



VENDOR REGISTRATION

City of Statham
327 Jefferson St.
Statham, GA 30666

Vendor Information

Is this form being filled out as a new application or an update to an existing application?

New Update

Vendor Name: (business name registered with the state or full name if individual)

Mailing Address: (address, city, state, zip)

Contact Name:

Phone: _____ Email: _____

Federal Tax ID Number: _____

Business Website: _____

In case of a City emergency (disaster or emergency service), please provide a contact name and telephone number: _____

For billing purposes, please provide a name, phone, email and address if different from above:

Have you been awarded any government contracts in the past? If yes, please provide the names of those agencies, the service provided and if it is still an active contract. If no, write N/A.

What products or services do you provide?

Certain forms are required in order to do business with the City of Statham. Please make sure to attach these forms to this vendor registration form:

- Completed W-9 and copy of valid Driver's License (required)
- Conflict of Interest (page 2, required)
- Contractor Exemption Affidavit (page 5, if applicable)
- Contractor Affidavit (page 7, if applicable)
- Georgia Municipal Employees Benefit System Affidavit (page 6, required)

Vendor or Contractor Conflict of Interest

Disclosure Statement

What defines a conflict of interest according to the City of Statham?

1. An officer, director, employee, agent or other consultant to the City or a member of the immediate family or household of the aforesaid has directly or indirectly received or been promised any form of benefit, payment, compensation, whether tangible or intangible, in connection with a grant of the agreement with the City or its departments.
2. There are undisclosed persons or entities interested with the contractor in the agreement. The agreement is entered into by the contractor with a connection with another entity or person making a proposal for the same purpose, and possibly with collusion, fraud or conflict of interest. Elected or appointed officials or officers, directors, employees, agents or other consultants of the City or member of the immediate family or household of any of the aforesaid:
 - a. Is interested on behalf of or through the contractor directly or indirectly in any manner whatsoever in the execution or the performance of any agreement, or in the services, supplies of work, to which the agreement relates or in any portion of the revenues; or
 - b. Is an employee, agent, advisor or consultant to the contractor or to the best of the contractor's knowledge, any subcontractor or supplier to the contractor.

Disclosure of Conflict of Interest

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY CITY OF STATHAM OFFICER, ELECTED OR APPOINTED, OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED ABOVE, OR WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY OR AFFILIATED COMPANY, WHETHER SUCH CITY OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.

Please indicate below if there is a Conflict of Interest

No Yes

If yes, indicate below the names and relationships of those who you believe would lead to a Conflict of Interest:

Business Name: _____

Name and Title: _____

Signature and Date: _____

E-Verify Instructions & Affidavits

Pursuant to O.C.G.A. § 13-10-91, local governments and authorities are required to collect proof of compliance with the State's Immigration Reform Act when a supplier provides physical performance of services or labor that is expected to exceed twenty-five hundred dollars (\$2,500). The City uses the attached Affidavits as proof of a supplier's compliance. The correct Affidavit must be completed and submitted to the Procurement Department prior to the services being performed. If a supplier fails to provide the Affidavits, the City may not be liable for services rendered.

Most suppliers will need to complete the Contract Affidavit which verifies that a supplier is registered with and participates in a federal work authorization program. The City accepts the E-Verify System as an approved federal work authorization program (<https://www.uscis.gov/e-verify>) for its suppliers. There are specific instances when compliance with the E-Verify System is not required:

- 1) The supplier is an INDIVIDUAL that is licensed under Title 26, Title 43 or the State Bar of Georgia. In this case, the supplier will provide a print out from the Georgia Secretary of State showing that the supplier is currently licensed and in good standing.
- 2) The supplier has zero (0) employees. In this case, the Contractor Exemption Affidavit should be filled out and submitted with a copy of a valid driver's license from a Compliant State.

FAQ:

• What is E Verify?

E Verify is a free, web-based federal service that allows employers to verify the eligibility of their new employees to work in the United States. It compares information from an employee's Form I9 to data and records from the US Department of Homeland Security and the Social Security Administration.

• When is E Verify required?

Proof of compliance is required each time a supplier provides a service or labor for the City that exceeds \$2,500.

• How do I register for E Verify?

Visit <https://www.uscis.gov/e-verify> and follow the instructions to enroll.

• What does my federal user identification number (E Verify number) look like?

The federal user identification number needed for the Affidavit is a 4 to 6-digit number (no letters, no special characters) and is assigned after registering online; the number can be found on the first page of the Memorandum of Understanding once the enrollment process is complete. The number is NOT the company's federal employer identification (FEID) number or the company's user ID for the E-Verify program.

• I am already a registered vendor with the City and/or I already provided a Contractor Affidavit to the City - Why do I need to submit another affidavit?

The City is required to collect a Contractor Affidavit each time a vendor/supplier provides a service or performs labor in excess of \$2,500 (i.e. an Affidavit is required per “project” performed by the supplier).

Request for Taxpayer Identification Number and Certification

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

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

| | | |
|---|---|--|
| Print or type. See Specific Instructions on page 3. | 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 | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | 4 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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | Exemption from FATCA reporting code (if any) _____ |
| | <input type="checkbox"/> Other (see instructions) ▶ _____ | <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | | |
| 7 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.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |

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.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

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.

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.

Contractor Exemption Affidavit Pursuant to O.C.G.A. § 13-10-91(5)

By executing this Affidavit, the undersigned verifies that he/she has not hired and does not intend to hire employees for purposes of satisfying or completing the terms and conditions of any part of the applicable contract(s) with the City of Statham.

The undersigned understands that he/she must provide a copy of his/her state issued driver's license or state issued identification card, and that the driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States that verifies lawful immigration status prior to issuance of that card. The undersigned understands that if he/she or one of his/her subcontractors later determines a need to hire employees to satisfy or complete the physical performance of services under the applicable contract, then they shall first be required to comply with the affidavit requirements exempted from herein.

By executing this affidavit, the undersigned verifies compliance with O.C.G.A. § 13-10-90 and O.C.G.A. § 13-10-91 and the above statements, and therefore is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in the above referenced code sections.

Name of Contractor

Name of Project

City of Statham
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: _____

**Georgia Municipal Employees Benefit System
Affidavit Verifying Applicant's Lawful Immigration Status**

As an Applicant for benefits administered by the Georgia Municipal Employees Benefit System (GMEBS), I, _____ state the following under oath [check (1), (2) or (3) below]:

- (1) _____ I am a United States citizen
- (2) _____ I am a legal permanent resident of the United States
- (3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and

Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien registration number* issued by the Department of Homeland Security or other federal immigration agency is: _____

I also hereby verify that I am 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____

I understand that this affidavit is not complete until I have provided such documentation. In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant and Date of Signature (Month / Day / Year)

_____ Date _____

GMEBS Member Employer (please print): City of Statham

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that qualified aliens or non-immigrants under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. If you are a qualified alien but you do not have an alien registration number, you may supply another identifying number, as well as its source (providing government entity), below.
Note to GMEBS Member Employer: This application will not be deemed complete unless a copy of the Applicant's secure and verifiable document, as approved and posted by the Attorney General pursuant to O.C.G.A. § 50-36-2(a)(3), is attached to this affidavit.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization: _____

Name of Contractor: _____

Name of Project: _____

Name of Public Employer: City of Statham

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

Notary Public: _____ My Commission Expires: _____