

Procurement & Contracts Department 340 N. 11th Street, Suite 180, Las Vegas, NV 89101 Phone (702) 477-3140 Fax (702) 922-7050 TDD (702) 387-1898

REQUIRED TO DO BUSINESS WITH SNRHA: BACKGROUND CHECK, INSURANCE AND LICENSES

BACKGROUND REGISTRATION RECOMMENDATION:

A background check on your company will be performed by SNRHA, we recommend that you register with SAM (System for Award Management). You do so at www.sam.gov (see attached instructions). Upon completing your registration you will be provided a Notice of Completion Letter. Please forward a copy of that letter to SNRHA Procurement Department at 702-922-7050 or email procurement@snvrha.org.

REQUIRED INSURANCE POLICIES:

The Contractor shall maintain the following insurance coverage during the effective terms of SNRHA Contract(s):

- 1. Policy of General Liability Insurance, \$1 million per occurrence and \$2 million aggregate and if applicable, Products Liability. This coverage shall include fire damage of \$50K, medical expenses/personal injury of any one person \$5K and a deductible not greater than \$1K. The SNRHA shall be named as an additional insured on the certificate and the Contractor shall provide an endorsement stating the same. In the event the Contractor carries a deductible higher than \$1K, in lieu of the required deductible, the Contractor shall provide a certified statement of its financial viability or provide an umbrella of additional coverage.
- Professional Liability/Errors & Omissions Insurance, if applicable with minimum limits of \$1M per occurrence and \$2M aggregate. FOR CONSULTANTS ONLY
- 3. Worker's Compensation Insurance for all Contractors/Lessees that employ more than one person.
- 4. Evidence of **Auto Liability** Insurance, \$1M combined single limit or evidence of coverage for all vehicles that will be driven on SNRHA property used in conjunction with the Contract.

REQUIRED LICENSE INFORMATION:

The Contractor/Lessee shall provide to the SNRHA copies of all REQUIRED current City, State and/or Federal licenses used to perform the services it provides.

NOTE: A City of Las Vegas Business License is not required pursuant to the Nevada Municipal Code, Supp. No. 79, 12—02, Section 6.02.065D, if a nonprofit professional service organization provides all of its services to the public at no cost and has received tax exempt status pursuant to Title 36 U.S.C Section 502c. The Contractor/Lessee shall provide to the SNRHA evidence of its exempt status.

CERTIFICATE HOLDER'S INFORMATION:

SNRHA, Procurement & Contracts Post Office Box 1897 Las Vegas, NV 89125

Send by mail: SNRHA, Procurement & Contracts | Post Office Box 1897 | Las Vegas, NV 89125

Or by email: procurement@snvrha.org



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DISCLOSURE OF OWNERSHIP

INSTRUCTIONS: This form must be completed by the General/Prime Contractor, each Sub-contractor and Joint Venture Partnerships. Please provide copies of all Business Licenses, Articles of Incorporation, etc., and WBE, MBE Section 3, RBE Certifications with this

	form	1	<u></u>
	* REQUIRED) FIELDS	
*Company Name		*Address	
*City, State & Zip		*Telephone	Fax
*Primary Contact		*Title	
*Email Address		*Federal Tax Identification Number	SAM UEI #
*Business License Number		State of Nevada Contractor's License Numb	per, If any
		IPANY AUTHORIZED TO See list additional principals on a se	
*Name		*Title	% Owned
Name		Title	% Owned
*SUPPLIER DIVERSITY STATEMENT:	IF YOU DO NOT COMPLET	E THIS AREA, WE CANNOT A	ADD YOUR FIRM TO OUR
ELIGIBLE LIST. SNRHA receives feder used for coding and reporting purposes Minority (MBE) or Women-Owned (WE management by one or more of the follows:	only and will <u>not</u> affect the abil BE) Business Enterprise qua wing (check all that apply):	lity of your firm to do business valifies by virtue of 51% or more of 5	with our agency. Resident (RBE) of the ownership and active
Male Owned	Public Held Corporation	Government Agency	Non-Profit Organization
Woman Owned	Caucasian American	Native American	Hispanic American
Asian/Pacific [Hasidic Jew	Asian/Indian	SNRHA Resident
African American	Veteran Disabled	W/MBE Certification#	
SEC 3/RBE Certification #		HUB ZONE Certification #	
Small Business Certification #		Emerging Small Business (ES	SB) Tier 1 Tier 2
*DOES YOUR COMPANY RECEIVE A	1099? YES NO		
*ARE YOU REGISTERED WITH SYSTE to register. *ARE YOU REGISTERED WITH THE G do so at https://diversifynevada.com . Re	OVERNOR'S EMERGING SM egistering with this Program m	MALL BUSINESS PROGRAM ay provide more financial oppo	rtunities for your business.
*DEBARRED STATEMENT: Has this fi or federal governmental agency? YES and current status.		n disbarred from providing any i ch a full detailed explanation, in	
*DISCLOSURE STATEMENT: Does/ha commissioner or officer of the SNRHA? circumstances and current status.		ve/had any personal or professi se attach a full detailed explana	
The undersigned hereby affirms that hele SNRHA's list of firms eligible to do busin above information is current and accurate invitations to provide quotes/bids/propos	ess with the SNRHA. The undersigned acknowledges on behavior	dersigned further affirms that, talf of the noted firm that the nor	o the best of his/her knowledge, the n-response of two (2) consecutive
INSURANCE: Copy of insurance certificate Holder and a			ard of contract, naming the
General Liability Insurance Policy # and Carri	er:		
Workman's Compensation Policy # and Carrie	er:		
Automobile Liability Insurance Policy # and C	arrier:		
Signature	Date	Printed Na	me



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KEY PERSONNEL

INSTRUCTIONS:

LIST PERSONNEL ASSIGNED TO THIS CONTRACT: Identify the individual(s) that will act as project manager and any other supervisory personnel who will work on project; attach brief resume for each:

Name:	Title	
NAME:		
SIGNATURE:		DATE:



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DISCLOSURE OF CONFLICT OF INTEREST

TO BE REVIEWED AND RESPONDED TO, WHETHER OR NOT SUCH CONFLICT(S) EXIST. THIS FORM MUST BE SIGNED AND DATED BY ENTITY'S REPRSENTATIVE AND RETURNED ALONG WITH THE DISCLOSURE OF OWNERSHIP FORM.

- 1.0 Ethics in Public Contracting: Ethical standards apply not only to PHA employees and Contracting Officers but to others with a vested interest in PHA contracts such as members of the Board of Commissioners, other officials and agents of the authority, and contractors with whom the PHA does business. Please refer to Handbook No. 7460.8 Rev 2, Chapter 4, which explains the specific ethical requirements for PHA contracting 24 CFR 85.36 (b)(3).
- 1.1 Principles: Members of the Board of Commissioners, PHA employees, and any others serving in an official position or acting as an agent of the PHA (hereafter referred to as employees, officers, or agents) must discharge their duties impartially to ensure fair competitive access to procurement opportunities by responsible contractors. Moreover, employees, officers, and agents should conduct themselves in such a manner as to foster the public's confidence in the integrity of the PHA procurement organization and process. Any attempt to realize personal gain through PHA employment or to serve as an officer or agent of the PHA through actions inconsistent with the proper discharge of duties is a breach of public trust.
- 1.2 Conflicts of Interest (24 CFR 85.36(b)(3) and Section 19 of the Annual Contribution Contract (ACC) between HUD and Public Housing. PHAs must observe the following conflict of interest prohibitions:
 - 1.2.1 No PHA employee, officer, or agent shall participate in the selection, award or administration of a contract supported by Federal funds if a conflict of interest, financial or otherwise, real or apparent, would be involved. Such a conflict would arise when the employee, officer or agent, any member of his or her immediate family; his or her partner; or an organization which employs or is about to employ any of the above, has a financial or other interest in the firm selected for the award.
 - 1.2.2 Immediate family is defined as: father, mother, sister, brother, son, daughter, wife, husband, grandparents, stepparents, in-law, sister-in-law, son-in-law, daughter-in-law, uncle and aunt and legal guardian and legal ward. Uncle and Aunt shall be defined as brother and sister of your biological father or mother.
 - 1.2.3 In addition to any other applicable conflict of interest requirements, neither the PHA nor any of its contractors or their subcontractors may enter into any contract, subcontract, or arrangement in connection with a project under the ACC in which any of the following classes of people have an interest, direct or indirect, during his or her tenure or for one year thereafter:
 - 1.2.3.1 Any present or former member or officer of the governing body of the PHA, or any member of the officer's immediate family. There shall be excepted from this prohibition any present or former tenant commissioner who does not serve on the governing body of a resident corporation, and who otherwise does not occupy a policymaking position with the resident corporation, the PHA or a business entity.



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- 1.2.4 Any employee of the PHA who formulates policy or who influences decisions with respect to the project(s), or any member of the employee's immediate family, or the employee's partner.
- 1.2.5 Any public official, member of the local governing body, or State or local legislator, or any member of such individuals' immediate family, who exercises functions or responsibilities with respect to the project(s) of the PHA. (Note: For additional important provisions see Section 19 of the ACC)
- 1.2.6 No present or former PHA employee, officer, or agent shall engage in selling or attempting to sell supplies, services, or construction to the PHA for one year following the date such employment ceased (see Sections 515 of the old ACC, form HUD-53011, dated 11/69, and Section 19 of the new ACC, form HUD-53012A, dated 7/95). The term "sell" means signing a bid or proposal, negotiating a contract, contacting any PHA employee, officer, or agent for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling contract disputes; or any other liaison activity with a view toward the ultimate consummation of a sale, although the actual contract is negotiated by another person.
- 1.3 The undersigned hereby confirms and attest that he/she is empowered to sign this form and further affirms that, to the best of his/her knowledge there is □ or □ is not an apparent Conflict of Interest.

NOTE: If there is a conflict of interest, Proposers/Bidders must provide this information to SNRHA during the Solicitation process. Failure to do so shall be grounds to consider the Proposal/Bid non-responsive. Please identify the Conflict of Interest below: (Add supplemental sheet if required)

PERSON NAME	TIT	ΓLE	RELATIONSHIP
I certify that the above information is true.			
Name: (print)		Title:	
Signature:		Date:	



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SERVICES TYPICALLY PURCHASED BY THE SNRHA

(PLEASE CHECK ALL THAT APPLY)

	<u> </u>		
COMMODITIES:			
	Air - HVAC	Glass - Window	
	Appliances	Hardware	
	Audiovisual Equipment	Janitorial Supplies	
	Auto Parts	Lock Supplies	
	Bottled Water	Lubricants	
	Building Supplies - Lumber	Motors	
	Carpet & Flooring	Office machines	
	Cellular Telephones	Paint Supplies	
	Computer & Accessories	Paper products - Janitorial	
	Doors	Paper products - Office	
	Draperies Hardware	Plumbing Supplies	
	Electrical Supplies	Power Equipment	
	Equipment	Printing Forms	
	Fastener Supplies	Safety Equipment	
	Fire Extinguisher	Sprinklers/Parts/PVC/Pipe	
	First Aid Supplies	Tires/Tubes	
	Fuels	Tools - Handpowered	
	Gardening Supplies	Vehicles, Trucks (Fleet)	
	Gases - Industrial	Water Heaters	
	Glass - Auto	Other	
SERVICES:			
	Alarm Monitoring	Fire Extinguishers	
	Answering Service	Fire Sprinkler Maintenance/Inspection	
	Bath Tub Refinish	Hi-Rise Water Systems	
		Janitorial Services	
	Carpet Cleaning	Newspaper Advertising	
	Cellular	Pest Control	
	Copier Lease/Maintenance	Pest Control - Bed Bugs	
	Delivery Pick-up	Street Sweeping	
	Drapery Cleaning	Telephone - Maintenance & Repair	
	Drug Testing	Towing	
	Elevator Maintenance	_	
	Emergency Generators	Tree Trimming	
	Fax Lease/Maintenance	_	
	Fire Devices Maintenance/Inspection	Other	
PROFESSIONAL SERVICES:			
	Audit	Insurance	
	Banking	Legal	
	Consulting	Training	
	Grant Writing	Other	
	-		
CONSTRUCTION & ARCHITECTURAL ENGINEERING SERVICES:			
	Architectural/Engineering	_ Geo-Technical	
<u>-</u> -	Construction	Other	

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(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own ☐ Other (see instructions) ▶	Trust/estate ship) ▶ vner. Do not check owner of the LLC is ple-member LLC that er.	certain entities, not individuals; se instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)	e
ர	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name	e and address (optional)	
S	6 City, state, and ZIP code			
	o siy, state, and in some			
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			_
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	Old .	ecurity number	
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for all alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other as, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>			
TIN, la	ater.	or		
Total in the decount to in their chair of the flather, even the flow detection of the first the flather and		er identification number		
Vumb	per To Give the Requester for guidelines on whose number to enter.		-	
Par	t II Certification			_
Jnde	r penalties of perjury, I certify that:			
	e number shown on this form is my correct taxpayer identification number (or I am waiting for			
Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not been ror dividends, or (c	notified by the Internal Revenue c) the IRS has notified me that I a	ım

- 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

Sign Signature of U.S. person ► Date ►	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.		
	Sign Here		Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

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.

Date of this notice: 09-11-2009

Employer Identification Number: 27-0910670

Form: SS-4

Number of this notice: CP 575 A

SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY % CARL A ROWE 340 NORTH 11TH STREET LAS VEGAS, NV 89101

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-0910670. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 01/31/2010

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes and Publication 4248, EFTPS (Brochure). If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS Web site at http://www.irs.gov/localcontacts/index.html. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-11-2009 () -

EMPLOYER IDENTIFICATION NUMBER: 27-0910670

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Maddaldaldaddadladlandladdald

SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY % CARL A ROWE 340 NORTH 11TH STREET LAS VEGAS, NV 89101