

**Ohio**

**Department of  
Development**

Ted Strickland, Governor

Lee Fisher, Lt. Governor  
Director, Ohio Department of Development

Diesel Emissions Reduction Grant  
***Appendix B: Required Forms***

**Diesel Emissions Reduction Grant Program  
Ohio Energy Office  
77 S. High St. 26<sup>th</sup> Floor  
P.O. Box 1001  
Columbus, OH 43216-1001**

# Application Checklist

Submit one original and two copies of the following with this checklist:

Please initial all applicable attachments that are included in your application:

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## **Applicant Information:**

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Appendix A Application Form – one **original completed and signed** and two copies

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Detailed Budget Estimate

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Detailed explanation to Appendix A's questions 1 and/or 2 (if applicable)

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Scope of Project with description of size, location, and type of project. Include how it is consistent with FHWA CMAQ eligibility guidance regarding emission reductions methodology.

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Tax information Disclosure Authorization - completed and signed

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Vendor Information Form - completed and signed by applicant

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W-9 - completed and signed by applicant

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Public-Private Partnership Agreement (if applicable)

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## **Technical Information:**

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Report that contains the information requested in Section 6, items a. through f. of the RFP which include:

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Daily emission reductions of particulate matter and/or oxides of nitrogen;

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Cost effectiveness of the emission reductions;

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Percent of funds matched on the project;

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Percent of emission reductions that will occur in nonattainment or maintenance areas;

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Use of biodiesel;

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Emission reductions near a PM 2.5 hot spot; and

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All calculations and supporting documentation included.

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Detailed project description to include the size, location, type of project, and how it is consistent with FHWA CMAQ eligibility guidance.

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Identify the percent and duration of equipment operation in the nonattainment and maintenance areas.

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Documentation of commitment to use biodiesel or other alternative fuels if applicable.

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Detailed description and list of equipment, machinery and/or vehicle

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**(see application form for details of information to be reported for specific project).**

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## Tax Information and Disclosure Information

\_\_\_\_\_ (the individual/company) hereby **irrevocably** authorizes the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation from the date below until \_\_\_\_\_ (**one year from the date below**) to disclose to the Director of the Ohio Department of Development or any designated employee of the Director the amounts of any or all outstanding liabilities for corporation franchise tax, individual income tax, employer withholding tax, sales, use tax or excise tax which are currently unpaid and certified to the Attorney General of the State of Ohio for collection.

The Applicant expressly waives notice of the disclosure(s) to the Ohio Department of Development by either the Tax Commissioner of the Ohio Department of Taxation or by any agent designated by the Tax Commissioner of the Ohio Department of Taxation. **The applicant expressly waives the confidentiality provisions of the Ohio law which would otherwise prohibit disclosure and agrees to hold the Department of Taxation and its employees harmless with respect to the limited disclosure authorized herein.**

This authorization is to be liberally interpreted and construed; any ambiguity shall be resolved in favor of the Tax Commissioner or the Ohio Department of Taxation. This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees, or other fiduciaries.

A photocopy of this authorization is as valid as the original.

Name of Applicant (including any DBA)

\_\_\_\_\_

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

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

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

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<b>Applicant Full Legal Name and Address</b>	
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<b>Names and Addresses of any Affiliates</b>  (If necessary, attach a separate form for each affiliate listing each of the numbers set forth below.)	
<b>Federal Tax Identification Number</b>	
<b>Ohio Franchise Tax I.D. Number or other Ohio Tax I.D. Number</b>	

# INSTRUCTIONS FOR COMPLETING THE VENDOR INFORMATION FORM (OBM-3546-(Rev 08/20/07))

- Check “New” to register as a vendor and to do business with the State of Ohio.
- Check “W-9 Attached” to confirm that a completed IRS Form W-9 (revised November, 2005 or later) is attached. This is required for all new vendors. Use the Vendor Information Change Form (OBM-3457) to make changes to the vendor information as it currently exists in OAKS.
- This form needs to be completed by the vendor and only reviewed by the agency.
- Whenever possible please have the vendor complete the original form from the OBM Website. This will help to eliminate an unreadable form being faxed. The form is under the Vendor Forms Section on the OBM website at: <http://www.obm.ohio.gov/forms/OAKS.asp>.
- Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

## SECTION 1

- The Vendor Legal Business Name should match the name on the W-9.
- If the vendor has multiple subsidiaries doing business with the agency, then attach the needed information per subsidiary on a separate sheet. (i.e. If the subsidiary has a different remittance information or business location, then that information should be listed for each subsidiary company on a separate sheet of paper. If all subsidiaries have the same information but just different business names, then just list the different business names on an attached sheet if extra space is needed.)
- The Business Entity and Taxpayer ID# should be the same as listed for the IRS on the W-9 Form. Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

## SECTION 2

- Vendor Address is the physical location of the business.
- Complete “Contact Information” for the business.
- Should the business not have a website, e-mail address, business telephone or fax number, then please state that it is non-applicable or “N/A”.
- If the business is currently certified through the State of Ohio MBE or EDGE Program, check the appropriate box.
- Payment terms should be one of the following: discounted (2/10 Net 30), “Net 30”, “Net 45”, “Net 60” or “Net 90”. Should nothing be selected it will default to “Net 30”.

## SECTION 3

- The remittance address may differ from the physical location of the business. Check the appropriate box if the remittance address is the same as the business’ physical location or if using EFT. Should the Business be using

EFT, then an EFT - Direct Deposit Form (OBM-1234) needs to be completed using the instructions posted on the OBM website under the Vendor Forms Section: <http://www.obm.ohio.gov/forms/OAKS.asp>.

#### **SECTION 4**

- Select how the purchase order should be distributed. Fill in the appropriate information (i.e. fax number if requesting via fax).
- Please identify the name of the person to receive the purchase order.

If you have any questions, please contact the issuing state agency.



STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

NEW VENDOR INFORMATION FORM

(Replaces the old CAS VENE Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

READ & COMPLETE CAREFULLY

NEW

W-9 ATTACHED (REQUIRED)

SECTION 1: COMPLETE VENDOR LEGAL BUSINESS NAME (Should match W-9)
Business Name, Trade Name, Doing Business As: (If different from above)
BUSINESS ENTITY: CORPORATION PARTNERSHIP SOLE PROPRIETOR
(Please check one only) NON PROFIT INDIVIDUAL OTHER (SPECIFY):
NOTE: IF SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME ABOVE
TAXPAYER ID # (TIN): SSN FEIN #
SECTION 2:
VENDOR ADDRESS: STREET CITY COUNTY STATE ZIP CODE COUNTRY
CONTACT INFORMATION: NAME (TYPE OR PRINT)
VENDOR WEBSITE:
VENDOR E-MAIL ADDRESS:
BUSINESS PHONE & Ext #:
FAX NUMBER & Ext #:
IS YOUR BUSINESS CURRENTLY CERTIFIED AS MBE (Minority Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity)
PAYMENT TERMS: (Pick one only) 2/10 Net 30 Net 30 Net 45 Net 60 Net 90
SECTION 3:
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS
SAME AS VENDOR ADDRESS ABOVE EFT(Electronic Funds Transfer)
REMIT ADDRESS STREET CITY STATE ZIP CODE

**NOTE: If EFT, must complete Form OBM-1234-(Rev.5/2007) Authorization for Direct Deposit of State Warrants**

**SECTION 4:**

FOR PURCHASE ORDER (PO) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW; 2) INPUT EMAIL ADDRESS OR FAX# (IF CHECKED)

EMAIL

FAX

USPS MAIL

NAME OF PERSON TO RECEIVE PO Distribution:

PHONE NUMBER:

E-MAIL ADDRESS:

TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM:

PHONE NUMBER:

SIGNATURE:

**ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED**

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE AGENCY CONTACT (information listed below):

**AGENCY CONTACT INFORMATION:**

**Contact Name:**

**Contact Phone:**

**Contact Agency Name:**

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 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).

**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 on page 4.

<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.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,