

2011-2012 OCDC Seed Grant Program Information

May 2011

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*Seed Grant
Program*

Ohio Cooperative Development Center

1864 Shyville Road, Piketon, Ohio 45661

2011 - 2012 OCDC Seed Grant Program

The Ohio Cooperative Development Center (OCDC) provides educational and technical assistance for improving the economic development of potential and existing cooperatives throughout Ohio and West Virginia. OCDC is located at The Ohio State University South Centers in Piketon, Ohio and serves rural communities in the entire state, with strong focus on the Appalachian counties of Ohio that stretch along the southern and eastern borders of the state and West Virginia.

I. Seed Grant Information/Application Form

The OCDC Seed Grant Program is making grants available to groups interested in conducting feasibility studies and forming a cooperative or also to assist existing cooperatives in marketing and/or adopting new enterprises. To be eligible, the applicant must be a group exploring opportunities in cooperatives, or a cooperative expanding into a new enterprise, and be based in Ohio.

The deadline to submit an application is Wednesday, August 31, 2011 for the first round of funding. Later applications will be processed on a first come first served basis for the remainder of the budget.

Types of Seed Grants Available

1. **Feasibility Study or Formation Activities** – Groups interested in forming a cooperative may request up to **\$1,500** for research and early planning early planning, feasibility studies, and formation services. Examples include: travel, contracted fees, material and supply costs associated with working with lawyers, accountants, interested agencies, universities, focus groups, etc. to determine articles of organization, market plans, bylaws, business plans, financial projections, and other feasibility and/or formation work.
2. **Implementation** – Incorporated cooperatives or member controlled businesses may request up to **\$3,000** for the hiring and contracting of services for continued formation activities, training development, and/or the development of marketing materials. Examples include: development of an accounting system, bylaw completion, contractual document development, hiring of a web developer for web site, training course-of-study development, marketing materials development, print shop for production of marketing materials.

Recipients must match funds received from this program with their own resources. The program can provide funds for up to three-quarters of the total cost of the seed grant project with one-quarter provided by the group. This program requires matching funds with at least half of the match to be in cash and the other half can be an in-kind contribution.

Examples:

Feasibility Study or Formation Activities: The total cost of the project may be up to **\$2,000**. **\$1,500** will be utilized as reimbursement dollars, with the remaining **\$500** being match. At least **\$250** of the **\$500** match must be in cash.

Implementation: The total cost of the project may be up to **\$4,000**. **\$3,000** will be utilized as reimbursement dollars, with the remaining **\$1,000** being match. At least **\$500** of the **\$1,000** match must be in cash

The grant recipient has until Thursday, August 30, 2012 to use the grant monies. All documentation of expenditures (receipts, invoices, etc.) must be submitted to OCDC by Friday, August 31, 2012 for reimbursement of funds by Friday, September 28, 2012.

Applications will be reviewed by the OCDC Sub-Committee and grant recipients will be notified in October, 2011 for the first round and ASAP for later applications. The grant recipients will be asked to give the Program Manager an update on the progress of grant project in May 2012.

Application Guidelines

Please send all materials outlined below to the Ohio Cooperative Development Center, Kimberly Roush, 1864 Shyville Road, Piketon, Ohio 45661 or email to roush.143@osu.edu.

The deadline to submit an application is Wednesday, August 31, 2011.

1. **Cover Sheet (1 page)** - The cover sheet must be completed with contact information and a summary of requested funds. (See cover sheet form)
2. **Proposed Narrative (2-5 pages)** - In addition to the cover sheet, please write a proposal narrative that tells the story of your organization and your project. It should answer the following questions.
 - a. **Who are you?** (Include a brief description about your cooperative, why your group came together, objectives, mission or vision, and accomplishments so far.)
 - b. **What is your Project?** (Explain the purpose of the request and the problem or opportunity that the project will address. Also show how this project fits with your group's mission.)
 - c. **What are your Goals/Objectives of the Project?** (Explain what you want to achieve and how this will benefit your cooperative by completing this project.)
 - d. **What is your Plan of Action to Complete the Project?** (Provide a timeline that highlights the estimated start and end date, outcome and evaluation method for each objective.)
 - e. **What are your Other Funding Sources?** (Explain other funding sources your cooperative may have.)

- 3. Budget (1 page)** - Include a budget worksheet which includes the amount requested, cost share amount and specific expenses for each category. (See budget worksheet)

II. Feasibility/Pre-formation Grant Application Examples

**2011 - 2012 OCDC Seed Grant Application
Cover Sheet**

Group Name: _____

Contact Person: _____

County: _____ Phone: _____

Email Address: _____ Fax: _____

Mailing Address: _____

SSN or Tax ID Number: _____

Type of Seed Grant (Select One):

1. Pre-Feasibility/Feasibility Study (\$1,500) _____

2. Implementation (\$3,000) _____

Amount Requested: _____

Summary of Requested Funds:

We, _____, agree to complete project by Thursday, August 30, 2012 if funded and provide appropriate documentation (receipts, invoices, etc.) to the OCDC for reimbursement.

Signature of Applicant

Date

Budget Worksheet

Budget Summary:

| | Amount Requested | Cost Share Amount |
|------------------------|------------------|-------------------|
| Personnel | | |
| Travel | | |
| Contract Services | | |
| Miscellaneous/Supplies | | |
| | | |
| Total Amounts: | | |

Detailed Expenses:

Please provide a list below of specific items for each heading and the proposed cost. For example, under contract services you could list brochure design (\$500), signage printing (\$250), etc.

EXAMPLE

**2009 OCDC Seed Grant Application
Cover Sheet (Formation only)**

Group Name: Our Farmers' Market

Contact Person: Betty Smith

County: Pike Phone: 1-740-123-4567

Email Address: ourfarmersmarket@horizonview.net Fax: 1-740-123-4568

Mailing Address: 888 Smith Road, Waverly, Ohio 43690

SSN or Tax ID Number: 123-45-6789

Type of Seed Grant (Select One):

3. Pre-Feasibility/Feasibility Study X

Amount Requested: \$750.00

Summary of Requested Funds:

Our Farmers' Market has decided to proceed with legally forming our market as a cooperative under Ohio Revised Code 1729 and file for a Federal Tax ID number. We are going to contract with our market manager to contact and work with an attorney to:

- Assist in identifying cooperative name availability
- Provide counseling and assist in the filing of formation application and Doing Business as application with the State of Ohio
- Provide counseling and assist in the filing of federal ID/E application with the Internal Revenue Service

The market manager will communicate results of the attorney contacts and consultation with our members and the board as to the progress of this process. We will provide proof of formation and the provision of a federal ID number as a result of this grant.

We, Our Farmers' Market, agree to complete project by August 31, 2009 if funded and provide appropriate documentation (receipts, reports invoices, etc.) to the OCDC for reimbursement.

Betty Smith, Market Manager, Our Farmers' Market

Signature of Applicant

January 22, 2010

Date

Proposed Narrative

1. **Who are you?** (Include a brief description about your group/cooperative, why your group came together, objectives, mission or vision, and accomplishments so far.)

We are a group of farmers who would like to start a farmers' market in Waverly, Ohio. There are 10 farmers who want to sell their products at the north mall starting in the spring of 2009. Our mission is to be able to obtain a premium price for our products and supply fresh healthy food to the local community. The local chamber would also like us to increase traffic for the stores at the north mall and are giving us the use of their parking lot.

2. **What is your Project?** (Explain the purpose of the request and the problem or opportunity that the project will address. Also show how this project fits with your group's mission.)

Our farmers and our market manager would like to operate the market as a legal cooperative to protect the personal assets of the farmers and the manager against any legal action which could be brought against us. We would also like to be able to apply for grants which require us being a legally formed cooperative. This project would help us achieve the above and help obtain the farmers participation needed for a successful market.

3. **What are your Goals/Objectives of the Project?** (Explain what you want to achieve and how this will benefit your cooperative by completing this project.)

Goals/Objectives:

- Contracting with our market manager to contact and work with an attorney to:
 - Assist in identifying cooperative name availability
 - Provide counseling and assist in the filing of formation application and Doing Business As application with the State of Ohio
 - Provide counseling and assist in the filing of federal ID/E application with the Internal Revenue Service
- Legally forming our market as a cooperative under Ohio Revised Code 1729
- Filing for a Federal Tax ID number

The above will benefit our group in forming and aid in the successful operation of a farmers' market in Waverly, Ohio.

EXAMPLE

4. **What is your Plan of Action to Complete the Project?** (Provide a timeline that highlights the estimated start and end date, outcome and evaluation method for each objective.)

Contracting with our market manager to contact and work with an attorney by January 1, 2009 to:

- Assist in identifying cooperative name availability
- Provide counseling and assist in the filing of formation application and Doing Business As application with the State of Ohio
- Provide counseling and assist in the filing of federal ID/E application with the Internal Revenue Service

Legally forming our market as a cooperative under Ohio Revised Code 1729 by May 1, 2010

Filing for a Federal Tax ID number by May 20, 2010

Evaluation of the project will be based on the group being legally formed as a farmers' market, obtaining a Federal ID number, and if needed obtaining a Doing Business As state identification for our market – all to be completed by March 1, 2009.

5. **What are your Other Funding Sources?** (Explain other funding sources your cooperative may have.)

The 10 farmers in our group are going to pay \$50 each for contract services cash match and the market manager's will provide \$280 worth of travel services for the project's in-kind match. Once formed, the group will collect membership fee for other ongoing operational costs.

Budget Worksheet**Budget Summary:**

| | Amount Requested | Cost Share Amount |
|--------------------------------|-------------------------|------------------------------|
| Personnel | \$250 | |
| Travel/Related Expenses | | \$125 (in-Kind match) |
| Contract Services | \$500 | \$125 (cash match) |
| Miscellaneous/Supplies | | |
| | | |
| Total Amounts: | \$750 | \$250 |

Detailed Expenses:

Personnel: Our Farmers' Market's manager contract services (17 hours x \$15/hour = \$250.00). The market manager will work with a legal services provider and communicate results of the attorney contacts and consultation with the members and the board as to the progress of this process.

Travel: (228 miles x \$.55/mile = \$125.00) In-Kind Match The market manager's travel in working with a legal services provider and meeting with the market board and members.

Contract Services: Legal services (\$625)

- Identifying cooperative name availability
- Counseling and filing of formation application with the State of Ohio
- Counseling and filing of federal ID/E application with the Internal Revenue Service
- Review draft bylaws

Total Budget = \$1,000

EXAMPLE

**2010 OCDC Seed Grant Application
Cover Sheet**

Group Name: Farmers' Market Management Network

Contact Person: Mark Dean

County: Pike Phone: 1-740-123-4567

Email Address: ourfarmersmarket@horizonview.net Fax: 1-740-123-4568

Mailing Address: 888 Smith Road, Waverly, Ohio 43690

SSN or Tax ID Number: 123-45-6789

Type of Seed Grant: Implementation X

Amount Requested: \$3,000.00

Summary of Requested Funds:

Our Farmers' Market Management Network is newly legally formed as a cooperative under Ohio Revised Code 1729. We are going to have our president to contact and work with RAP-C to obtain Cooperative/Association Membership Management Services as follows to:

1. Maintaining website links, and documents information about membership
2. Respond to membership information requests (phone and email)
3. Process applications for membership
4. Bill for annual membership fees
5. Communicate member benefits and contractor products/services
6. Produce membership reports for cooperative/association boards

The Farmers' Market Management Network's president will communicate results of this service with our members and the board as to the effectiveness of this service. We will provide proof of service provision to OCDC as a result of this grant.

We, Our Farmers' Market Management Network agrees to complete project by August 31, 2010 if funded and provide appropriate documentation (receipts, reports invoices, etc.) to the OCDC for reimbursement.

Mark Dean President, Farmers' Market Management Network

Signature of Applicant

August 21, 2009

Date

Proposed Narrative

1. **Who are you?** (Include a brief description about your group/cooperative, why your group came together, objectives, mission or vision, and accomplishments so far.)

We are a group of farmers' markets who have just formed a networking cooperative in Piketon, Ohio. There are 30 farmers' market members who want to sell their products around the state of Ohio. Our mission is to help each to obtain a premium price for our products and supply fresh healthy food to the local community. The local chambers would also like us to increase traffic for the stores at the north mall and many are giving us the use of their parking lots.

2. **What is your Project?** (Explain the purpose of the request and the problem or opportunity that the project will address. Also show how this project fits with your group's mission.)

Our Farmers' Market Management Network has very little cash in the treasurer due to the early stages of our formation and low number of members. We also do not have anyone able or willing to handle membership management activities without some kind of compensation. We believe that if we can obtain an implementation grant for one year we could increase our membership enough to be able to provide this service based on an increased membership fees and members.

3. **What are your Goals/Objectives of the Project?** (Explain what you want to achieve and how this will benefit your cooperative by completing this project.)

Goals/Objectives: We are going to have our president to contact and work with RAP-C to obtain Cooperative/Association Membership Management Services as follows to:

- Maintaining website links, documents, and information about membership
- Respond to membership information requests (phone and email)
- Process applications for membership
- Bill for annual membership fees
- Communicate member benefits and contractor products/services
- Produce membership reports for cooperative/association boards

We feel that as we increase the benefit on membership and the number of members we can generate enough revenue to be able to pay for this membership management services on an on-going bases.

EXAMPLE

4. **What is your Plan of Action to Complete the Project?** (Provide a timeline that highlights the estimated start and end date, outcome and evaluation method for each objective.)

Our Farmers' Market Management Network president is to contact and work with RAP-C to obtain contract services (October 31, 2009)

Communicate, at regular board meetings, the results of the contract services and with our members and the board as to the progress/success of this process. (Monthly starting in November 2009 through August 2010)

Evaluate results of the contract services and determine the possibility of continuing to purchasing the service from RAP-C for future years (9/30/10)

5. **What are your Other Funding Sources?** (Explain other funding sources your cooperative may have.)

The 30 farmers' markets in our group are going to pay \$25 each for membership of which \$500 will be used as cash match for membership in RAP-C and the Farmers' Market Management Network president will also provide \$500 worth of travel services for the project's in-kind match. The group will continue to collect membership fees from new members for other ongoing operational costs.

Our market is also asking for a "Seed Grant Connecting Loan" of \$3,000 (see attached) in which OCDC would pay for identified contracted/purchased services/materials approved in the grant. The loan pay back payment will be made at the same time as the OCDC grant payment to the implementation seed grant precipitant. This will greatly help us with cash flow issues due to seasonal product sales.

Budget Worksheet

Budget Summary:

| | Amount Requested | Cost Share Amount |
|--------------------------------|-------------------------|------------------------------|
| Personnel | | |
| Travel/Related Expenses | | \$500 (In-Kind Match) |
| Contract Services | \$3,000 | \$500 (Cash Match) |
| Miscellaneous/Supplies | | |
| | | |
| Total Amounts: | \$3,000 | \$1,000 |

Detailed Expenses:

Travel: (909 miles x \$.55/mile = \$500.00) In-Kind Match

Contract Services: Cooperative/Association Membership Management Services (\$3,000.00)

1. Maintaining website, links, and documents information about membership
2. Respond to membership information requests (phone and email)
3. Process applications for membership
4. Bill for annual membership fees
5. Communicate member benefits and contractor products/services
6. Produce membership reports for cooperative/association boards

RAP-C Membership Fee (\$500.00)

Total Budget = \$4,000

III. Evaluation of Proposals Scoring Sheet

2011-2012 OCDC Seed Grant Program Evaluation of Proposals

Organization Name: _____

| Category | Scoring Description | Points Available | Points Awarded |
|---|--|------------------|----------------|
| Who are you? | The application describes the mission and objectives of the organization and any accomplishments of the project to this point. The applicant appears qualified and capable of carrying out the proposed project. | 10 | |
| What is your Project? | The application must explain the purpose of the request and the need this project will address. The project must show a fit with the organization's overall mission. | 20 | |
| What are your Goals/Objectives of the Project? | The application must show the benefits to completing this project and the objectives wanted to achieve in this project. | 20 | |
| What is your Plan of Action to Complete the Project? | The time line identifies the beginning and ending dates of the activities and is realistic for accomplishing the activities. There must also be an evaluation/outcome for the proposed project. | 20 | |
| What are your Other Funding Sources? | Does the applicant show ability to provide cost share? | 10 | |
| Budget | The budget is accurate and realistically shows all expenses to be funded. The budget is appropriate for this type of project. | 20 | |
| Total Points: | | 100 | |

Notes:

Evaluator: _____

IV. Ineligible Uses of Grant Funds Information Sheet

Ineligible Uses of Grant Funds

Grant funds shall not be used to pay for any of the following activities:

- a. To duplicate current services or replace or substitute support previously provided. If the current service is inadequate, however, grant funds may be used to expand the level of effort or services beyond that which is currently being provided;
- b. To pay costs of preparing the application package for funding under this program;
- c. To pay costs of the project incurred prior to the date of grant approval;
- d. To fund political activities;
- e. To pay for assistance to any private business enterprise that does not have at least 51 percent ownership by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence;
- f. To pay any judgment or debt owed to the United States;
- g. To plan, repair, rehabilitate, acquire, or construct a building or facility, including a processing facility;
- h. To purchase, rent, or install fixed equipment, including laboratory equipment or processing machinery;
- i. To pay for the repair of privately owned vehicles;
- j. To fund research and development;
- k. To pay costs of the project where a conflict of interest exists.

V. Cost Sharing or Matching Information Sheet

§ 3019.23 Cost sharing or matching.

(a) All contributions, including cash and third party in-kind, shall be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the following criteria.

(1) Are verifiable from the recipient's records.

(2) Are not included as contributions for any other federally-assisted project or program.

(3) Are necessary and reasonable for proper and efficient accomplishment of project or program objectives.

(4) Are allowable under the applicable costs principles.

(5) Are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching.

(6) Are provided for in the approved budget when required by the Federal awarding agency.

(7) Conform to other provisions of this part, as applicable.

(b) Unrecovered indirect costs may be included as part of cost sharing or matching only with the prior approval of the Federal awarding agency.

(c) Values for recipient contributions of services and property shall be established in accordance with the applicable cost principles. If a Federal awarding agency authorizes recipients to donate buildings or land for construction/facilities acquisition projects or long-term use, the value of the donated property for cost sharing or matching shall be the lesser of paragraphs (c)(1) or (c)(2) of this section.

(1) The certified value of the remaining life of the property recorded in the recipient's accounting records at the time of donation.

(2) The current fair market value. However, when there is sufficient justification, the Federal awarding agency may approve the use of the current fair market value of the donated property, even if it exceeds the certified value at the time of donation to the project.

(d) Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as cost sharing or matching if the service is an integral and necessary part of an approved project or program. Rates for volunteer services shall be consistent with those paid for similar work in the recipient's organization. In those instances in which the required skills are not found in the recipient organization, rates shall be consistent with those

paid for similar work in the labor market in which the recipient competes for the kind of services involved. In either case, paid fringe benefits that are reasonable, allowable, and allocable may be included in the valuation.

(e) When an employer other than the recipient furnishes the services of an employee, these services shall be valued at the employee's regular rate of pay (plus an amount of fringe benefits that are reasonable, allowable, and allocable, but exclusive of overhead costs), provided these services are in the same skill for which the employee is normally paid.

(f) Donated supplies may include such items as expendable equipment, office supplies, laboratory supplies or workshop and classroom supplies. Value assessed to donated supplies included in the cost sharing or matching share shall be reasonable and shall not exceed the fair market value of the property at the time of the donation.

(g) The method used for determining cost sharing or matching for donated equipment, buildings and land for which title passes to the recipient may differ according to the purpose of the award, if paragraphs (g)(1) or (g)(2) of this section apply.

(1) If the purpose of the award is to assist the recipient in the acquisition of equipment, buildings or land, the total value of the donated property may be claimed as cost sharing or matching.

(2) If the purpose of the award is to support activities that require the use of equipment, buildings or land, normally only depreciation or use charges for equipment and buildings may be made. However, the full value of equipment or other capital assets and fair rental charges for land may be allowed, provided that the Federal awarding agency has approved the charges.

(h) The value of donated property shall be determined in accordance with the usual accounting policies of the recipient, with the following qualifications.

(1) The value of donated land and buildings shall not exceed its fair market value at the time of donation to the recipient as established by an independent appraiser (e.g., certified real property appraiser or General Services

Administration representative) and certified by a responsible official of the recipient.

(2) The value of donated equipment shall not exceed the fair market value of equipment of the same age and condition at the time of donation.

(3) The value of donated space shall not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately-owned building in the same locality.

(4) The value of loaned equipment shall not exceed its fair rental value.

(5) The following requirements pertain to the recipient's supporting records for in-kind contributions from third parties.

(i) Volunteer services shall be documented and, to the extent feasible, supported by the same methods used by the recipient for its own employees.

(ii) The basis for determining the valuation of personal service, material, equipment, buildings and land shall be documented.

VI. Travel and Related Expenses Records Form

Travel and Related Expenses Records

Date: _____ Purpose of Travel: _____

From: _____ To: _____

Miles: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Lodging: \$ _____ + Meals: \$ _____ = Total Amount\$ _____

Date: _____ Purpose of Travel: _____

From: _____ To: _____

Miles: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Lodging: \$ _____ + Meals: \$ _____ = Total Amount\$ _____

Date: _____ Purpose of Travel: _____

From: _____ To: _____

Miles: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Lodging: \$ _____ + Meals: \$ _____ = Total Amount\$ _____

Date: _____ Purpose of Travel: _____

From: _____ To: _____

Miles: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Lodging: \$ _____ + Meals: \$ _____ = Total Amount\$ _____

Date: _____ Purpose of Travel: _____

From: _____ To: _____

Miles: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Lodging: \$ _____ + Meals: \$ _____ = Total Amount\$ _____

Traveler _____ **Total Amount: \$** _____

VII. Personnel Expenses Records Form

Personnel Expenses Records

Duties/Tasks Performed: _____

DATE From: _____ To: _____

Hours: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Total Fringe Benefits: _____ Grant Total Amount\$ _____

Duties/Tasks Performed: _____

DATE From: _____ To: _____

Hours: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Total Fringe Benefits: _____ Grant Total Amount\$ _____

Duties/Tasks Performed: _____

DATE From: _____ To: _____

Hours: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Total Fringe Benefits: _____ Grant Total Amount\$ _____

Duties/Tasks Performed: _____

DATE From: _____ To: _____

Hours: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Total Fringe Benefits: _____ Grant Total Amount\$ _____

Duties/Tasks Performed: _____

DATE From: _____ To: _____

Hours: _____ X Reimbursement Rate: \$ _____ = Total Amount: \$ _____

Total Fringe Benefits: _____ Grant Total Amount\$ _____

Employee: _____ **Total Amount: \$** _____

Note: Attach copies of paycheck

**VIII. OSU AP Payment Compliance Form
(Request for Taxpayer Identification Number and Certification)**



**The Ohio State University
AP Payment Compliance Form
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments. Please fill out all the information that applies to you or your business.

1. Provide General information:

Taxpayer Name _____
Business Name (if applicable) _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Fax _____

2. Check the most appropriate category below (please check only one) :

- Sole Shareholder of a Corporation or Sole Member of a Limited Liability Company
Date of Birth* ___ / ___ / ___ (MM/DD/YYYY) *Required by State Law
- Individual
Date of Birth* ___ / ___ / ___ (MM/DD/YYYY) *Required by State Law
- Corporation Partnership
- Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)
- Sole Proprietorship
Date of Birth* ___ / ___ / ___ (MM/DD/YYYY) *Required by State Law

3. Provide Taxpayer Identification Number

Social Security Number: _____
 U.S. Citizen Resident Alien Non-resident Alien

OR

Federal Employer Identification Number (EIN): _____

4. Certification – Sign and date AP Payment Compliance Form **

Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge

Signature _____ Date _____

Title _____

****If the payment is being made in settlement of a lawsuit, the information on this form may be obtained from plaintiff's counsel or from OSU Human Resources (if the plaintiff is a current or former employee).**

Please write legibly and complete form in ink. Submit form to the applicable University office:

- Individual – submit to Accounts Payable at Fax: (614) 292-2294
- Business – submit to Purchasing at Fax: (614) 247-8659

FOR OSU USE ONLY

Submitted by Department Representative _____

Contact phone number _____