



Kay Ivey  
Governor

## State of Alabama Department of Human Resources

Gordon Persons Building  
50 N. Ripley St.  
P.O. Box 304000  
Montgomery, AL 36130-4000  
(334) 242-1310  
dhr.alabama.gov



Nancy T. Buckner  
Commissioner

### July 2024 Child Care Stability Grant

#### Grant Application and Guidance – APC

(Covington, Butler, Lowndes, Wilcox, Dallas, Autauga, Chilton, Elmore, Montgomery, Bullock Counties)

The Alabama Partnership for Children (APC) in collaboration with The Alabama Department of Human Resources (hereinafter referred to as the Department) is accepting applications for the July 2024 Child Care Stability Grant (CCSG). The Department recommends child care providers read all guidance prior to submitting a CCSG Application. Please note, an application that is submitted incomplete or with errors may result in a significant delay in receiving any eligible funding. Please be sure to include a current copy of your DHR child care license with your application. For questions regarding the application, please contact APC at (334) 271-0304 or 1-866-711-4025 or email [CCSG@apcteam.org](mailto:CCSG@apcteam.org). **Applications submitted prior to July 15 will be processed starting on July 15. There is no need to submit a duplicate application.**

#### **Who is eligible to apply?**

Grants will be awarded to eligible child care providers contingent upon availability of funding. In order to be eligible to apply for the CCSG, a child care provider must meet the following criteria:

- Have a license to operate a child care facility from the Department as of July 1, 2024 (per the Alabama Child Care Safety Act of 2018, only licensed providers are eligible to receive state and/or federal funding);
- Have no current adverse action imposed by the Department, including probation, revocation, or suspension;
- All programs issued a DHR Child Care Services Division license that serve private-pay children, children participating in the Child Care Subsidy Program, and/or children enrolled in the DHR Early Head Start-Child Care Partnership Program. Programs/classrooms that exclusively serve children funded by State funded Pre-K must hold a DHR issued license to qualify. Exclusive Head-Start, or non-DHR Early Head Start-Child Care Partnerships are ineligible.
- Be currently open and operating as of July 1, 2024;
- Continue to remain open and operating for a period of one (1) year from the date of receiving the grant award. This requirement does not include temporary closures consistent with the ordinary course of business (i.e. – weather, illness, holidays). Child care providers must seek the

Department’s approval for any permanent closures for which they are seeking to be exempt from repayments due to mitigating circumstances *prior to closing*.

**How much money will be received?**

Funding for the grant is based on the maximum child capacity using the table below. The number of grants awarded are contingent upon availability of funds.

<u>Type</u>	<u>Center</u>	<u>Family</u>	<u>Group</u>
Capacity 0-50	\$25,000	\$8,000	\$11,000
51-99	\$32,000	NA	NA
Over 100	\$43,000	NA	NA

\*Providers who have Head Start/non-DHR EHS-CCP classrooms must deduct capacities from those classrooms from their total licensed capacity when applying for grant funding. For example, XYZ Child Care has both Head Start and Non DHR EHS-CCP classrooms. The capacity in those rooms total 24. The capacity for XYZ Child Care is 64. Taking the total capacity of 64 minus the total capacity for the Head Start and Non DHR EHS-CCP classroom capacity 24 (64-24= 40), XYZ Child Care has a maximum child capacity of 40. Therefore, XYZ Child Care is eligible for a grant total of \$25,000.

**How can CCSG Funding be used?**

The CCSG funds may be used in any manner that is a benefit to the child care facility. Examples of expenditures includes: retaining or hiring employees including substitute teacher pay, the continuation of providing employee bonuses, classroom materials and supplies, unreimbursed food, facilities costs, supplies to adhere to CDC and ADPH guidelines, tuition relief for families, and other. A description of each category is provided below. CCSG funds shall not be expended for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility used to increase the square footage of a facility in any way.

Substitute Teacher Pay:

This category is intended for spending related to employing teaching staff and non-teaching staff. Eligible costs include, but are not limited to, salary and wages, bonus pay, hazard pay, health insurance benefits, life insurance benefits, flexible benefits such as dental or vision, the provider’s portion of federal and state taxes and withholdings, costs associated with hiring a new teacher or employee, and costs associated with employing substitute teachers.

Classroom Materials and Supplies:

This category is intended for spending related to ensure that all classrooms are safe, healthy, and nurturing educational spaces. Eligible costs include, but are not limited to, typical materials and supplies for classroom environments for all ages, furniture, books, art supplies, blocks and accessories, curriculum, and well as instructional technology.

Unreimbursed Food:

This category is intended for spending related to food services that are not reimbursed through another public funding stream such as the USDA

Child and Adult Care Food Program or the USDA Summer Nutrition Program.

Facilities Costs:

This category is intended for spending related to the costs necessary to maintain the program's facility. Eligible costs include, but are not limited to, lease payments, mortgage payments, building insurance, utilities, and facility maintenance. CCSG funds shall not be expended for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility to increase the square footage in any way.

Supplies to Adhere to CDC and ADPH Guidelines:

This category is intended for spending related to the additional costs that may be incurred due to adhering to CDC guidance related to group size and space to prevent the spread of COVID-19. Eligible costs include, but are not limited to, cleaning services, cleaning supplies, obtaining personal protective equipment, or the costs of measures to limit contact between individuals.

Tuition Relief for Families:

This category is intended for spending that would be as a result of providing tuition relief for families that are paying to maintain their child care slot at a program.

Other:

This category is intended for valid Covid-19 expenditures that do not fit in another category. For specific questions regarding acceptable expenditures, contact APC. Prior DHR approval is required for expenditures in this category.

**When is the deadline to apply?**

Applications will be accepted beginning on July 15, 2024 and until August 12, 2024.

**How will I receive the payment?**

Payments will be disbursed via the chosen method indicated on the grant application. If your chosen payment method is paper check, it will be mailed to the address indicated on the grant application. If your chosen method is direct deposit, you will obtain and complete a direct deposit form from the regional agency processing your application. *Grant payments will not be made from the STAARS payments Vendor System.*

**How do I submit an application?**

Applications may be submitted via electronic submission, email, fax, mail or in-person. Electronic submission, email, or in-person drop off have proven to be the most dependable form of submission. Information on where to submit an application can be found below.

**Point of Contact:** Alabama Partnership for Children

**Email:** [CCSG@apcteam.org](mailto:CCSG@apcteam.org)

**Fax:** (334) 271-0315

**Mail:** 2595 Bell Road Montgomery, AL 36117

**In-person delivery:** 2595 Bell Road Montgomery, AL 36117

**Questions?** - (334) 271-0304 or 1-866-711-4025

**CCSG Application Instructions**

**Section 1: Grant Information**

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application and is the owner, licensee, or the authorized designee
<u>Provider ID:</u>	DHR generated unique identifier that begins with 50000 or 50001
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Facility Name:</u>	Name of the child care facility as listed on the license issued by the Department
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by the Department
<u>License Number:</u>	License number listed on the license issued by the Department
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located in the state of Alabama
<u>Facility Mailing Address:</u>	Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address
<u>Race of Applicant:</u>	Check the race of the applicant (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)
<u>Is the Applicant Hispanic or Latino?:</u>	Check yes if the applicant is a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race or no if the applicant is not (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)

Gender of Applicant:

Check the gender of the applicant (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)

The provider is licensed, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.

Check YES or NO based on the date the facility was licensed by the Department. If the facility is licensed, the answer is YES.

Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?:

Check YES if the facility is in good standing or check NO if the facility is on adverse action, including probation, revocation or suspension (applicants who check NO are not eligible for the CCSG)

Does the child care facility serve children who are private-pay?:

Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not serve these types of children.

Does the child care facility serve children participating on the Child Care Subsidy Program?:

Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not serve these types of children.

Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?:

Check YES if the facility serves these types of children listed in the question or NO if the facility does not serve these types of children.

Does the facility exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program?

Check YES if the facility exclusively serves any of the types of children listed in the question or NO if the facility does not exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program  
***(applicants who check YES but hold a DHR issued license are eligible for the CCSG but those classrooms must be deducted from the total capacity for grant funding).***

Is your child care facility currently open and operating for in-person services at the time you are submitting this application (not including temporary closures consistent with the ordinary course of business)?

Check YES or NO based on the status of the facility (applicants who check NO are not eligible for the CCSG)

Do you commit to remain open and operating for a period of one (1) year from the date of receiving the grant award (not including temporary closures consistent with the ordinary course of business)?

Check YES or NO (applicants who check NO are not eligible for the CCSG)

Choose method of payment:

Check **CK** if you would like a check mailed or **DD** if you would like the award to be direct deposit. **If your chosen method is direct deposit, you will obtain and complete a direct deposit form from the regional agency processing your application. Grant payments will not be made from the Alabama STAARS Vendor System.**

**Section 2: Acknowledgement of Terms, Submissions, and Payment:** Read and acknowledge the terms of receiving the CCSG. Sign and date the application prior to submission.

**Section 3: Proposed Expenditure Reporting Form:** Complete the information for your facility at the top of the form the same as you completed section one of the application. Indicate yes or no for each of the options that you plan to spend grant funding if you are approved for a grant. Complete the bottom section of the estimate by including your *daytime* capacity and *deducting the capacity for any classrooms on the campus that are Head Start or Non-DHR EHS-CCP* to determine your total estimated grant amount.

**CCSG Application Form**

<b>Section 1: Grant Information- Attach a copy of facility's W-9 and a current copy of DHR license</b>	
Name of Applicant: _____ Provider ID: <u>5000</u>	
Telephone Number: (    ) _____ Email Address: _____	
Facility Name: _____	
Licensee Name: _____ License Number: _____	
Facility Physical Address: _____	
City: _____ County: _____ Zip Code: _____	
<i>Complete only if mailing address is different from physical address:</i>	
Facility Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Race of Applicant: <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian/Alaska Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> Native Hawaiian/Pacific islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiracial</li> </ul>	Is the Applicant Hispanic or Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No  Gender of Applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female
The provider is licensed through DHR Child Care Services Division, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children who are private-pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children who are participating on the Child Care Subsidy Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program? <b>(If YES, the program must hold a DHR issued license to qualify and those classrooms cannot be counted in total capacity for grant funding.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child care facility currently open and operating for in-person services at the time you are submitting this application (not including temporary closures consistent with the ordinary course of business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you commit to remain open and operating for a period of one (1) year from the date of receiving the grant award (not including temporary closures consistent with the ordinary course of business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose payment method: Check =CK or Direct Deposit= DD <u>To receive DD you must obtain and complete a DD form from your regional agency.</u>	<input type="checkbox"/> CK <input type="checkbox"/> DD

## Section 2: Acknowledgement of Terms, Certifications, and Signature

By submitting this Application and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees:

1. To be bound by any and all terms set forth in this Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;
2. To only expend the funds in a manner on allowable categories as defined in the instructions
3. When open and providing services, to implement policies in line with guidance and orders from corresponding state and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC);
4. To continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant for each employee (including lead teachers, aides, and any other staff who are employed to work in transportation, food preparation, or other type of service) and to not involuntarily furlough employees from the date of submission of this Application through the duration of the subgrant period;
5. To provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment if able to do so;
6. This Application does not create a contractual relationship with the State of Alabama or any of its Agencies and any failure to distribute funds pursuant to this Application does not create a cause of action nor does it carry any appeal rights;
7. To keep detailed, accurate, and truthful accounting records of the receipt, use, and disbursement of all funds received pursuant to this Application;
8. To allow the Department or its representatives unlimited access to audit and examine any and all records related to the funds disbursed pursuant to this Application, including, but not limited to, all records, reports, distributions, account ledgers, balance sheets, bank records, credit card statements, electronic payment records, receipts, or other documents related to the receipt and distribution of funds pursuant to this Application; failure to provide accurate documentation will be construed as filing a false statement;
9. To allow the Department or its representatives to interview any employee or agency in relation to funds disbursed pursuant to this Application;
10. To comply with all Performance Standards for Daycare Centers and Nighttime Centers Regulations and Procedures or Performance Standards for Family Day Care Homes, Family Nighttime Homes, and Group Day Care Homes, Group Nighttime Homes Regulations and Procedures.
11. That any funds received pursuant to this Application are subject to repayment, reclaim and recapture if (a) the funds are not used in the manner provided for and set forth in this Application, or (b) if access to records or information as set forth in the preceding paragraphs is refused or denied by the person(s) or entity receiving funds pursuant to this Application or, (c) if any information provided in the Application is found to be false or misleading; any agency action in requesting or demanding repayment, reclaim, and/or recapture is a final determination and is not subject to appeal;
12. That this is an application for a continuing benefit under its existing child care license and its lawful presence in state of Alabama, to the extent required, has been previously established;
13. That if funding is reduced or restricted prior to distribution by legislative action, federal or state allocations, or executive action, the amount distributed under this Agreement will be reduced or eliminated accordingly;
14. That this Agreement does not and will not violate any conflict of interest provisions in any respect and agrees not to employ an individual that would result in a violation of this law;
15. Will not use any funds disbursed under this application for lobbying or any other prohibited use;
16. If any provisions or paragraphs of this application are or become illegal, unenforceable, or invalid, in whole or in part for any reason, the remainder of this Application shall remain in full force and effect without being impaired or invalidated in any way;
17. To comply with Executive Order No. 11246, as amended and as supplemented by U.S. Department of Labor regulations (41 CFR, Part 60-1, et. seq.), which prohibits discrimination based on race, creed, color, religion, national origin, sex, or age;
18. To remain open for one year from the date of the grant award.
19. The information included in this Application is true and correct; and the person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.
20. Certify acceptance of any subgrants must be to supplement, not supplant existing funding streams.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed application no later than August 12, 2024 to APC.**



**July 2024 Child Care Stability (CCSG) Grant**

**Section 3: Proposed Expenditure Reporting Form**

Name of Applicant: \_\_\_\_\_ Provider ID: 5000

Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Complete only if mailing address is different from physical address:*

Facility Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Do you plan to spend grant funding on the following areas:**

Personnel Costs	___ Yes ___ No
Rent/Mortgage/Utilities	___ Yes ___ No
Personal Protective Equipment	___ Yes ___ No
Purchases of or Updates to Equipment and Supplies	___ Yes ___ No
Goods and Services	___ Yes ___ No
Mental Health Supports	___ Yes ___ No

Licensed Daytime Capacity _____	-	Capacity of Head Start/Non-DHR EHS-CCP Classrooms _____	=	Total Maximum Capacity _____	<u>Select Amount</u> Center 0-50: \$25,000 Center 51-99: \$32,000 Center Over 100: \$43,000 Family Home: \$8,000 Group Home: \$11,000	Estimated Grant Total _____
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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# 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.

<b>Print or type.</b> 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>2</b> Business name/disregarded entity name, if different from above					
	<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.		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Exemption from FATCA reporting code (if any) _____
	<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 <b>not</b> 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.					(Applies to accounts maintained outside the U.S.)
	<input type="checkbox"/> Other (see instructions) ▶ _____					
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
<b>6</b> City, state, and ZIP code						
<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>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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 ▶	Date ▶
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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.*

By signing the filled-out form, you:

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

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

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

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

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

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

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

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

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

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

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

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

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

## Backup Withholding

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

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

**Payments you receive will be subject to backup withholding if:**

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

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

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

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

## Updating Your Information

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

## Penalties

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

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

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

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

## Specific Instructions

### Line 1

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

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

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

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

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

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

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

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

### Line 2

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

### Line 3

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

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

### Line 4, Exemptions

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

#### Exempt payee code.

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

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

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

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

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

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

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

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

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

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

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

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

### Line 5

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

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

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

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

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

## Part II. Certification

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

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

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

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

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

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

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

**3. Real estate transactions.**

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

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

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

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

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

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

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

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

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

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

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

**Secure Your Tax Records From Identity Theft**

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

To reduce your risk:

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

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

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

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

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

**Protect yourself from suspicious emails or phishing schemes.**

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

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

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

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

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

**Alabama Partnership for Children (APC)  
Direct Deposit Consent Form**

- I authorize Alabama Partnership for Children (APC) and APC's bank(s) to deposit my Grant funds into my account and have attached a voided blank check below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

DHR License #: \_\_\_\_\_ Provider ID#: 5000-\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Tape a voided check below that includes your bank's name, your name, routing number, and account number.

VOIDED CHECK