

CONTRACT DATA SHEET

PSC Type (check one): X New Addendum Sole Source: X Yes No

Contractor Information	
1. Legal Name of Contractor:	UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION
2. Address:	300 E MARKET STREET, #300
3. City, State, & Zip:	LOUISVILLE, KY 40202
4. Contractor Contact Person:	KAREN ROBERTS
5. Phone:	502-852-8608 Email: KAREN.ROBERTS@LOUISVILLE.EDU
6. Revenue Commission Taxpayer ID#:	<u> </u>
7. Federal Tax ID # (SSN if sole proprietor):	<u> </u>

Department Information	
8. Requesting Department:	YOUTH DETENTION SERVICES
9. Contact Person Name & Telephone:	SYTISHA CLAYCOMB, 502-574-6335

Contract Information	
10. Not to exceed amount:	\$ 65,000.00
11. Are expenses reimbursed?	NO
12. If yes list allowable expenses and maximum amount reimbursable:	N/A
13. Beginning and ending date of the contract:	7/1/2016-6/30/2017
14. Funding Source	GENERAL FUND Federal Funds yes no
15. Scope & Purpose of the contract:	PROVIDE HEALTHCARE FOR YOUTH HOUSED AT THE CENTER. SEE ATTACHMENT FOR MORE DETAIL.

Authorizations	
Department Director:	<u>[Signature]</u> Date: <u>5-4-16</u>
Purchasing Director:	<u>[Signature]</u> Date: <u>6/2/16</u>
County Attorney:	<u>[Signature]</u> Date: <u>6/16/16</u>
<i>The County Attorney has written the attached Professional Service Contract or Sole Source Contract and has approved that document as to the legality of the instrument itself only and as to its form.</i>	

For Purchasing Use Only	
Contractor is registered and in good standing with the Revenue Commission	<u>✓</u>
Human Relations Commission requirements have been met	<u>✓</u>
Insurance requirements have been satisfied	<u> </u>
If federally funded, Federal Debarment standing has been verified	<u>N/A</u>

Attach all justification documentation to this form, along with signed Written Findings Form.

To: Purchasing

From: Yvette Gentry, Director – Youth Detention Services

Date: 5/3/2016

Re: Sole Source – University of Louisville Research Foundation, Inc.

The University of Louisville Research Foundation (ULRF) provides health care for juveniles while housed at the Youth Center. The care they provide meets the recommendations of the American Academy of Pediatrics standards for Juvenile Court Residential Facilities that house confined youth. ULRF has provided this service for several years and has developed a good working relationship with the YDS nursing staff. ULRF has established a protocol that meets the needs of the Youth Center for visits and other health related matters that involve the care of YDS residents.

Any change to the existing operation workflow resulting from a bid process would significantly impact the efficiency of the department and the care of the residents of the Youth Center.

Should you need any additional information, please let me know. Thank you.

1. Contractor will comply with the Prison Rape Elimination Act (PREA):

- The contracting organization and all its employees shall adhere to 28 CFR 115, Prisons Rape Elimination Act: Juvenile Facility Standards.
- All persons who may have inmate contact shall complete PREA training per Department policy and procedure and the aforementioned PREA Standard for Juvenile Facilities.
- Any subcontracts made by the contractor shall require compliance with both these statements as well.

AGREEMENT

THIS CONTRACT, made and entered into by and between the LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT, by and through its LOUISVILLE METRO YOUTH DETENTION SERVICES herein referred to as "METRO GOVERNMENT" or "LMYDS", and THE UNIVERSITY OF LOUISVILLE, with offices located at University of Louisville, Department of Pediatrics, 571 S. Floyd Street, Suite 432, Louisville, Kentucky 40202, herein referred to as "U of L" and "CONSULTANT",

WITNESSETH:

WHEREAS, the Metro Government is in need of certain services with respect to the following described functions: Provide juveniles in its care with health care that is compatible with the recommendations of the American Academy of Pediatric's Committee on Youth Health Standards for Juvenile Court Residential Facilities (Pediatrics Vol. 52, No. 3, September, 1973); and the Standards for Health Services in Juvenile Detention and Confinement Facilities, National Commission on Correctional Health Care, KRS 15A.210 regulations governing the operation of juvenile detention centers; and

WHEREAS, the Metro Government has determined that the U of L is a sole source for providing these services; and

WHEREAS, the University of Louisville's Department of Pediatrics has been determined by the Metro Government to have the necessary experience, expertise and qualifications to provide those services.

NOW, THEREFORE, it is agreed by and between the parties hereto as follows:

I. SCOPE OF SERVICES

A. U of L shall, at the request of the Metro Government, provide services under the terms of this Agreement. The U of L's work product may be reviewed from time to time by the Metro Government for purposes of determining that the services provided are within the scope of this Agreement.

B. U of L, while performing the services rendered pursuant to this Agreement, may incidental thereto utilize agents or employees of UofL. However, such use must be documented in the monthly invoice submitted for those services rendered.

C. If from time to time U of L needs to utilize the records or personnel of the Metro Government relative to performing the services required of this Agreement, then U of L shall notify the Louisville Metro Department of Youth Detention Services of this need and arrangements may be made for that contingency. However, at no time shall the Metro Government make available its resources without the full consent and understandings of both parties.

D. The services of U of L shall include but not be limited to the following:

1. On Tuesday and Friday of each week, a physician from the U of L Department of Pediatrics –Specifically listed in Attachment B, will provide physical examinations, and evaluate and treat to the extent he deems necessary, adolescents under control of LMYDS at the Louisville Metro Youth Detention Center and Phoenix House Alternative Shelter. This will be at the mutually agreed upon time of 9:00 a.m. until 12:00 p.m. each Tuesday and Friday.
2. A hospital-based physician will be on call at all times with arrangements made with the Director for Detention Services concerning how to notify the physician. In addition, the Director of

Medical Services will be available for call at all times by a beeper device provided for in the budget.

E. Metro Government Duties

1. LMYDS agrees to provide nursing assistance as is desirable and mutually agreeable, to include scheduling of adolescents to be examined, maintaining records and collecting data, ordering through LMYDS resources medical supplies and pharmaceuticals used in examinations and routine treatment of adolescents, and arranging for completion of laboratory examinations needed for complete evaluation of health problems.
2. It is the duty of LMYDS to obtain or give all necessary prior legal consent for all treatment by University physicians or given at their direction. LMYDS also agrees to allow Consultant to conduct any mutually agreed upon research projects that are in keeping with the human experimentation guidelines set up by the Department of HEW and the approval of appropriate review groups.

F. Physician services subject to this agreement and not provided at LMYDS facilities will be provided at University of Louisville Hospital or Norton Children's Hospital.

II. FEES AND COMPENSATION

A. The Metro Government agrees to pay Consultant FIVE THOUSAND FOUR HUNDRED SIXTEEN DOLLARS AND SIXTY SEVEN CENTS (\$5,416.67) per month to cover salary, fringe benefits of physician and malpractice insurance expense.

The Metro Government agrees to pay Consultant monthly upon submission of the request for reimbursement by the Consultant. The total amount paid to Consultant for services delivered under this Agreement shall not exceed **SIXTY FIVE THOUSAND DOLLARS (\$65,000.00)**.

B. Payment shall only be made pursuant to a detailed invoice, which invoice shall describe the particular nature of the services provided. Copies of invoices or receipts for third party charges must be included with the Consultant's invoice when payment is requested.

C. The Metro Government shall not reimburse out of pocket expenses under this Agreement.

D. U of L, to the extent that it provides the same or related services to other parties agrees that it will not charge Metro Government for services for which it is also billing other parties which are of benefit to the other parties. Should services rendered to Metro Government under this agreement be such that those services also benefit another party during the term of this agreement, U of L agrees to pro-rate its billings to Metro Government appropriately and to provide documentation to all parties to verify the pro-ration of such billings and expenses. In no event will the Metro Government pay bills which are considered to be double billing (i.e. billing two different parties for the same work or expense).

III. DURATION

A. This Agreement shall begin July 1, 2016 and shall continue through and including June 30, 2017.

B. This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate. This Agreement may also be terminated by any party, without notice to the non-terminating party, because of fraud, misappropriation, embezzlement or malfeasance or a party's failure to perform the duties required under this Agreement. A waiver by either party of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

C. In the event of termination, payment for services complete up to and including date of termination shall be based upon work completed as invoiced by U of L. In the event that, during the term of this Agreement, the Metro Council fails to appropriate funds for the payment of the Metro Government's obligations under this Agreement, the Metro Government's rights and obligations herein shall terminate on the last day for which an appropriation has been made. The Metro Government shall deliver notice to U of L of any such non-appropriation not later than 30 days after the Metro Government has knowledge that the appropriation has not been made.

IV. EMPLOYER/EMPLOYEE RELATIONSHIP

It is expressly understood that no employer/employee relationship is created by this Agreement nor does it cause U of L to be an officer or official of the Metro Government. By executing this Agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party.

V. RECORDS-AUDIT

U of L shall maintain during the course of the work, and retain not less than five years from the date of final payment on this Agreement, complete and accurate records

of all of U of L's costs which are chargeable to the Metro Government under this Agreement; and the Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or of any public accounting firm selected by it. The records to be thus maintained and retained by U of L shall include (without limitation): (a) payroll records accounting for total time distribution of U of L's employees working full or part time on the work (to permit tracing to payrolls and related tax returns), as well as documentation of electronic payroll deposits , or signed receipts for payroll payments in cash if made; (b) invoices for purchases receiving and issuing documents, and all the other unit inventory records for U of L's stores stock or capital items; and (c) paid invoices and canceled checks (if applicable) or procurement card supporting documentation for materials purchased and for subcontractors' and any other third parties' charges.

VI. HOLD HARMLESS AND INDEMNIFICATION CLAUSE

U of L, as an agent of the Commonwealth of Kentucky, although vested with sovereign immunity, is subject to the Board of Claims Act, KRS 44.070-44.160. Claims against U of L relating to personal injury or property damage may be filed and decided under the provisions of the Act. To the extent permitted by that Act and other applicable law, U of L, shall defend, indemnify and hold harmless the Metro Government from and against any and all claims which may result from any error or omission arising out of U of L's performance under this Agreement.

VII. REPORTING OF INCOME

The compensation payable under this Agreement may be subject to federal, state and local taxation. Regulations of the Internal Revenue Service require the Metro Government to report all amounts in excess of \$600.00 paid to non-corporate

contractors. U of L agrees to furnish the Metro Government with its taxpayer identification number (TIN) prior to the effective date of this Agreement. U of L further agrees to provide such other information to the Metro Government as may be required by the IRS or the State Department of Revenue. Metro Government acknowledges U of L's assertion that it is a non-profit tax-exempt corporation.

VIII. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be Franklin Circuit Court, Frankfort, Kentucky . All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

IX. AUTHORITY

U of L, by execution of this Agreement, does hereby certify and represent that it is qualified to do business in the Commonwealth of Kentucky, has full right, power and authority to enter into this Agreement. Further, U of L certifies that it has the authority to contract for these services with Metro Government for UofL.

X. CONFLICTS OF INTEREST

Pursuant to KRS 45A.455:

(1) It shall be a breach of ethical standards for any employee with procurement authority to participate directly in any proceeding or application; request for ruling or other determination; claim or controversy; or other particular matter pertaining to any contract, or subcontract, and any solicitation or proposal therefor, in which to his

knowledge:

(a) He, or any member of his immediate family has a financial interest therein; or

(b) A business or organization in which he or any member of his immediate family has a financial interest as an officer, director, trustee, partner, or employee, is a party; or

(c) Any other person, business, or organization with whom he or any member of his immediate family is negotiating or has an arrangement concerning prospective employment is a party. Direct or indirect participation shall include but not be limited to involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

(2) It shall be a breach of ethical standards for any person to offer, give, or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment, in connection with any decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling or other determination, claim or controversy, or other particular matter, pertaining to any contract or subcontract and any solicitation or proposal therefor.

(3) It is a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an

inducement for the award of a subcontract or order.

(4) The prohibition against conflicts of interest and gratuities and kickbacks shall be conspicuously set forth in every local public agency written contract and solicitation therefor.

(5) It shall be a breach of ethical standards for any public employee or former employee knowingly to use confidential information for his actual or anticipated personal gain, or the actual or anticipated personal gain of any other person.

XI. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the parties that is not embodied in this Agreement. This Agreement cannot be amended, modified, or supplemented in any respect except by a subsequent written agreement duly executed by all of the parties hereto.

XII. OCCUPATIONAL HEALTH AND SAFETY

U of L agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 *et. seq.*, as amended, and KRS Chapter 338.

XIII. SUCCESSORS

This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and assigns.

XIV. SEVERABILITY

If any court of competent jurisdiction holds any provision of this Agreement unenforceable, such provision shall be modified to the extent required to make it enforceable, consistent with the spirit and intent of this Agreement. If such a provision cannot be so modified, the provision shall be deemed separable from the remaining provisions of this Agreement and shall not affect any other provision hereunder.

XV. COUNTERPARTS

This Agreement may be executed in counterparts, in which case each executed counterpart shall be deemed an original and all executed counterparts shall constitute one and the same instrument.

XVI. CALCULATION OF TIME Unless otherwise indicated, when the performance or doing of any act, duty, matter, or payment is required hereunder and a period of time or duration for the fulfillment of doing thereof is prescribed and is fixed herein, the time shall be computed so as to exclude the first and include the last day of the prescribed or fixed period of time. For example, if on January 1, U of L is directed to take action within ten (10) calendar days, the action must be completed no later than midnight, January 11.

XVII. CAPTIONS The captions and headings of this Agreement are for convenience and reference purposes only and shall not affect in any way the meaning and interpretation of any provisions of this Agreement.

XVIII. VIOLATIONS OF AND COMPLIANCE WITH KENTUCKY LAWS The U of L shall reveal any final determination of a violation by the U of L or any subcontractor performing work under this Agreement ("Subcontractor") within the previous five (5) year period pursuant to KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the U of L or Subcontractor. The U of L shall be in continuous compliance with the

provisions of KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the U of L or Subcontractor for the duration of the contract.

XIX. PRISON RAPE ELIMINATION ACT

The Consultant shall comply with the requirements of the Prison Rape Elimination Act, 42 United States Code Chapter 147, and the regulations issued which implement it. Consultant shall:

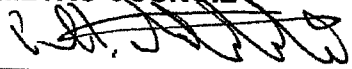
- a. Adhere and require any of its subcontractors to adhere to 28 CFR 115, Prisons Rape Elimination Act: Juvenile Facility Standards.
- b. Ensure that all Consultant's agents, including any subcontractors, who may have inmate contact shall complete PREA training per Youth Detention policies and procedures and 28 CFR 115.

XX. INSURANCE REQUIREMENTS

Consultant shall comply with the insurance requirements attached hereto and fully incorporated herein as Attachment A.

WITNESS the agreement of the parties hereto by their signatures affixed hereon.


APPROVED AS TO FORM AND
LEGALITY CONTINGENT
UPON APPROVAL OF
OF THE APPROPRIATION FOR
THIS CONTRACT BY THE
METRO COUNCIL



MICHAEL J. O'CONNELL
JEFFERSON COUNTY ATTORNEY

Date: 5/5/17

LOUISVILLE/JEFFERSON COUNTY
METRO GOVERNMENT



DIRECTOR, YOUTH DETENTION
SERVICES

Date: 5/29/17

UNIVERSITY OF LOUISVILLE

By: 

Gregory C. Postel, M.D.
Title: Interim President

Date: 5/22/17

Taxpayer Identification No.
(TIN): _____

Louisville/Jefferson County
Revenue Commission Account
No.: _____

ATTACHMENT A

Prior to commencing work, U of L shall obtain at its own cost and expense the following types of insurance through insurance companies licensed in the State of Kentucky. Insurance written by non-admitted carriers will also be considered acceptable, in accordance with Kentucky Insurance Law (KRS 304.10-040). Workers' Compensation written through qualified group self-insurance programs in accordance with Kentucky Revised Statutes (KRS 342.350) will also be acceptable. U of L shall not commence work under this Contract until all insurance required under the Contract Document has been obtained and until copies of policies or certificates thereof are submitted to **LOUISVILLE METRO YOUTH DETENTION SERVICES** and approved by the Louisville/Jefferson County Metro Government's Risk Management Division. U of L shall not allow any subcontractor to commence work until the insurance required of such subcontractor has been obtained and copies of Certificates of Insurance retained by U of L evidencing proof of coverages.

Without limiting U of L's indemnification requirements, it is agreed that U of L shall maintain in force at all times during the performance of this agreement the following policy or policies of insurance covering its operations, and require subcontractors, to procure and maintain these same policies. The Louisville/Jefferson County Metro Government may require U of L to supply proof of subcontractor's insurance via Certificates of Insurance, or at Louisville/Jefferson County Metro Government's option, actual copies of policies.

The only individuals authorized to perform work under this agreement are those scheduled in Attachment C . U of L agrees to notify Metro Risk Management Department before any additional individuals are permitted to perform work under this agreement. All individuals must provide Metro with certificates of insurance evidencing that they meet the following requirements:

1. U of L shall purchase and maintain at their own expense a **PROFESSIONAL LIABILITY (Medical Malpractice)** insurance policy, which includes a minimum limit of liability of **\$1,000,000** for each Wrongful Act and **\$2,000,000 Aggregate**, covering each specific provider listed in Attachment C. In the event that this coverage is written on a "Claims Made" Form, U of L shall, after work has been completed, furnish evidence that the liability coverage has been maintained for at least two years after completion of work, either by submitting renewal policies with a Retroactive Date of not later than the date work commenced under this contract, or by evidence that U of L has purchased an Extended Reporting Period Endorsement that will apply to any and all claims arising from work performed under this contract.

2. **WORKERS' COMPENSATION** insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and **EMPLOYERS'**

LIABILITY - \$100,000 Each Accident/\$500,000 Disease - Policy Limit/\$100,000 Disease - Each Employee.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with Insurance Companies with an A. M. Best Rating of no less than "A- VI", unless proper financial information relating to the Company is submitted to and approved by Metro's Risk Management Division.

MISCELLANEOUS

A. U of L shall procure and maintain insurance policies as described herein and for which **LOUISVILLE METRO YOUTH DETENTION SERVICES** shall be furnished Certificates of Insurance upon the execution of the Contract. The Certificates shall include the name and address of the person executing the Certificate of Insurance as well as the person's signature. If policies expire before the completion of the Contract, renewal Certificates of Insurance shall be furnished to Metro at least 15 days prior to the expiration of any policy(s).

B. **Upon execution of the contract, Certificates of Insurance as required above shall be furnished to:**

Louisville/Jefferson County Metro Government
Office of Management and Budget
YOUTH DETENTION – BUSINESS OFFICE
611 West Jefferson Street
Louisville, Kentucky 40202

C. **Upon Renewal of insurance coverage (s), Certificates of Insurance evidencing renewal shall be furnished to:**

Louisville/Jefferson County Metro Government
Office of Management and Budget
Risk Management Division
611 West Jefferson Street
Louisville, Kentucky 40202

D. **CANCELLATION OR MATERIAL CHANGE OF COVERAGE: Contractor shall notify Metro's Risk Management Division of any policy cancellation within two (2) business days of its receipt of same. Upon any material change (changes that reduce/restrict limit or terms and conditions to your insurance coverage) in coverage as required above, Contractor shall notify Metro's Risk Management Division within two (2) business days. If Contractor fails to notify Metro as required by this Agreement, Contractor agrees that such failure shall be a breach of this Agreement. Metro reserves the right to require the insurance policy(s) required above to be specifically endorsed to provide notice of cancellation and/or material change of coverage in accordance with policy provisions. When requested by the Metro Government, a copy of the policy endorsement shall be provided to Metro's Risk Management Division.**

E. Approval of the insurance by Metro shall not in any way relieve or decrease the liability of Contractor hereunder. It is expressly understood that Metro does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of Contractor.

ATTACHMENT B

LIST OF APPROVED DOCTORS

1. Dr. Elaine Martin MD – Medical Director
2. Dr. John Light – Psychiatrist
3. Dr. Schikler MD
4. Dr. Shulties MD

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Other (see instructions) ▶ **STATE UNIVERSITY**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) **1**
Exemption from FATCA reporting code (if any)

5 Address (number, street, and apt. or suite no.)
CONTROLLER'S OFFICE - SERVICE COMPLEX BLDG.

6 City, state, and ZIP code
LOUISVILLE KY 40292

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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

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 on page 3.

Sign Here Signature of U.S. person  Date ▶ **1/19/16**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ir9.

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 1099 (home mortgage interest), 1099-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.

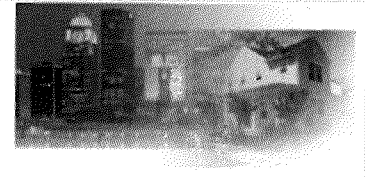
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Louisville Metro Revenue Commission



Account Verification

Account Lookup

Account Number:

Retrieve Account

[Change My Password](#)

Account Detail

*** Account OK ***

FID:

SSN:

Business: **CORP**

Start Date: **1/1/2002**

Trade Name: **DEBRA-KUEMPEL**

Name: **DEBRA-KUEMPEL INC.**

Business Address: **3976 SOUTHERN AVE**

Address Status: **ACT**

City: **CINCINNATI**

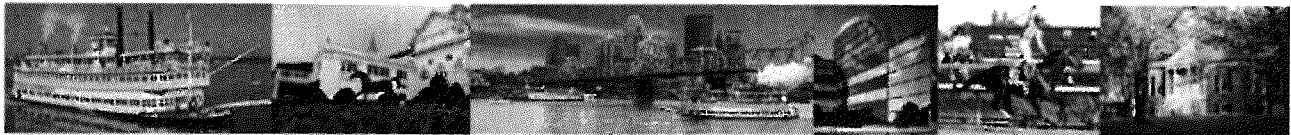
State: **OH**

Zip Code: **45227 -**

PhoneNo: **5135278131**

Ext.

Fax No:



Louisville Metro Revenue Commission ■ P.O. Box 35410, Louisville, KY 40232-5410 ■ 502-574-4860



Vendor Information

CLOSE WINDOW 

 HELP

Vendor Information

Business Name **University of Louisville Research Foundation, Inc., DBA University of Louisville Research Foundation, Inc.**

Contact Person **Peggy Beachy**

Address **2301 South Third Street**
> [Map This Address](#) **Louisville, KY 40292**

Phone **502-852-3788**

Fax **502-852-8934**

Email **grntmgmt@louisville.edu**

Website

System Vendor Number **[REDACTED]**

Renewal **10/4/2017**

Commodity Codes

Code	Description
NAICS 611310	Medical schools

Customer Support

[Print This Page](#)

Copyright © 2017 B2Gnow. All rights reserved.