

**Governor's
Workforce
Board**
Rhode Island



Today's Vision... Tomorrow's Opportunity.

REQUEST FOR PROPOSALS

FY 14 Round II

Incumbent Worker Training Grant Program

The Honorable Lincoln D. Chafee
Governor

Constance A. Howes
Chair

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DATES

Pre-Proposal Conference	Monday, January 27, 2014
Deadline for Questions	Monday, February 10, 2014
Proposals Due	Tuesday, February 18, 2014
Grant Awards Announced	Friday, March 21, 2014
Start Date	April 1, 2014

PRE-PROPOSAL INFORMATION SESSION

Monday, January 27, 2014
8:30 am – 10 am
Department of Labor and Training
1511 Pontiac Avenue, Cranston, RI
Room 73-1

INFO and PRE-REGISTRATION FOR INFORMATION SESSION

Dan Brown at dbrown@dlt.ri.gov
462-8823

SECTION 1 - GENERAL INFORMATION

A. INTRODUCTION AND INTENT

The Job Development Fund (JDF) was established by statute in 1992. These funds support a variety of employer-based workforce development programs including the incumbent worker training grant, sector partnerships, pre-employment training, and adult and youth initiatives, among others. In the FY2014-15 Biennial Employment and Training Plan, employer partnerships were identified as one of four central priorities. Incumbent worker training grants are intended to assist employers in increasing the skill level of their current employees. Funds should support skill-based training which directly improves the company's viability, productivity, and capacity to respond to current and future business demands. New employees are eligible for training, providing that the training is skill-based and not simply an introduction to the company's policies and procedures, or "on-boarding".

In response to employer input, the GWB has made a number of changes to the Incumbent Worker Training Grant proposal process. These changes will be highlighted throughout the document, and they are also listed here:

- 1. Any eligible employer of any size may apply for the maximum award.**
- 2. All eligible employers may apply for a grant, including those who are current recipients of Annual or Express Incumbent Worker Training Grants; however, the amount of qualified proposals exceeds available funds, preference will be given to those companies that do not have a current Incumbent Worker Training Grant.**
- 3. Grant recipients may receive bonus funding for providing a qualifying internship to a youth OR unemployed adult.**

B. AMOUNT OF ASSISTANCE

This is the second round of funds available to employers in FY 14. The GWB has made an additional \$700,000 available to the employer community for incumbent worker training. The start date for the fund availability is April 1, 2014. All funds must be spent down by March 31, 2015. Companies may apply for grant awards of between \$5,000 and \$40,000.

Proposals of less than \$5,000 may be submitted through the [Governor's Workforce Board Express Grant Program](#).

All successful grantees must contribute a minimum of 50% of allowable training expenses. Businesses may apply for additional Bonus Funding to support their training. See Section 3 for details.

C. PRE-PROPOSAL CONFERENCE

Applicants are strongly encouraged to attend the Pre-Proposal Conference

Monday, January 27, 2014
8:30 – 10:00 AM
Department of Labor and Training, Room 73-1
1511 Pontiac Avenue, Cranston, RI

Pre-register by contacting Dan Brown at: dbrown@dlt.ri.gov or 462-8823

GWB staff will address the objectives of the RFP in detail, including criteria that must be met for proposals to be accepted, and will respond to attendees' questions. All questions asked at the conference, as well as those received on-line, will be posted periodically to <http://www.gwb.ri.gov/grants.htm>. On-line inquiries should be sent to dbrown@dlt.ri.gov **no later than Monday, February 10.**

D. SUBMISSION OF PROPOSALS

Proposals must be submitted on paper **and** electronically.

- Written (paper) proposal – including one signed original and 7 copies:
Must be mailed or delivered in person by Tuesday, February 18 no later than 4:00 pm. to
Governor's Workforce Board
1511 Pontiac Avenue
Bldg. 73-1
Cranston, RI 02920
- PDF (electronic) of entire proposal must be emailed to dbrown@dlt.ri.gov

Faxed proposals will not be accepted, nor will proposals received after the scheduled date and time. See Appendix or a complete list of application elements.

E. ELIGIBLE APPLICANTS

Any Rhode Island for profit or not for profit organization (including current and former Incumbent and Express Training Grant recipients) may apply if they currently contribute to the Job Development Fund. This can be verified by contacting the RI Division of Taxation at 401-574-8710. Labor organizations, trade associations, or consortia of employers are also eligible to apply for training of their members. In this case, all participating member companies must contribute to the Job Development Fund. The names and RI Employer Identification Numbers for all participating organizations must be provided for verification purposes. Eligible applicants must be current on all Rhode Island tax obligations, must be in good standing with Workforce Regulation and Safety and must not have been debarred (prohibited) from contracting with an agency that administers federal funds.

F. ALLOWABLE ACTIVITIES / PARTICIPANTS

Applicants may request grant assistance for projects that train their incumbent employees or members (if a trade or labor organization). All trainees must be Rhode Island-based employees. Volunteers and board members are not eligible to participate in the training. Allowable training is flexible and should be based upon the employer's needs. Reimbursable activities cannot occur prior to the actual start date of the grant.

G. REVIEW PROCESS

Each proposal will be reviewed and evaluated by a team of volunteers consisting of members from the public and private sector, including previous grant recipients. Proposals will be rated and ranked based on point values assigned to the various sections of the application. While all companies are eligible to apply, if the number and amount of proposals exceeds funds available, preference will be given to those companies that do not have a current Incumbent Worker Training Grant. Awards are subject to approval by the GWB, and will be publicized on March 21, 2014.

H. LIMITATIONS

This RFP does not commit the GWB to award a contract or to pay for any of the costs in the preparation of a proposal.

The GWB reserves the right to accept or reject any or all proposals received as a result of this request, the right to cancel this RFP in part or in its entirety, the right to fund any proposal either in part or in full,

and the right to waive any and all requirements of the RFP if it is in the best interest of the State of RI or
GWB to do so.

All contract awards are subject to the availability of funds and the execution of a contract that is
acceptable to both the selected respondent and the GWB.

I. REGISTRATION

A representative from Department of Labor & Training's Business Workforce Center will contact
successful applicants within 90 days of grant approval to discuss additional workforce development
incentives, tax credits, and the benefits of registering on EmployRI, our online state workforce system job
board. If you need assistance sooner, please call 1-888-616-5627 and a representative will assist you.

SECTION 2 - APPLICATION

INCUMBENT WORKER TRAINING GRANT PROPOSAL COVER SHEET

APPLICANT INFORMATION

Business Name: _____

Address: _____

Contact Person: _____

Phone: _____ **Email:** _____

Federal Employer ID # (FEIN): _____ **RI Employer Registration # (not FEIN):** _____

Industry Sector: (please refer to [NAICS](#) codes) _____

Number of Employees – total: _____ **Number of Employees – to be trained:** _____

Type of Training proposed: _____

Funding Requested: _____

How did you hear about this grant opportunity? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Providence Journal ad | <input type="checkbox"/> Email from Chamber of Commerce |
| <input type="checkbox"/> Email from GWB | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Providence Business News ad | <input type="checkbox"/> RI Small Business Journal ad |
| <input type="checkbox"/> Go Local Providence ad | <input type="checkbox"/> Other: |

Certification *(The signature below must be that of an individual with the authority to enter into legally binding agreements on behalf of the applicant.)*

If selected for award, I, the undersigned, agree to meet the requirements of the Rhode Island Job Development Fund for a grant award. I certify that all information contained in this application and proposal is true and accurate and understand that falsification of information may be cause for non-review or award revocation. I certify that the applicant organization is in compliance with all contributions; payment in lieu of contributions, interest or penalty charges due under Rhode Island unemployment law, in good standing with Workforce Regulation and Safety and has not been debarred from contracting with any agency that administers Federal funds. I understand that I have acquired no property or other right by virtue of submitting this application. If awarded, I agree to comply with the terms and provisions of this proposal.

IMPORTANT: Please be sure to sign and date this certification section.

Typed Name: _____ Signature _____

Date: _____

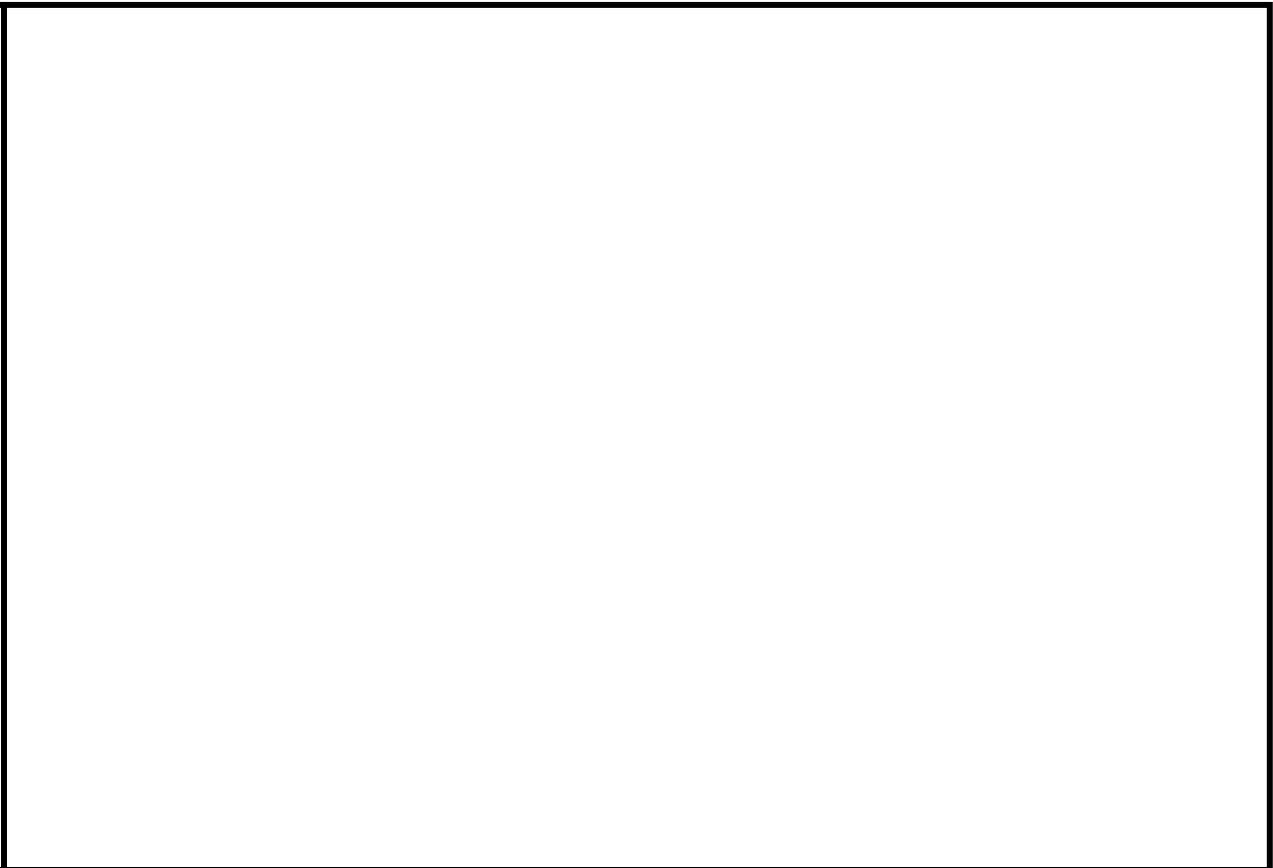
A. Executive Summary (5 points)

Below, please succinctly describe your business, the proposed training and its intended impact. Please limit response to 150 words.



B. Needs Statement: (30 points)

Applicants should describe in detail their current business challenges. Examples might include increased competition, outmoded business processes and worker skills, excessive turnover of staff. Applicants should describe how the proposed training will address these challenges.

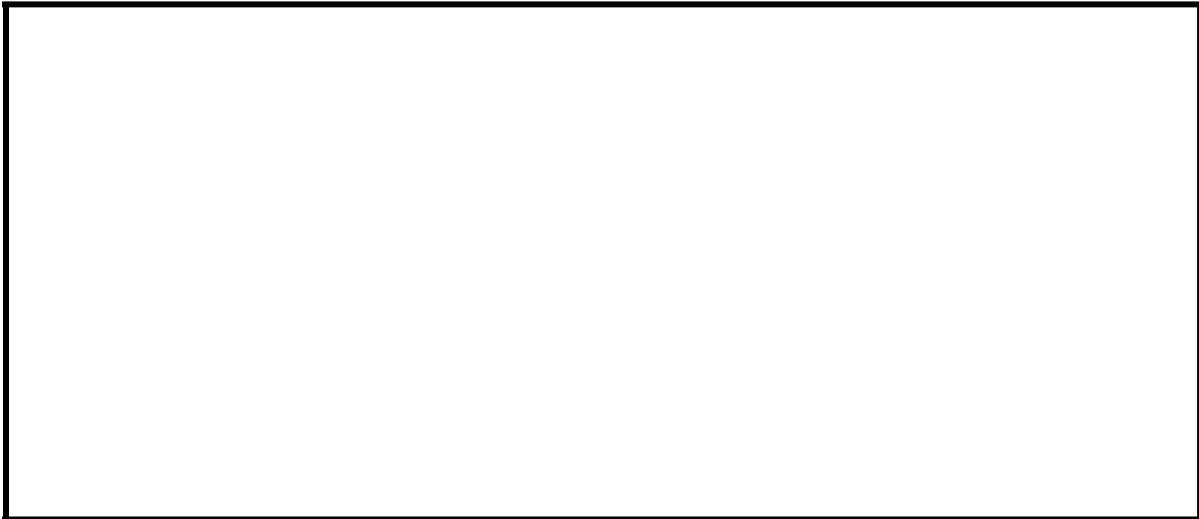


C. Program Description and Timeline (30 points)

Please respond to each request for information completely and accurately

- Who will participate in the training?
- Who will conduct the training?
- What training programs are planned under this grant? Describe the content of the training as specifically as possible.
- Where will the training take place?
- When will the training take place? Include start/end dates and number of hours for each training activity. Include a prospective timeline of training and follow up.

NOTE: New employees are eligible for training, provided that the training is skill-based and not simply an introduction to the company’s policies and procedures, or “on-boarding”.



D. Results (20 points)

Please complete the form below. This form indicates the targets or goals of the training and how it will benefit your company. If the application is successful, this form will also be used to track the progress of your grant. For assistance in completing this, a Sample Form has been included in the Appendix.

INCUMBENT WORKER TRAINING GRANT RESULTS FORM

FILL IN ALL YELLOW AREAS		
NAME OF COMPANY		
TARGET	TOTAL - FILL IN THE TARGET OR NUMBER TO BE COMPLETED BY END OF THE GRANT	EXPLANATION
EXPENDITURE		TOTAL GWB CONTRIBUTION TO TRAINING
# TOTAL TRAINED		TOTAL # TO BE TRAINED THROUGH GWB GRANT
# WAGE INCREASE		TARGET # RECEIVING WAGE INCREASE AS A RESULT OF TRAINING
# PROMOTION		# PROMOTED AS A RESULT OF TRAINING
# YOUTH INTERN		# OF YOUTH INTERNS INTENDED (if applicable)
# ADULT INTERN		# OF ADULT INTERNS INTENDED (if applicable)
PLEASE LIST TRAINING ACTIVITIES IN BOX BELOW		
NAME OF TRAINING	# TRAINED	# OF CREDENTIALS / LICENSES (IF APPLICABLE)
BELOW PLEASE DESCRIBE THE BENEFIT YOU HOPE TO ACHIEVE WITH THE TRAINING. ONLY FILL IN THOSE RELEVANT TO YOUR TRAINING		
Customer Satisfaction		
Productivity		
Quality		
Sales		
OTHER??		

E. Budget and Budget Narrative (15 points)

Grant Recipient Cost: Contracts will be entered into on a cost reimbursement basis. This means that the grant recipient must pay for the complete cost of the training and then request reimbursement of 50%. For example: If the total training cost is \$20,000, 50% (\$10,000) is reimbursable with grant funds. NOTE: Applicants may apply to receive Bonus Funding to support their training. See Section 3 for details.

EXAMPLES OF ALLOWABLE AND NON-ALLOWABLE COSTS FOR TRAINING EXPENSES

<i>Allowable Training Expenses</i>	<i>Non-Allowable Costs</i>
<i>Tuition and training provider fees</i>	<i>Equipment including hardware and software that is not for the exclusive use of the training</i>
<i>Training materials and supplies</i>	<i>Lost worker productivity</i>
<i>Software that is used 100% for training activities</i>	<i>Grant preparation or administrative costs</i>
<i>In-house trainer wages – excluding benefits</i>	<i>Travel expenses, meeting space, lodging, food</i>
<i>Curriculum development – Not to exceed 25% of total request</i>	<i>Trainee wages and fringe benefits cost</i>
<i>Cost of evaluating the training</i>	

Budget Narrative

Incumbent worker training grants range from \$5,000 - \$40,000. The budget narrative must correspond to the expense items listed in the budget and explain how the costs were determined. The budget narrative should be set up in the exact order as the program section and budget line items for easy reference. For each line item of the budget, provide a description below of how costs were determined. (Example: 1 trainer @ \$30 per hour for 60 hours of training = \$1,800.00)

Budget Detail

Follow the budget format below. Each expense line item must reflect the 50/50 percent split between grant funds and the applicant's cost.

	Expense Item	Total Cost 100%	Grant Funds Requested 50%	Applicant's Cost 50%
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

PLANNED REIMBURSEMENT OF GRANT FUNDS BY QUARTER

Quarter Ending	Grant Fund Reimbursement
June 30, 2014	\$
Sept 30, 2014	\$
December 31, 2014	\$
March 31, 2015	\$
Total	\$

**Note: The total should equal the amount of the grant award.
The applicant's match should not be included.**

SECTION 3 - BONUS FUNDING FOR INTERNSHIPS

The FY2014-15 GWB Biennial Employment and Training Plan laid out four priorities for RI workforce development. In addition to employer partnerships, the GWB also emphasizes the value of on the job experience for those seeking employment. Should a company be willing to sponsor a youth or unemployed adult intern during the duration of their grant period, the GWB will offset the employer matching funds by up to \$5,000/youth or adult intern up to a maximum of \$10,000 (not to exceed the amount of the applicant's Incumbent Worker Training Grant award). A total of \$50,000 is available for Bonus Funding.

Companies may participate in internship opportunities in one of the following ways:

Summer Youth Employment Opportunity

- 20 hours per week for six weeks between July and August, 2014. Wages are subsidized by the GWB. A local youth center will contact your company to set up the work experience.

School Year Internship (unpaid internship/career exploration)

- Minimum of five hours per week for thirteen weeks during the school year. May be after school or, in some cases, during the school day to meet the needs of the youth and company/organization. A local youth center will contact your company to set up the work experience.

Adult Internship

- Company provides an internship of at least 100 hours to an unemployed adult who is a participant in an approved pre-employment training program. The GWB will provide a list of qualifying organizations. Partial subsidies are available for paid internships for unemployed adults.

General provisions

- Must adhere to State and Federal Labor Laws
- Employer provides proper supervision and maintains signed timesheet/evaluation forms

PROPOSED ACTIVITY	# OF PARTICIPANTS	TOTAL BONUS FUNDING *
Summer youth employment	_____ @ \$5,000/youth	\$ _____
School year internship	_____ @ \$5,000/youth	\$ _____
Unemployed adult internship	_____ @\$5,000/adult	\$ _____

* Maximum bonus funding per applicant is \$10,000, not to exceed the amount of the applicant's Incumbent Worker Training Grant award.

Please describe below your company's plan to provide a youth or adult internship, the activities that youth or adult will perform, and who will supervise the activity. Describe how this will be a meaningful learning experience for the youth or unemployed adult.

YouthWorks411 – Rhode Island’s Youth Centers

The two local workforce boards operate youth centers around the state, offering services to help youth obtain skills they need for employment and connections to employment and training.



- | | |
|-----------------------------|----------------------|
| 1. Pawtucket (2 locations) | 8. Warwick |
| 2. Woonsocket | 9. East Providence |
| 3. Wakefield | 10. Bristol/Warren |
| 4. Charlestown | 11. Newport |
| 5. Westerly | 12. West Warwick |
| 6. Johnston | 13. Cranston |
| 7. Providence (2 locations) | 14. North Providence |
| | 15. North Kingstown |

Services offered to youth at centers:

Academic Assessment	Tutoring	Interview Skills	Appropriate Workplace Attire
Vocational Interest Survey	Dropout Prevention	Internships	Professional & Ethical Behavior
Labor Market Information	GED Preparation	Resume Development	Health & Safety on the Job
Leadership Development	Career Information	Work Experiences	Conflict Resolution

We ask employers to provide a *meaningful* work experience in which youth perform work activities and:

- Learn about jobs and careers in that company and the occupational skills or trainings needed for those jobs
- Learn first-hand about the personal attributes needed to obtain a job and advance in employment
- Develop basic work habits

We also ask the employer to:

- Provide positive adult role models for youth
- Fill out a time sheet/ evaluation form
- Follow Youth Labor Laws (we will provide technical assistance with this)
- Sign a Worksite Agreement

A youth recommended for placement at your business will be:

- Pre-screened and matched in the areas of age, maturity, interest, abilities and type of work
- Interviewed and accepted or rejected by you
- Coached after placement by our staff whom you can contact directly with any questions or concern
- Sign a Worksite Agreement

If your organization is awarded Bonus Funding through this RFP, your area Youth Center will contact you to attend an orientation where the program parameters will be explained. In addition, you will be given a list of eligible youth who, based on an assessment by Youth Center staff, have shown an interest/aptitude in your industry. You will have the opportunity to interview and select the youth who will be placed at your organization.

SECTION 4 - PROVISIONS

GRANT PROVISIONS

I. General

The Grant Recipient shall be bound to comply with the terms of the grant as outlined in the Grant Recipient's proposal and the program outline, and any revisions and/or recommendations approved by the GWB. The grant may be amended by mutual agreement between the Grantor and the Grant Recipient. Such agreements shall be in writing, approved prior to implementation and will become a modification to the grant.

2. Payment Method

Grant Recipient shall be paid for expenses incurred under this grant under a cost reimbursement arrangement. Only the allowable expenses listed in the approved budget and paid in full by the Grant Recipient will be reimbursed by the GWB.

3. Reporting

The Grant Recipient is required to report quarterly with or without program activity taking place. Both the Invoice and Program Report are required for each reporting period. Each form is due by the 15th of the month following the reporting period.

Reporting Schedule:

▪ April 1 – June 30, 2014	Quarter 4, FY 14	July 15
▪ July 1 – September 30, 2014	Quarter 1, FY 15	October 15
▪ October 1 – December 31, 2014	Quarter 2, FY 15	January 15
▪ January 1 – March 31, 2015	Quarter 3, FY 15	April 15

4. Modification Procedures

This contract can be modified by mutual agreement by both parties.

5. Helpful Information

- The first payment may take up to 60 days to process
- For questions relating to fiscal or program reporting, contact dbrown@dlt.ri.gov at 462-8823

GENERAL PROVISIONS

1. **EXAMINATION OF RECORDS**

The Grant Recipient agrees to maintain and preserve all financial, trainee attendance, trainee progress, and all payment records relating to this grant for three (3) years and agrees that the Grantor shall, until the expiration of three (3) years after final payment under this grant, upon advance reasonable notice, have access to and the right to examine any documents, papers, and records of the Grant Recipient involving transactions related to this grant.

2. **TRANSFER AND SUBCONTRACT**

This grant shall not be assigned or transferred, and no service required hereunder shall be subcontracted, either in whole or in part.

3. PAYMENTS

The Grantee shall be paid upon submission of proper invoices. Payment will be made to the Grant Recipient upon verification that the services agreed to have been rendered by the Grant Recipient and have been completed in accordance with this contract.

4. DISPUTES

Any disputes shall be determined in accordance with the Rhode Island Administrative Procedures Act.

5. TERMINATION

(a) Termination for cause: If the Grant Recipient fails to perform under this grant or fails to make sufficient progress so as to endanger performance, the Grantor may terminate the grant, in whole or in part, upon written notice to the Grant Recipient.

(b) Termination for reduction of funding: The funding obligation authority contained within this grant shall be subjected to availability of State funds. In the event the funding is cut or reduced by the State of Rhode Island, the funding authorized in this grant shall be subject to either partial or total de-obligation.

6. INSPECTION

The Grantor or designee may have access to the place of training of the trainees under this grant to measure the progress and quality of the training and to determine compliance with the grant terms. Inspection by the Grantor or designee shall take place during the course of a normal work day during working hours.

7. INSURANCE (LIABILITY TO THIRD PERSONS)

(a) The Grant Recipient shall procure and thereafter maintain workers' compensation, employer's liability, comprehensive general liability (bodily injury and property damage), and comprehensive automobile liability (bodily injury and property damage) insurance with respect to performance under this grant.

(b) Indemnification

Grant Recipient will indemnify and hold harmless the State of Rhode Island and the Grantor (hereinafter referred to as "Indemnities") from any loss or damages (including reasonable attorney's fees) incurred by Indemnities because of claims, suits, or demands of third parties for personal injury or tangible property damage to the extent such loss or damage is caused by or results solely from: the negligent acts of Grant Recipient or its employees or agents provided (1) Indemnities promptly notify Grant Recipient in writing of any, claims, or demands against Indemnities for which Grant Recipient is responsible under this indemnity, (2) Indemnities give Grant Recipient full opportunity and authority to assume the sole defense of and settle such suits and, (3) Indemnities furnish to Grant Recipient, upon request, all information and assistance available to Indemnities for defense against any such suit, claim, or demand.

Note: If any of the above provisions conflict with the policies of the Grant Recipient, the Grant Recipient is asked to forward to the GWB office an explanation, in writing, of these concerns and/or conflicts.

8. MONITORING

Rhode Island General Law requires that the GWB provide for fiscal and accounting controls to monitor and audit all grant awards.

Monitoring consists of an on-site review of all program and fiscal grant activity. Back-up documentation of grant fund expenditures and the required applicant's cost are verified during the monitoring visit. Failure to provide documentation may result in the repayment by the recipient of all funds received.

9. NOTICES AND APPEALS

All applicants will receive notification of application approval or denial. An applicant who wishes to

appeal a decision is required to submit a written notice of appeal within ten (10) days from the date of the notification letter. The notice of appeal must specify the nature of and reason for the appeal. Notices of appeal must be submitted to:

Governor's Workforce Board
Attn: Executive Director
1511 Pontiac Avenue, Bldg. 72
Cranston, RI 02920

The GWB, or its designee, will consider the merits of the appeal and issue a decision within thirty (30) days after receipt of the appeal. The decision of the GWB regarding any appeal is final.

APPENDIX

CHECKLIST:

Be sure to complete this form and attach it to the top of your application. It will be used by staff to ensure the application is complete and meets the threshold criteria.

Initial each item below to certify the submittal of a complete proposal.

- _____ Cover Sheet and Certification
- _____ Executive Summary
- _____ Needs Statement
- _____ Program Description and Timeline
- _____ Proposed Results
- _____ Budget & Budget Narrative
- _____ Bonus Funding for Internships (if applicable)
- _____ W-9 Form
- _____ If a trade association, labor organization, or consortia of employers applying on behalf of members, a list of participating companies and RI Employer Registration Numbers.

SUBMIT:

- _____ One (1) signed original
- _____ Seven (7) complete copies
- _____ One (1) PDF of entire application submitted no later than Tuesday, February 11, 2014, 4:00 pm to dbrown@dlt.ri.gov

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

Form boxes for Social Security No. (SSN)

Form boxes for Employer ID No. (EIN)

NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE

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 either: (A) 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE TITLE DATE TEL NO.

BUSINESS DESIGNATION:

- Please Check One: Individual [] Medical Services Corporation [] Government/Nonprofit Corporation []
Partnership [] Corporation [] Trust/Estate [] Legal Services Corporation []

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908