

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

**DATE** November 1, 2022

**NUMBER** 426-2022

**TITLE:**

**A RESOLUTION OF THE MUNICIPAL COUNCIL OF THE CITY OF ORANGE TOWNSHIP, COUNTY OF ESSEX, STATE OF NEW JERSEY, AMENDING RESOLUTION NO. 103-2022 TO AUTHORIZE ADDITIONAL FUNDS FOR PSYCHOLOGICAL EVALUATIONS FOR THE CITY OF ORANGE TOWNSHIP POLICE DEPARTMENT FROM THE INSTITUTE FOR FORENSIC PSYCHOLOGY, 5 FIR COURT, SUITE 2, OAKLAND, NJ 07436, IN THE AMOUNT OF \$12,500.00 FOR A TOTAL AMOUNT NOT TO EXCEED \$30,00.00.**

**WHEREAS**, pursuant to Resolution No. 103-2022, adopted on February 22, 2022, the Municipal Council of the City of Orange Township approved the purchase of psychological evaluation services for the Police Department from the Institute for Forensic Psychology LLC, in an amount not to exceed \$17,500.00; and,

**WHEREAS**, additional funds in the amount of \$12,500.00 are required for psychological evaluations, which are an integral and necessary component in the interview process for police officer recruits; and,

**WHEREAS**, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, certifying the funds are available under the appropriate Account No. 2-01-25-240-000-519.

**NOW, THEREFORE, BE IT RESOLVED BY THE MUNICIPAL COUNCIL OF THE CITY OF ORANGE TOWNSHIP, COUNTY OF ESSEX, STATE OF NEW JERSEY**, that Resolution No. 103-2022 is hereby amended to approve additional funds in the amount of \$12,500.00 for purchase of psychological evaluations from the Institute for Forensic Psychology LLC, 5 Fir Court, Suite 2, Oakland, New Jersey, 07436, for a new total amount not to exceed \$30,000.00.

**Adopted: November 1, 2022**

\_\_\_\_\_  
Joyce L. Lanier,  
City Clerk

\_\_\_\_\_  
Tency A. Eason,  
Council President

  
A. MIRZA



CITY OF ORANGE  
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS  
2022 ADOPTED BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange, do hereby certify to the best of my knowledge and belief that there are sufficient funds to Contract with:

Vendor Name: Institute for Forensic Psychology  
Address: 5 Fir Court  
Suite 4  
City: Oakland  
State: New Jersey  
Zip Code: 07436

Purpose: Psychological Evaluations

Vendor ID: INSTI020

Fund: Current Fund  
Account Name: OPD - Police - Professional Services  
Account Numbers(s): 2-01-25-240-000-519

PO Number: 22-00385

Amount: \$ 12,500.00

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Division Head

Date

*Nile Clements*

7/21/2022

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Chief Financial Officer

Date



**CITY COUNCIL****The City of Orange Township, New Jersey**DATE February 15, 2022NUMBER 103-2022

**TITLE: A RESOLUTION FOR THE APPROVAL TO PROCURE THE SERVICES FOR PSYCHOLOGICAL EVALUATIONS FOR THE CITY OF ORANGE TOWNSHIP POLICE DEPARTMENT FROM THE INSTITUTE FOR FORENSIC PSYCHOLOGY, 5 FIR COURT, SUITE 2, OAKLAND, NJ 07436 COMMENCING ON JANUARY 1, 2022 THROUGH DECEMBER 31, 2022 IN AN AMOUNT NOT TO EXCEED 17,500.00**

**WHEREAS**, pursuant to N.J.S.A 40A:11-12, any contracting the unit may, without advertising bids, purchase any materials supplies or equipment under any contract or contracts for such materials, supplies or equipment entered int behalf of the state by the Division of Purchase and Property in the Department of Treasury; and

**WHEREAS**, the City of Orange Township wishes to procure psychological evaluations for the Orange Police Department from Institute for Forensic Psychology, 5 Fir Court, Suite 2, Oakland, NJ 07436 under New Jersey State Master Blanket/Contract # 18-PROS1-00281, Vendor # V00000161; and

**WHEREAS**, psychological evaluations are an integral and necessary component in the interview process when determining the mentality of police officer recruits; and

**WHEREAS**, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, a copy of which is attached hereto certifying that funds will be available for this purpose in Account No. 2-01-25-240-000-519, contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2022 Budget, there will be sufficient funds to contract with Institute for Forensic Psychology.

**NOW, THEREFORE BE IT RESOLVED THAT THE MUNICIPAL COUNCIL OF THE CITY OF ORANGE TOWNSHIP** hereby endorses and authorizes the purchase of the services from the Institute for Forensic Psychology at the total coast not to exceed \$17,500.00.

**Adopted: February 15, 202**

\_\_\_\_\_  
**Joyce L. Lanier, City Clerk  
President**

\_\_\_\_\_  
**Kerry J. Coley, Council**

APPROVED AS TO FORM, SUFFICIENCY AND LEGALITY

  
\_\_\_\_\_  
A. Miazani  
CITY ATTORNEY



CITY OF ORANGE TOWNSHIP  
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS  
NEXT BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2022 service contract, and the resolution to be presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2022 Budget, there will be sufficient funds to contract with:

Vendor Name: Institute for Forensic Psychology  
Address: 5 Fir Court  
Suite 4  
City: Oakland  
State: New Jersey  
Zip Code: 07436

Purpose: Psychological evaluations  
Vendor ID: INST1020

Temporary Budget: \$ 4,375.00  
Fund: Current Fund  
Line Description OPD - Police - Professional Services  
Account Numbers(s): CY22 2-01-25-240-000-519

The remainder of: \$ 13,125.00  
will be provided in  
Fund: Current Fund  
Line Description OPD - Police - Professional Services  
Account Numbers(s): CY22 2-01-25-240-000-519

Purchase Order #: 22-00385

Amount not to exceed: \$ 17,500.00

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Division Head	Date
<i>Nile Clements</i>	1/26/2022

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Chief Financial Officer	Date
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**BUSINESS ENTITY DISCLOSURE CERTIFICATION  
FOR NON-FAIR AND OPEN CONTRACTS  
Required Pursuant To N.J.S.A. 19:44A-20.8  
CITY OF ORANGE TOWNSHIP, NEW JERSEY**

**Part I – Vendor Affirmation**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that  
**Institute for Forensic Psychology**

(Contractor)

has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one-year period preceding the date of reorganization to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the **CITY OF ORANGE TOWNSHIP** as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

<b>Dwayne D. Warren</b>	
<b>Kerry J. Coley</b>	
<b>Tency A. Eason</b>	
<b>Harold J. Johnson, Jr</b>	
<b>Weidon M. Montague, III</b>	
<b>Clifford R. Ross</b>	
<b>Jamie Summers-Johnson</b>	
<b>Adrienne Wooten</b>	

**Part II – Ownership Disclosure Certification**

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

- Partnership       Corporation       Sole Proprietorship       Subchapter S Corporation  
 Limited Partnership       Limited Liability Corporation       Limited Liability Partnership

Name of Stock or Shareholder	Home Address
<b>Lewis Schlosser</b>	<b>420 East 72nd St. Apt 11L, NY, NY 10021</b>
<b>Matthew Guller</b>	<b>754 Galloping Hill Rd, Franklin Lakes, NJ 07417</b>
<b>Krista Dettle</b>	<b>740 Hillside Ave, Boonton, NJ 07005</b>

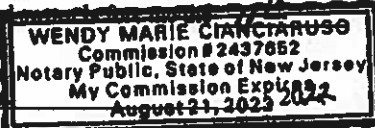
**Part 3 – Signature and Attestation:**

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Institute for Forensic Psychology

Signed: *JS* Title: Managing Partner

Print Name: Lewis Schlosser Date: 1/11/22

Subscribed and sworn to on _____ day of _____		<u><i>JS</i></u>
<u>January</u>		(Affiant) <u>Lewis Schlosser</u>
My Commission expires: <u>August 21, 2023</u>		(Print name & title of affiant) (Corporate Seal)

*Wendy Marie Cianciaruso*





## Master Blanket Purchase Order 18-PROS1-00281

### Header Information

<b>Purchase Order Number:</b>	18-PROS1-00281	<b>Release Number:</b>	0	<b>Short Description:</b>	T1953 - Psychological Evaluation and Assessment of Candidates for the State Police
<b>Status:</b>	3P5 - Sent	<b>Purchaser:</b>	Brenda Tran	<b>Receipt Method:</b>	Quantity
<b>Fiscal Year:</b>	2018	<b>PO Type:</b>	Blanket	<b>Minor Status:</b>	
<b>Organization:</b>	Division of Purchase and Property				
<b>Department:</b>	DPP - Division of Purchase and Property	<b>Location:</b>	PROSV - Professional Services -2	<b>Type Code:</b>	RFP/SC-SBE
<b>Alternate ID:</b>		<b>Entered Date:</b>	09/28/2017 04:16:02 PM		
<b>Days ARO:</b>	0	<b>Retainage %:</b>	0.00%	<b>Discount %:</b>	0.00%
<b>Release Type:</b>	Direct Release				
<b>Contact Instructions:</b>		<b>Tax Rate:</b>		<b>Actual Cost:</b>	\$8,940.00
<b>Print Format:</b>	PO Print				
<b>T Number:</b>	T1953				
<b>NJ Cooperative Purchasing:</b>	No				
<b>Green Blanket PO:</b>	No				
<b>Emergency Blanket PO:</b>	No				
<b>Small Business Category:</b>	Sub-Contracting Small Business Set Aside - Categories 1, 2 and 3				
<b>Performance Bond Required:</b>	No				
<b>Participating in NJSTART Marketplace Cooperative:</b>	No				
<b>Agency Attachments:</b>	T1953 Change Order 10 Extension 2 to 9.30.2022.docx				



**T1953 Change Order 6 Extension 1 to 9.30.2021.docx**  
**Vendor Checklist T1953.pdf**  
**Price Schedule T1953 051917.xlsx**  
**Revised Offer and Acceptance Page. T1953 062217pdf.pdf**  
**Bid Amendment 1 T1953 062217.docx**  
**FINAL RFP T1953 062217.docx**  
**Award Summary T1953.docx**  
**Countersigned Offer and Acceptance T1953.pdf**

**Vendor Attachments:**

**Primary Vendor Information & PO Terms**

<b>Vendor:</b>	<b>V00000161 - Institute for Forensic Psychology</b> <b>Matthew Guller</b> <b>5 Fir Court</b> <b>Suite 2</b> <b>Oakland, NJ 07436</b> <b>US</b> <b>Email: staff@ifp-testing.com</b> <b>Phone: (201)337-4996</b> <b>FAX: (201)337-8378</b>	<b>Payment Terms:</b>  <b>Shipping Terms:</b>	<b>Not Applicable</b>  <b>F.O.B. Destination</b>	<b>Shipping Method:</b>  <b>Freight Terms:</b>
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**PO**

<b>PO Acknowledgements:</b>	<b>Document</b>	<b>Notifications</b>	<b>Acknowledged Date/Time</b>
	Purchase Order	Emailed to staff@ifp-testing.com at 09/29/2017 05:37:44 PM	
	Change Order 1	Emailed to staff@ifp-testing.com at 10/12/2017 11:55:34 AM	10/12/2017 01:10:01 PM
	Change Order 2	Emailed to staff@ifp-testing.com at 11/16/2017 02:52:09 PM	02/01/2018 10:23:22 AM
	Change Order 3	Emailed to staff@ifp-testing.com at 03/28/2018 03:50:18 PM	
	Change Order 4	Emailed to staff@ifp-testing.com at 12/06/2018 09:20:46 AM	03/01/2019 10:35:37 AM
	Change Order 5	Emailed to staff@ifp-testing.com at 07/30/2019 08:04:40 AM	
	Change Order 6	Emailed to staff@ifp-testing.com at 09/04/2020 03:38:31 PM	
	Change Order 7	Emailed to staff@ifp-testing.com at 09/23/2020 08:55:03 AM	
	Change Order 8	Emailed to staff@ifp-testing.com at 03/22/2021 04:21:22 PM	05/05/2021 01:32:26 PM



Document	Notifications	Acknowledged Date/Time
Change Order 9	Emailed to staff@lfp-testing.com at 08/06/2021 10:48:15 AM	08/09/2021 08:59:11 AM
Change Order 10	Emailed to staff@lfp-testing.com at 08/17/2021 10:53:52 AM	08/23/2021 12:07:52 PM
Change Order 11	Emailed to staff@lfp-testing.com at 09/29/2021 02:54:45 PM	09/30/2021 09:27:52 AM
Change Order 12	Emailed to staff@lfp-testing.com at 10/15/2021 04:12:52 PM	10/18/2021 09:19:41 AM

### Master Blanket/Contract Vendor Distributor List

Vendor ID	Vendor Name	Preferred Delivery Method	Vendor Distributor Status
V00000161	Institute for Forensic Psychology	Email	Active

### Master Blanket/Contract Controls

Master Blanket/Contract Begin Date: 10/01/2017 Master Blanket/Contract End Date: 09/30/2022  
 Cooperative Purchasing Allowed: Yes

Organization	Department	Dollar Limit	Dollars Spent to Date	Minimum Order Amount
DHSOMB - Division of Management and Budget	AGY - Agency Umbrella Master Control	\$16,245.00	\$5,985.00	\$0.00
DIVSTPOL - Division of State Police	AGY - Agency Umbrella Master Control	\$566,195.01	\$455,605.01	\$0.00
AGENCY - Division of Purchase and Property	DPP - Division of Purchase and Property	\$0.00	\$0.00	\$0.00
TREASURY - NJ Department of Treasury	DTAX - Division of Taxation	\$4,845.00	\$3,210.00	\$0.00

### Item Information

Change Order In Process

Print Sequence # 1.0, Item # 1: Psychological Evaluations - Law Enforcement Candidates (in accordance with Bid 3PS - Solicitation (RFP) Section 3.2) - Blanket P.O. (Contract) Year 1 Sent

NIGP Code: 948-76





**Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services**

**Bid # / Bid Item #: 18DPP00143 / 1 Quote # / Quote Item #: 00001158 / 1**

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$285.00	TASK - Task	0.00	\$0.00		\$0.00	\$285.00

Manufacturer: Brand: Model:  
Make: Packaging:

**Print Sequence # 2.0, Item # 2: Psychological Evaluations - Law Enforcement Candidates (in accordance with Bid 3PS - Solicitation (RFP) Section 3.2) - Blanket P.O. (Contract) Year 2 Sent**

**NIGP Code: 948-76**

**Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services**

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$285.00	TASK - Task	0.00	\$0.00		\$0.00	\$285.00

Manufacturer: Brand: Model:  
Make: Packaging:

**Print Sequence # 3.0, Item # 3: Psychological Evaluations - Law Enforcement Candidates (in accordance with Bid 3PS - Solicitation (RFP) Section 3.2) - Blanket P.O. (Contract) Year 3 Sent**

**NIGP Code: 948-76**

**Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services**

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$285.00	TASK - Task	0.00	\$0.00		\$0.00	\$285.00

Manufacturer: Brand: Model:  
Make: Packaging:

**Print Sequence # 4.0, Item # 4: Psychological Evaluations - Law Enforcement Candidates (in accordance with Bid 3PS - Solicitation (RFP) Section 3.2) - Blanket P.O. (Contract) Year 4 Sent**

**NIGP Code: 948-76**

**Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services**



Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$285.00	TASK - Task	0.00	\$0.00		\$0.00	\$285.00

Manufacturer:

Brand:

Model:

Make:

Packaging:

**Print Sequence # 5.0, Item # 5: Psychological Evaluations - Law Enforcement Candidates (In accordance with Bid 3PS - Solicitation (RFP) Section 3.2) - Blanket P.O. (Contract) Year 5 Sent**

NIGP Code: 948-76

Psychologists, Psychological and Psychiatric Services, Including Behavioral Management Services

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$300.00	TASK - Task	0.00	\$0.00		\$0.00	\$300.00

Manufacturer:

Brand:

Model:

Make:

Packaging:

**Print Sequence # 6.0, Item # 6: Psychological Evaluations - Fitness for Duty Competency (In accordance with Bid 3PS - Solicitation (RFP) Section 3.3) - Blanket P.O. (Contract) Year 1 Sent**

NIGP Code: 948-76

Psychologists, Psychological and Psychiatric Services, Including Behavioral Management Services

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$1,500.00	TASK - Task	0.00	\$0.00		\$0.00	\$1,500.00

Manufacturer:

Brand:

Model:

Make:

Packaging:

**Print Sequence # 7.0, Item # 7: Psychological Evaluations - Fitness for Duty Competency (In accordance with Bid 3PS - Solicitation (RFP) Section 3.3) - Blanket P.O. (Contract) Year 2 Sent**

NIGP Code: 948-76

Psychologists, Psychological and Psychiatric Services, Including Behavioral Management Services

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$1,500.00	TASK - Task	0.00	\$0.00		\$0.00	\$1,500.00

Manufacturer:

Brand:

Model:



Make: Packaging:

**Print Sequence # 8.0, Item # 8:** Psychological Evaluations - Fitness for Duty Competency (in accordance with Bid 3PS - Solicitation (RFP) Section 3.3) - Blanket P.O. (Contract) Year 3 Sent

NIGP Code: 948-76

Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$1,500.00	TASK - Task	0.00	\$0.00		\$0.00	\$1,500.00

Manufacturer: Brand: Model:

Make: Packaging:

**Print Sequence # 9.0, Item # 9:** Psychological Evaluations - Fitness for Duty Competency (in accordance with Bid 3PS - Solicitation (RFP) Section 3.3) - Blanket P.O. (Contract) Year 4 Sent

NIGP Code: 948-76

Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$1,500.00	TASK - Task	0.00	\$0.00		\$0.00	\$1,500.00

Manufacturer: Brand: Model:

Make: Packaging:

**Print Sequence # 10.0, Item # 10:** Psychological Evaluations - Fitness for Duty Competency (in accordance with Bid Solicitation (RFP) Section 3.3) - Blanket P.O. (Contract) Year 5 Sent

NIGP Code: 948-76

Psychologists, Psychological and Psychiatric Services, including Behavioral Management Services

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$1,500.00	TASK - Task	0.00	\$0.00		\$0.00	\$1,500.00

Manufacturer: Brand: Model:

Make: Packaging:



**Exit**

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## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific instructions on page 2.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>INSTITUTE FOR FORENSIC PSYCHOLOGY</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> 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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input checked="" type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>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.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Apply to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p><b>5 FIR COURT, SUITE 2</b></p> <p><b>6</b> City, state, and ZIP code</p> <p><b>OAKLAND, NJ 07436</b></p>	<p><b>7</b> List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>	

**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.

<b>Social security number</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-		
-	-	-	-							
<b>OR</b>										
<b>Employer identification number</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">2</td> <td style="width: 25%; border: 1px solid black;">2</td> <td style="width: 25%; border: 1px solid black;">-</td> <td style="width: 25%; border: 1px solid black;">3</td> <td style="width: 25%; border: 1px solid black;">4</td> <td style="width: 25%; border: 1px solid black;">9</td> <td style="width: 25%; border: 1px solid black;">5</td> <td style="width: 25%; border: 1px solid black;">7</td> <td style="width: 25%; border: 1px solid black;">3</td> <td style="width: 25%; border: 1px solid black;">5</td> </tr> </table>	2	2	-	3	4	9	5	7	3	5
2	2	-	3	4	9	5	7	3	5	

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ <i>Wendy Cisneros</i>	Date ▶ <i>1/10/22</i>
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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).

**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), 1099-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.

