorporated into the Federal Acquisition Regulation (FAR) in April 1998 as the Federal Government's contractor identification code for all procurement-related activities.**

Grantees who need a DUNS can go to <http://fedgov.dnb.com/webform/> to apply.

**GRANT REQUEST**

Please provide detailed information for each item below, and attach price quotes or cost breakdowns if available.

Brand or Manufacturer: \_\_\_\_\_

Cost of Pumpout/Dump Station \$ \_\_\_\_\_

Site Improvement Costs \$ \_\_\_\_\_

Permit Fees \$ \_\_\_\_\_

Engineering Costs \$ \_\_\_\_\_

Other Costs (If applicable) \$ \_\_\_\_\_

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

**Amount of Assistance Requested**

75% of Total Project Cost (\$20,000 Maximum) \$ \_\_\_\_\_

**Required Match**

Matching Funds\* (See Grant Guidelines. Must provide a minimum of 25% match).

Cash \$ \_\_\_\_\_

\* Inkind Services \$ \_\_\_\_\_

**TOTAL MATCH\*** \$ \_\_\_\_\_ % of total project cost

*\*(If Inkind services are provided, a breakdown of costs must be included ie: 10 manhours @ \$12.00/hour for plumbing labor, etc.)*

Additional Details:

Return Application To: NC Department of Environmental Quality  
 NC Clean Marina Program  
 Attn. Pat Durrett  
 400 Commerce Ave  
 Morehead City, NC 28557

## TERMS AND CONDITIONS

IN SUBMITTING THIS PROJECT PROPOSAL, THE APPLICANT BODY HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH AS FOLLOWS:

A. **Plans and specifications, including all contract documents and any subsequent changes, must be submitted to the Department of Environmental Quality for review and approval prior to construction start-up. Materials and installation shall not occur until a signed original contract between the Department of Environmental Quality and the marina owner/operator is received.**

B. **Sewage disposal agreements with local waste water treatment plants, local sanitary commissions, and or public works departments if applicable, shall be submitted to the local Health Department prior to construction of the marine pumpout/dump station.**

C. **The recipient shall meet on-site with a representative of the Division of Coastal Management to ensure that the required pumpout facility installed, easily accessible and operable, prior to receiving grant reimbursement.**

D. Plans and specifications for the pumpout/dump facilities shall be submitted and approved by the local Health Department prior to construction of the marine sewage pumpout/dump station.

E. The marine pumpout/dump station shall be used for the collection of boat sewage only. No bilge or oily waste shall be collected in the marine pumpout/dump station.

F. No construction of additional slips or additional on-shore facilities is authorized by this grant.

G. The design of the project shall be provided by the marina owner or the agent of the marina. **All necessary permits must be secured by said marina owner/agent and submitted with the application.**

H. If the marina owner or agent is not the prime contractor, then the marina owner/agent shall solicit competitive bids for the installation of the project. Bids will be received and compiled by the marina owner/agent. The Department reserves the right to have a representative present at the bid opening.

I. The marina owner or agent is responsible for compliance with all permit requirements, state and local codes and the inspection of the project to insure compliance of materials, products, and workmanship with the approved plans and specifications. Periodic inspections and a final inspection shall be made by the Department to insure funds are properly spent and that the pumpout is installed, easily accessible and operable. These inspections will not include design/engineering adequacy nor State and Local code compliance as these items are the responsibility of the installer.

J. Any payment to contractors in excess of the approved bid must be approved by the Department prior to payment to be eligible for reimbursement.

**The following documents must be supplied to the Department before the application for a grant can be processed for payment.**

1. A signed original contract between the Department of Environmental Quality and the marina owner/operator.
2. An invoice on the marina letterhead listing the amount spent on each contractor or subcontractor. A total of the amount spent and a statement certifying that the invoice is just and correct and that

payment has not been received.

3. Copies of local Health Department permit/authorization.
4. Copies of local inspection certificates, health, electrical and plumbing.
5. Copies of all paid invoices and cancelled checks.

K. The Department of Environmental Quality, Division of Coastal Management, will supply two standardized Pumpout/Dump Station signs that credit the US Fish & Wildlife Service and the Department that must be posted at the marina. The signs should be posted so that they are visible from shore and the water.

L. A maximum of a \$5.00 fee may be charged for the use of pumpout and dump stations constructed with grant funds. The maximum fee shall be evaluated for inflation, etc., each year.

M. The applicant agrees to maintain the proposed project in good working order, inclusive of necessary supervision, for the expected life of the project (minimum of five years and ten years for pumpout boats).

N. If the marina owner or agent ceases to maintain this location as a pumpout/dump facility, or changes the use integrity of the facility, all moneys paid by the Department of Environmental Quality must be reimbursed to the Department of Environmental Quality by the marina owner or agent.

O. The marina owner or agent will:

1. Provide to the State of North Carolina certification of an approved method for final disposition of sewage;
2. Hold the State of North Carolina free from damages that may result from the construction of the project and use of the facility;
3. Accomplish, without liability to the State of North Carolina, alterations and relocations as required in sewer, and water supply drainage, and other utility facilities.

P. All recreational vessels must have easy access to pumpout and dump stations funded under this grant program. Pumpout facilities shall continue to be easily accessible and operable for the full period of their useful life (minimum of five years, ten years for pumpout boats).



**The following forms are required for recipients of grants from the NC Department of Environmental Quality. Please sign the forms and return them with your grant application.**

**Please take care to put information in the requested areas (they are highlighted or within brackets [ ]). Be sure to date and place on entity's letterhead paper.**

## State Grant Certification - No Overdue Tax Debts

**Instructions:** Grantee/Contractor should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of State Budget and Management.

*Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.*

### Entity's Letterhead

**[Date of Certification (mmdyyy)]**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the *[insert organization's name]* does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1(b).

**Sworn Statement:**

[Name of Board Chair] and [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management:  
NCGrants@osbm.nc.gov-(919)807-4795

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt. -Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."



**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 35 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the determination is made to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or

commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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### 3. DRUG-FREE WORKPLACE

This certification is required by the Drug-Free Workplace Act of 1988 (Pub.L. 100-690, Title V, Subtitle D) and is implemented through additions to the Debarment and Suspension regulations, published in the Federal Register on January 31, 1989, and May 25, 1990.

#### *ALTERNATE I (GRANTEES OTHER THAN INDIVIDUALS)*

(1) The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to every grant officer

or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (a),(b),(c),(d),(e), and (f).

(2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (include street address, city, county, state, and zip code):

**ALTERNATE II (GRANTEES WHO ARE INDIVIDUALS)**

(1) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant.

(2) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

As the duly authorized representative of \_\_\_\_\_, I hereby

certify that \_\_\_\_\_ will comply with the above certifications.

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative and Date

**This Policy is to be placed on your organization's letterhead before resubmitting to DEQ.**

**Instructions:** This policy should address situations in which any of grantee's members or employees may directly or indirectly benefit from the grantee's disbursing of State funds, and should include actions to be taken by the grantee or the individual, or both, to avoid conflicts of interest and the appearance of impropriety.

This document is intended as an aid to assist governmental and non-State entities in establishing conflict of interest policies. It is not intended to be used verbatim, but rather to serve as a template for organizations as they craft their individual conflict of interest policy. This nongovernmental entity example includes definitions of what is considered unacceptable, and the consequences of any breaches thereof. Each organization that chooses to use this template should take care to make changes that reflect the individual organization.

Governmental entities may utilize this as an example, but will need to modify the document to be applicable to their status as a governmental entity.

## **CONFLICT OF INTEREST POLICY**

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### **Conflict of Interest Defined:**

A conflict of interest is defined as an actual or perceived interest by a (Staff Member/Board Member) in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain.

A conflict of interest occurs when an Employee/Board Member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

- Ownership with a member of the Board of Directors/Trustees or an Employee where one or the other has supervisory authority over the other or with a client who receives services.
- Employment of or by a member of the Board of Directors/Trustees or an Employee where one or the other has supervisory authority over the other or with a client who receives services.
- Contractual relationship with a member of the Board of Directors/Trustees or an Employee where one or the other has supervisory authority over the other or with a client who receives services.
- Creditor or debtor to a member of the Board of Directors/Trustees or an Employee where one or the other has supervisory authority over the other or with a client who receives services.
- Consultative or consumer relationship with a member of the Board of Directors/Trustees or an Employee where one or the other has supervisory authority over the other or with a client who receives services.

The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an Employee and a Board Member, or a person who is an employee and who hires family members as consultants.

### **Employee Responsibilities:**

It is in the interest of the organization, individual staff, and Board Members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest.

Employees are to avoid any conflict of interest, even the appearance of a conflict of interest. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest or the appearance of a conflict of interest is to be reported to your supervisor immediately. Employees are to maintain independence and objectivity with clients, the community, and organization. Employees are called to maintain a sense of fairness, civility, ethics, and personal integrity even though law, regulation, or custom does not require them.

**Acceptance of Gifts:**

Employees, members of employee's immediate family, and members of the Board are prohibited from accepting gifts, money or gratuities from the following:

- a. Persons receiving benefits or services from the organization;
- b. Any person or organization performing or seeking to perform services under contract with the organization;
- c. Persons who are otherwise in a position to benefit from the actions of any employee of the organization.

Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If the employee is acting in any official capacity, honoraria received by an employee in connection with activities relating to employment with the organization are to be paid to the organization.

(THE STATE OF NORTH CAROLINA'S WEB-BASED PURCHASING AND PROCUREMENT SYSTEM)

## NC E-PROCUREMENT @ YOUR SERVICE

### To all Service Providing Entities:

The State of North Carolina's Department of Environmental Quality (NC DENR) requires all service providing entities (inclusive of "for-profit", "non-profit", local and state governments, and state universities and colleges) desiring to conduct business with the State/NC DENR, to be registered as "**Vendors**" in the "NC E-Procurement @ Your Service" system.

If your entity is already a registered "**Vendor**", Please disregard this Notice. However, if your entity is not a registered "**Vendor**", than registration information is provided below and you are encouraged to follow the instructions therein.

Without an entity's registration, NC DENR will be unable to complete the Execution process, thereby preventing payments from being processed against the subject contract.

### Registration Information:

To access the "NC E-Procurement @ Your Service" system, log onto:

<http://eprocurement.nc.gov/>

- For access to the "Vendor Registration Job Aid" (a step-by-step guide) as well as other basic program information:
  - Click the tab marked "**Vendor Login**"
- To perform the actual **Vendor Registration**, and/or to access areas of specific information regarding the program (i.e. Terms of Use, etc.):
  - Click the tab marked "**register Now**" (**at the bottom of the Login page**)"

If additional registration assistance is needed, the **HELP DESK** is available at:

**1-888-211-7440** or [ephelpdesk@its.nc.gov](mailto:ephelpdesk@its.nc.gov)

### Important Notice to Service Providers:

Entities/Vendors providing services are **NOT** subject to the **1.75% Marketing Fee**, referenced in the "Terms of Use" clause. This fee only applies to suppliers of commodities.

**The Marketing fee DOES NOT APPLY to this grant / service contract.**

**STATE OF NORTH CAROLINA  
SUBSTITUTE W-9 FORM  
Request for Taxpayer Identification Number**



NC Office of the State Controller  
(IRS Form W-9 will not be accepted in lieu of this form)  
**\*Denotes a Required Field**

Section 1 – Taxpayer Identification	<p><b>*1.</b> Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)</p> <p><b>*2.</b></p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>		<p>Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.</p>	
	<p><b>*4. Legal Name</b> (as shown on your income tax return):</p>		<p><b>3. Dunn &amp; Bradstreet Universal Numbering System (DUNS)</b> (see instructions)</p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	
	<p><b>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</b></p>			
	Contact Information			
	<p><b>*6. Legal Address</b> <span style="color: red;">(DO NOT TYPE OR WRITE IN THIS FIELD)</span></p>		<p><b>7. Remittance Address</b> (Location specifically used for payment that is different from Legal Address, if applicable)</p>	
	<p><b>*Address Line 1:</b></p>		<p><b>Address Line 1:</b></p>	
	<p><b>Address Line 2:</b></p>		<p><b>Address Line 2:</b></p>	
	<p><b>*City</b></p>	<p><b>*State</b></p>	<p><b>*Zip (9 digit)</b></p>	<p><b>City</b>                      <b>State</b>                      <b>Zip (9 digit)</b></p>
	<p><b>*County</b></p>		<p><b>County</b></p>	
	<p><b>*8. Contact Name:</b></p>			
<p><b>*9. Phone Number:</b></p>				
<p><b>10. Fax Number:</b></p>				
<p><b>11. Email Address:</b></p>				
*12. Entity Type		*13. Entity Classification	14. Exemptions (see instructions)	
<p>Individual/Sole Proprietor/Single-member LLC      C-Corporation      S-Corporation</p> <p>Partnership                      Trust/Estate                      Other _____</p> <p>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p><b>Note:</b> 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.</p>		<p>Medical Services</p> <p>Legal/Attorney Services</p> <p>NC Local Govt</p> <p>Federal Govt</p> <p>NC State Agency</p> <p>Other Govt</p> <p>Other (specify)</p>	<p>Exempt payee code (if any):</p> <hr/> <p>Exemption from FATCA reporting code (if any):</p>	
Section 2 - Certification	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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 because 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</li> <li>I am a U.S. citizen or other U.S. person (defined later in general instructions), and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<a href="https://www.irs.gov/">https://www.irs.gov/</a>):</p>			
	<p><b>*Printed Name:</b></p>		<p><b>*Printed Title:</b></p>	
	<p><b>*Authorized U.S. Signature:</b></p>		<p><b>* Date:</b></p>	

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.

NC Office of the State Controller  
**\*Denotes a Required Field**  
 This form is to be completed by the vendor.

**STATE OF NORTH CAROLINA  
 SUBSTITUTE W-9 FORM  
 Modification to Existing Vendor Records**



This form is to be completed by the vendor if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Vendor Name.

Please complete the applicable sections below.

**Section 1:**

<b>CHANGE FROM: Remittance Address</b>	<b>CHANGE TO: Remittance Address</b>
*Address Line 1:	*Address Line 1:
Address Line 2:	Address Line 2:
*City                      *State                      *Zip (9 digit)	*City                      *State                      *Zip (9 digit)
*County	*County

NOTE: If you would like to receive your payments electronically, please complete the [Vendor Electronic Payment Form](#)

**Section 2:**

<b>* CHANGE FROM: SSN, or EIN, or ITIN</b>	<b>* CHANGE TO: SSN, or EIN, or ITIN</b>
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(PRESS THE TAB KEY TO ENTER EACH NUMBER)

(PRESS THE TAB KEY TO ENTER EACH NUMBER)

**Section 3:**

<b>CHANGE FROM: Vendor Name</b>	<b>CHANGE TO: Vendor Name</b>
*Legal Name:	*Legal Name:
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

*Printed Name:		*Printed Title:	
*Authorized U.S. Signature:		* Date:	



## General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

## Specific Instructions

### Section 1 -Taxpayer Identification

1. **Taxpayer Identification Type.** Check the type of identification number provided in box 2.
2. **Taxpayer Identification Number (TIN).** Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. **Dunn and Bradstreet Universal Numbering System (DUNS).** Vendors are requested to enter their DUNS number, if applicable.
4. **Legal Name.** Enter the legal name as registered with the IRS or Social Security Administration. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.
5. **Business Name.** Business, Disregarded Entity, trade, or DBA ("doing business as") name.

### Contact Information

6. Enter your **Legal Address**.
7. Enter your **Remittance Address, if applicable.** A **Remittance Address** is the location in which you or your entity receives business payments.
8. Enter the **Contact Name**.
9. Enter your **Business Phone Number**.
10. Enter your **Fax Number**, if applicable.
11. Enter your **Email Address**, if applicable.

For clarification on IRS Guidelines, see [www.irs.gov](http://www.irs.gov).

12. **Entity Type.** Select the appropriate entity type.
13. **Entity Classification.** Select the appropriate classification type.

### Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. **Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

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

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

**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 - 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 possession of the United States, 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 Reg. 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 Reg. 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

**Section 2 - Certification**

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).