

# Destination Geneva Grant Program

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## Program Guidelines and Application Packet

As approved by the Geneva City Council on May 19, 2025



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## Section 1. About the Program

The City of Geneva, Illinois is offering this Destination Geneva Grant Program (“Program”) to maintain and improve Geneva’s destination appeal by providing reimbursement for special events (“events”) that result in increased visits, overnight stays and innovative experiences. These events should raise awareness, encourage economic development, and foster a sense of community.

The Destination Geneva Grant Program is a [“Geneva 2030” Strategic Plan](#) initiative identified within the Purposeful Growth and Economic Vitality goal.

## Section 2. Applicant Eligibility Requirements

Eligible applicants must have its principal place of business within the City of Geneva corporate limits and be authorized to do business in the state of Illinois; be duly organized, validly existing, in good standing with the City; and be willing and able to make representations, warranties, and certifications required by this application.

- Preference for funding is to registered 501(c)(3) or other not-for-profit organizations.
- Geneva for profit businesses acting as a collective in the execution of an event may qualify for funding.
- The proposed event must not conflict with the City's goals, core programs, and services.
- Program funding may be used for event-related expenses such as advertising, entertainment, equipment rental, rental of facilities, and/or security. Other funding uses may be granted if deemed during the application review and approval process to be in the Program's spirit.
- The event must be free and open to the public.
- The event shall not have a predominantly religious or political purpose.
- The event shall not involve or allow discrimination on the basis of race, color, gender, age, religion, national origin, marital status, disability, gender identity, or sexual orientation.

### Section 3. Award Structure

Special Event Support will be provided to organizations/events that do not receive any alternative type of festival or special event support or funding. Annual application and reporting requirements are required for all Special Event support. All requests, regardless of dollar amount or prior award status, must meet funding guidelines.

### Section 4. Program Priorities

The City of Geneva is interested in funding events that demonstrate they were planned with respect to the community's overall needs. Priority in granting funding will be given to events that demonstrate they:

- Generate overnight stays in Geneva hotels (the source for available grant funds);
- Encourage support of Geneva businesses, restaurants, and attractions;
- Provide innovative experiences;
- Attract positive coverage in local, regional, and national media; and
- Yield benefits to the Geneva community for the resources invested.

### Section 5. Eligible Projects

For an event to be considered for a program grant, the event should primarily and directly advance the objective of increased visits, overnight stays and innovative experiences. The following types of events are *not eligible* to be considered for program grants:

- Events that violate applicable law;
- Events that primarily serve private interests and only incidentally serve a public purpose;
- Events that primarily benefit another community, and only incidentally benefit the community located within the Corporate limits; and
- Events that do not primarily and directly advance the objective of improving Geneva's destination appeal with increased visits, overnight stays and innovative experiences.

## Section 6. Allowable Expenses

Event expenses that are eligible for reimbursement from the program grant are those that are:

- Itemized in an application or fully executed grant agreement between the City and the applicant;
- Reasonable;
- Necessary for the event;
- Actual incurred by the applicant (no in-kind) at the applicant's cost (no mark-up or resale to participants);
- Not included as an expense or cost or otherwise used to meet any expense or cost-sharing or matching requirement of any other private or public grant program; and
- Supported by documentation substantiating the expense acceptable to the City.

## Section 7. Ineligible Expenses

Event expenses which are not eligible for reimbursement from a program grant are:

- Any expense that is not an allowable expense;
- Expenses from which an applicant receives a commission, rebate, markup, or other revenue (including resale);
- Indirect expenses (i.e., expenses incurred for a common purpose or joint purpose benefiting more than just the event);
- Expenses related to promoting or advertising particular entities or individuals;
- Expenses for street banners, bumper stickers, placemats, or any type of specialty or promotional items; and
- Expenses related to political campaigns, lawsuits, lobby, or administrative matters.

NOTE: Eligible or ineligible expense determinations are made at the sole discretion of the City.

## Section 8. Application Process

Funding for the program is based upon budget availability with the City's fiscal year beginning on May 1 of each year. The City will accept grant program applications on a rolling basis until funding for the fiscal year is exhausted. Application submission does not guarantee approval or funding. Events that do not receive funding due to exhaustion of fiscal year funding may be carried over to the next fiscal year for consideration at the City's discretion.

Organizations must use the application form approved by the Mayor and City Council ("Corporate

Authorities"). The application form's purpose is to request information from the applicant that enables the City to evaluate an applicant and its event to determine whether to award the applicant a Program Grant.

- Applications will be reviewed upon receipt by the City's Economic Development Department (EDD) for completeness and compliance with the program criteria. Applicants will be notified of any deficiencies and will be provided an opportunity to cure said deficiencies prior to further review. A sample of review criteria is attached at appendix C.
- Upon a determination by the EDD that an application is complete and compliant, the applications will be internally ranked to determine the degree to which an event supports the goals of the program. Events that purport to increase visits and overnight stays will receive one point. Applications that align with at least one of the [City's strategic goals](#) (worth one point per relevant goal as deemed by EDD staff) will be scored appropriately. Applications earning at least two points will be referred to the Corporate Authorities with a recommendation for funding.

Special Events may be funded up to a maximum of \$2,500 per event, subject to available funding. After considering the recommendation from the EDD, the Corporate Authorities shall determine in its discretion whether and to what extent to award a Program grant to an applicant. The decision of the Corporate Authorities is final and not subject to appeal.

Upon decision of the Corporate Authorities, the EDD shall notify applicants whether they have been awarded a Program grant. If an applicant is awarded a Program grant, the notice must include: (i) the amount of the Program grant; and (ii) a Program grant agreement.

A successful applicant has 30 days after receiving the notice to accept the Program grant by executing and returning the Grant Agreement to the City prior to the end of the 30-day period. Failure to execute and return the Grant Agreement before the end of the 30-day period will be deemed as a rejection of the grant award by applicant. If an applicant is composed of a group of entities, then each entity must be a party to, jointly and severally liable for, and sign the Grant Agreement.

## Section 9. Post Event Reporting

Grant recipients are required to submit a Reimbursement Form and Closeout Report, which includes a vendor form and W-9. Failure to provide a Reimbursement Form and Closeout Report within three months of the event's completion will disqualify the Applicant and the event from future grant funding under this Program for three years.

## Section 10. Program Revisions and Annual Program Review

The City Administrator may approve de minimis changes to this Destination Geneva Grant Program that do not involve changes to grant dollar values. Any changes to grant dollar values must be approved by the Corporate Authorities.

This Program will be reviewed during the City's annual budget process to:

1. Assess the Program's effectiveness at advancing the program priorities during the City's preceding fiscal year;
2. Determine if the Program should continue for another Fiscal Year;
3. Determine, what actions, if any, should be taken to improve the Program; and
4. Approve the Program's budget, if any, for the next fiscal year.

By annually reviewing the Program, the City intends to regularly assess the Program's effectiveness at advancing the outlined priorities, determine whether to continue the Program, and, if the Program is continued, how to improve the Program's effectiveness.

## Appendices

**Appendix A Grant Support Application**

**Appendix B. Sample Review Criteria**

**Appendix C. Sample Grant Agreement**

**Appendix D. Sample Final Grant Close-Out Report**

APPENDIX A  
APPLICATION

For Office Use Only:  
 Date/Time Received: \_\_\_\_\_  
 By: \_\_\_\_\_



## Destination Geneva Grant Program Application

### Section A. Applicant Information

Organization(s) Legal name: \_\_\_\_\_

Common Name (DBA): \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Employer/Taxpayer Identification Number (EIN, TIN): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_  

Street
City
State
Zip Code

Phone Number \_\_\_\_\_ Email address: \_\_\_\_\_

Web page \_\_\_\_\_

Is the organization a registered 501(c)(3) Nonprofit\*? \_\_\_\_\_

\*If yes, please attach a copy of your tax-exempt status

Amount of Funding Requested (Maximum \$2,500 per Special Event) \_\_\_\_\_

### Section B. Special Event Information

Special Event name:			
Special Event date and time:			
Special Event location:			
Is this a recurring event?		If yes, how often and how long has it been held?	
Is the event family friendly?		Is this event open and free to the public	
The event is hosted by a:	<input type="checkbox"/> For Profit (Collective)	<input type="checkbox"/> Non-Profit	
Projected number of attendees:			

## Section B. Special Event Information (continued)

Has this event received City support in the past?  Yes  No

Describe the event for which funding is being requested. Provide details regarding total budget, activities, vendors, entertainment, etc.

What are the marketing and promotional plans for the event? Which media platforms will you use to promote the event?

List how and where the City of Geneva will be acknowledged as a sponsor for the event?

Are you partnering with any other organizations/businesses to put on this event? If so, list each organization and its contribution.

Explain how this event will positively impact the Geneva community (required).

## Section B. Special Event Information (continued)

Additionally, please explain how this event aligns with the City's [strategic goals](#) of attracting events, activities, and guests that support desirable retail experiences that strengthen Geneva's identity as a destination; and utilize programs and policies to attract new investment and facilitate reinvestment that increases and diversifies the tax base.

Are you able to secure appropriate insurance for the event and list the City as an additional insured?

Yes  No  If no, please explain.

What percent is the grant request of the overall project budget?

### Proposed Special Event Budget

DESCRIPTION	TOTAL EVENT BUDGET	GRANT REQUEST	OTHER GRANTS OR SUPPORT
Personnel – Administrative (including volunteers)			
Personnel – Artistic			
Personnel – Technical/Production			
Outside Artistic Fees and Services			
Outside Other Fees and Services			
Space Rental (Venue/Park)			
Equipment Rental			
Support Services – Safety			
Support Services – PW			
Support Services – Refuse			
Marketing/Advertising Publicity			
Materials & Supplies			
Printing			
Remaining Operating Expenses			
TOTAL PROPOSED EXPENSES			

## Section C. Acknowledgment and Signature

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties (U.S. Code, Title 18, Section 1001).

Authorized Representative:

First Name

Last Name

Suffix

Title

Telephone Number

Fax Number

E-mail address

Signature of Authorized Representative

Date Signed:

APPENDIX B  
SAMPLE REVIEW CRITERIA



## Destination Geneva Grant Program Review Criteria

### Review Criteria

In awarding points, the extent to which the applicant demonstrates the capacity (i.e., experience, financial resources, staff, facilities, equipment, and other resources) to conduct the project and achieve the identified economic outcomes will be considered. Events that purport to increase visits and overnight stays will receive one point. Applications that align with at least one of the [City's strategic goals](#) (worth one point per relevant goal as deemed by EDD staff) will be scored appropriately. Applications earning at least two points will be referred to the Geneva Mayor and City Council (Corporate Authorities) with a recommendation for funding.

APPENDIX C  
SAMPLE GRANT AGREEMENT

**Destination Geneva Grant Agreement  
By and Between**

**City of Geneva and \_\_\_\_\_**

This Grant Program FY 2025 Grant Agreement ("Agreement") is between the **City of Geneva ("City")** and \_\_\_\_\_.

**Background**

The City of Geneva ("City") is an Illinois, non-home rule municipal corporation located at 22 South 1st Street, Geneva, Illinois 60134. Pursuant to the express and implied authority granted to the City, the City developed the Destination Geneva Grant Program ("Program"). The Program's objective is to provide grants to organizations doing business within the legal boundaries of the City of Geneva ("Corporate Limits") ("Objective"). Program grants are funded by the hotel operators' occupation tax received by the City or through the City's General Fund. The Objective reflects the City's limited authority to expend these funds for increased overnight stays or economic development purposes. The Program is a discretionary grant program with the City exercising judgement (discretion) in determining grant recipients and the amount of any grant awards.

Grantee is a State of Illinois Limited Liability Corporation, with its principal business office at \_\_\_\_\_.

On \_\_\_\_\_, Grantee submitted an application to City, a copy of which is attached as Exhibit A ("Application"). The Application seeks a Program grant for \_\_\_\_\_ ("Project"). The City reviewed the Application in accordance with the Destination Geneva Grant Program Policy and determined awarding Grantee a grant in the amount of \$\_\_\_\_\_, for the event related expenses of \_\_\_\_\_.

**Agreement**

The parties therefore agree as follows:

1. **Effective Date.** Grantee has until; \_\_\_\_\_ to execute and return this Agreement to the City. If the City does not receive the executed Agreement by the aforementioned date, the Grant (defined below) is withdrawn, and this Agreement is null and void. If Grantee signs and returns this Agreement to the City and the City receives the Agreement by the aforementioned date, this Agreement is effective on the date it is signed by the City ("Effective Date").
2. **Definitions.** In addition to any other terms defined in this Agreement, the following terms have the following meanings in this Agreement when capitalized and their ordinary meanings when not

capitalized:

- 2.1. "Allowable Expense" means an expense which is: (i) itemized in the Application; (ii) reasonable; (iii) necessary for the Project; (iv) a direct expense of the Project ; (v) allocable to the Project; (vi) actually incurred by Grantee; (vii) at Grantee's cost; and (viii) treated consistently by Grantee on its financial books and records.
- 2.2. "Budget" means the budget specified in the Application.
- 2.3. "City Code" means the City Code of City of Geneva, Illinois as amended from time to time.
- 2.4. "Close-Out Date" means the date this Agreement is terminated, April 30 (end of City FY), or 30 days following after all grant funds have been dispersed, whichever occurs first.
- 2.5. "Conflict of Interest" means a situation that arises when a person in a position of authority over an organization, such as an officer, director, or manager, may benefit financially from a decision made in that capacity, including indirect benefits such as to family members, not-for-profit or tax-exempt organization, or businesses with which the person is closely associated.
- 2.6. "Corporate Authorities" means the City's Mayor and City Council.
- 2.7. "Grant Representative" means the following individual who is hereby authorized by Grantee to act on behalf of the Grantee:
  - Name; \_\_\_\_\_
  - Title/Position; \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - E-mail: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_
- 2.8. "Performance Period" means the period from the Effective Date through the Expenditure Date.
- 2.9. "Supporting Documentation" means a document: (i) issued by the individual or entity to which an expense is paid; (ii) showing the amount paid, the date paid, and the payee's name and address; and (iii) describing the expense.
3. Grant. Subject to this Agreement's other terms, the City shall reimburse Grantee for expenses as itemized in the grant application including \_\_\_\_\_ ("**Grant**").
4. Reimbursement. Grantee shall request reimbursement for Allowable Expenses at the conclusion of the event. To request reimbursement, Grantee must complete, execute, and submit to the City a "Reimbursement Form" and a "Close Out Statement" in the form of Exhibit B with Supporting

Documentation for each expense for which reimbursement is requested. Grantee must submit a reimbursement request to the City no later than 30 days prior to the grant Close-Out Date. The Grantee must submit all Reimbursement Forms and Supporting Documentation to the City in person or by email to the address specified for notices in Section 17.

No later than 45 days after the City receives a timely and complete Reimbursement Form from Grantee, the City shall reimburse Grantee for all expenses (up to the grant amount) listed in the Reimbursement Form, which the City determines are Allowable Expenses under this Agreement.

5. Additional Grantee Obligations. Grantee shall: (i) protect the Grant from diversion to uses not permitted by this Agreement; (ii) ensure the Project is conducted safely, ethically, and in accordance with applicable law; and (iii) submit a W-9 tax form to the City with this Agreement.
6. Grant Acknowledgement. Grantee shall acknowledge the City's support for the Project. Promptly after the execution of this Agreement, Grantee shall meet with the City's designee to discuss how best to acknowledge the City's support for the Project, which may include the use of the City Logo and a statement similar to the following: "This event is supported by a grant from the City of Geneva, Illinois". Any use of the City's name or the City Logo by Grantee must be approved in writing in advance by the City.
7. Representations, Warranties, and Certifications. In addition to any other representations, warranties, and certifications made by Grantee in this Agreement, Grantee represents, warrants, and certifies:
  - (i) All representations made in this Agreement, including the Application, are true, correct, and complete and the Grant shall only be used as provided in this Agreement.
  - (ii) Grantee is duly organized, validly existing, and in good standing in the jurisdiction of its formation;
  - (iii) Grantee is authorized to do business in the State of Illinois;
  - (iv) Grantee has the power and authority to enter into and comply with its obligations under this Agreement;
  - (v) 45-2248994 is Grantee's correct employer identification number ("EIN").
  - (vi) To the best of Grantee's knowledge, Grantee is in compliance with applicable law;
  - (vii) To the best of Grantee's knowledge, no actual or potential Conflict of Interest exists between Grantee or any Grantee Person and any of the Corporate Authorities or any City employees;

(viii) Without the Grant, the event would not be possible;

(ix) Grantee is current on all City accounts.

8. LIMITATION OF LIABILITY. THE MAXIMUM AGGREGATE LIABILITY OF THE CITY AND THE OTHER INDEMNIFIED PERSONS (DEFINED BELOW) ARISING OUT OF OR RELATED TO THIS AGREEMENT IS LIMITED TO THE AMOUNT OF THE GRANT WHICH THE CITY HAS NOT PAID TO THE GRANTEE.
9. Defense and Indemnification. Except as prohibited by law, Grantee shall defend, indemnify, and hold harmless the City and its Corporate Authorities, officers, employees, against any and all losses, damages, liabilities, deficiencies, claims and actions.
10. Freedom of Information Act. Nothing in this Agreement limits the City's ability to disclose or otherwise make public, information or documentation related to the Application or this Agreement, in its discretion or as required by applicable law, including the Illinois Freedom of Information Act (5 ILCS 140/1, et. seq.).
11. Notices. All notices under this Agreement must be in writing and provided to the other party by email, with proof of delivery, to the other party's email address listed below.

If to City:

**City of Geneva**

**Attn: Economic Development Director**

**22 South First Street,**

**Geneva, Illinois 60134**

**Email: ctymoszenko@geneva.il.us**

If to Grantee:

**Attn:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

12. **Governing Law.** This Agreement is governed by and is to be construed in accordance with the internal laws of the State of Illinois.
13. **Choice of Forum.** A party must commence any suit, action, or proceeding related to this Agreement in the United States District Court for the Northern District of Illinois or the Illinois state courts for Kane County, Illinois.
14. **Binding Effect.** This Agreement inures to the benefit of, and is binding on, the parties and their successors. Grantee is not entitled to assign its rights or delegate its duties under this Agreement.
15. **No Third-Party Beneficiaries.** Except as otherwise expressly stated in this Agreement, no individual or entity, other than the parties, has the right to enforce the terms of this Agreement.
16. **Amendments.** No amendment to this Agreement is valid unless in writing and signed by both parties.
17. **Entire Agreement.** This Agreement is the entire agreement between the parties, with respect to the subject matter of this Agreement, and supersedes any prior or contemporaneous negotiations, understandings, and agreements, both written and oral, regarding the subject matter of this Agreement.
18. **Signatory Representations and Warranties.** The individuals signing this Agreement on behalf of the parties represent and warrant they have read this Agreement, understand its contents, and are authorized by the party, on behalf of whom they are signing, to sign this Agreement.

Each party signed this Agreement on the date listed below the party's name.

City of Geneva

\_\_\_\_\_

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

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

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPENDIX D  
REIMBURSEMENT FORM AND CLOSE OUT REPORT



## Destination Geneva Grant Program

### Reimbursement Form and Close out Report

This Destination Geneva Grant Program Reimbursement Form and Close Out Report ("Reimbursement Form") is submitted pursuant to the Destination Geneva Grant Program, Grant Agreement dated \_\_\_\_\_ between the City of Geneva ("City") and \_\_\_\_\_ ["Grantee"/ collectively, "Grantee") ("Agreement"). Capitalized terms used but not defined in this Reimbursement Form have the meanings stated in the Agreement.

Grantee:

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Grant Representative:

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

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_



**Based on your experience should the event be repeated?**

Grantee hereby represents, warrants, and certifies each expense submitted for reimbursement is an allowable expense as defined by the agreement.

By signing this Reimbursement Form: (i) I certify I am authorized to submit this Reimbursement Close Out Report and request reimbursement from the Grant for the foregoing expenses on behalf of the Grantee; and (ii) on behalf of Grantee, I certify that the information contained in this Reimbursement Form is true, correct, and complete.

Grantee Name: \_\_\_\_\_

By:

Signature of Grant Representative: \_\_\_\_\_

Printed Name (Grant Representative): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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



**City of Geneva**  
 Finance Department  
 15 S 1<sup>st</sup> St  
 Geneva, Illinois 60134

# Vendor Information Form

Vendor Information Form			
<b>Date</b>	<b>Type of Request:</b> Add new Vendor    Update Existing Vendor (Select one)		
Vendor/Payee Name			
<b>Federal Tax ID or Social Security Number</b>	(New and existing vendors must attach a current signed and dated W-9)		
<b>Individual or Legal Business Name</b>			
<b>DBA (of applicable)</b>			
<b>Checks Payable to</b>			
<b>Accounts Receivable Contact Name</b>			
<b>Physical Address</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Remittance Address</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Company Website</b>			
<b>Phone Number</b>			<b>Email Address</b>
Business Classification			
Please check all that apply. Definitions on reverse side. If you hold a certificate for any classification below, please submit with this form.			
<input type="checkbox"/> Minority Owned (please specify): <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hispanic-Latino <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Other: _____		<input type="checkbox"/> Women Owned <input type="checkbox"/> Persons with Disabilities Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> LGBTQ+ Owned <input type="checkbox"/> Small Business Owned	
Type of good/services provided:			
<input type="checkbox"/> Goods		<input type="checkbox"/> Services <input type="checkbox"/> Other _____	
If services, please check if they are: <input type="checkbox"/> Legal services <input type="checkbox"/> Medical services			
NAICS Code: _____			
Signature			
Unless a certificate is supplied, the undersigned is self-certifying the above information is true.			
<b>Signature</b>	<b>Date</b>		
<b>Print Name</b>	<b>Title</b>		

Please return completed form and W-9 to: [AP@geneva.il.us](mailto:AP@geneva.il.us)

Per 35 ILCS 200/18-50.2, P.A. 102-0265, governments must ask each business if the business meets the criteria of any of the options below as defined by the Business Enterprise Program for businesses owned by minorities, women, and persons with disabilities.

**Minority-Owned Business** – A business that is at least 51% owned by one or more minority individuals, or in the case of a corporation, at least 51% of the stock which is owned by one or more minority individuals; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

**Women-Owned Business** – A business that is at least 51% owned by one or more women, or in the case of a corporation, at least 51% of the stock which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.

**Persons with Disabilities-Owned Business** – A business that is at least 51% owned by one or more individuals with a disability and the management and daily business operations of which are controlled by one or more of the individuals with a disability who own it. A non-profit agency for individuals with disabilities that is exempt from taxation under section 501 of the Internal Revenue Code of 1986 is also considered a “business owned by an individual with a disability”.

**Veteran-Owned Business** – A business that is at least 51% owned by one or more veteran service members, or in the case of a corporation, at least 51% of the stock which is owned by one or more veteran service members; and the management and daily business operations of which are controlled by one or more of the veteran service members who own it.

**LGBTQ+ Owned Business** – A business that is at least 51% owned by one or more LGBT individuals, or in the case of a corporation, at least 51% of the stock which is owned by one or more LGBT individuals; and the management and daily business operations of which are controlled by one or more of the LGBT individuals who own it.

**Small Business Owned** – An independent business having fewer than 500 employees. For industry-level definitions of small business used in government programs and contracting, see [www.sba.gov](http://www.sba.gov).

# Request for Taxpayer Identification Number and Certification

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

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

## 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).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they