

# Montana Out-of-School Time Project (MOST)



The Montana Department of Public Health & Human Services/Early Childhood Services Bureau is accepting competitive applications for out-of-school time projects. It is anticipated that approximately 80 - \$5,000 projects will be funded for a total of \$400,000 for State Fiscal Year (SFY) 2011. The time period for these grants is from October 1, 2010 – June 30, 2011. It is anticipated that these Montana Out-of-School Time (MOST) grants will be renewable for SFY 2012 and SFY 2013, but will be subject to available funding.

All proposals for the Montana Out-of-School Time (MOST) grants must seek to provide opportunities to improve or enhance the quality of care, activities, and services to school-age children (5 to 18 years of age) and their families before- and after-school, on school holidays, and can be used for summer programs funding available through June 30, 2011. The purpose of the MOST projects is to strengthen Montana families and promote healthy youth development. Approved project applicants will provide program design and implementation that is intended to improve academic performance, social competencies, positive values and positive physical outcomes for children.

Successful projects provide a range of high-quality services and extra learning opportunities to school age children. At the same time, these projects help working parents by providing a safe environment for students when school is not in session. Requests for funds must address how access to their services will lead to students' healthy lifestyle choices and academic success. It is intended that MOST project funds will be used in every region of Montana.

## Eligible Applicants

Any public or private organization located in Montana is eligible to apply if they meet the requirements regarding intensity of services and provide services exclusively to children out of school time for children ages 5 – 18 years of age.

*Eligible Out-of-School Time programs are those that provide consistent and regular direct service to children. Intensity of Services is defined as follows:*

- Programs that work with groups of children- direct contact with children for a minimum of two hours per day, three days per week during the school year.
- Programs that provide one-to-one services (I.E. mentoring programs) - direct contact with a child for a minimum of two hours a week or eight hours per month, and have a least 5 one-to-one adult-to-child matches in the program.
- Programs that operate only during the summer (funding available through 6/30/2011) - direct contact with children for a minimum of four hours per day, four days per week for 10 weeks.

Services need not be offered free of charge, however programs must be equally accessible to all students targeted for services, regardless of their ability to pay. Programs that opt to charge must offer a sliding scale and scholarships for those who cannot afford to pay. Income collected must be used to fund program activities specified in the application. Programs with multiple sites may apply for funds for each individual site or for the entire program, limited to a request of \$5,000 per application.

### Application Due Date

The ECSB must receive the application cover sheet (page 3) with the narrative no later than 5:00 p.m. Friday, April 30, 2010.


No late applications will be considered. It is recommended that application(s) be sent by certified mail or delivered by a service that documents delivery to assure receipt. Submit one original and two copies of the application, clipped together; do not bind or staple.

**Deliver or Mail Application to:  
Montana Department of Public Health and Human Services  
Early Childhood Services Bureau  
111 N Jackson, 5<sup>th</sup> Floor  
P.O. Box 202925  
Helena, MT 59620-2925**

For questions about the MOST application please call the ECSB at (406) 444-5925 or 866-239-0458.



## Project Requirements and Fund Limitations

- Family and/or parent involvement must be addressed in the project description
  - Student outcomes will not be required, however, program goals and objectives must be included in application and progress in achieving goals and objectives, as well as monthly attendance, will be reported in the year-end summary.
  - Programs will include a plan to establish coordinating relationships in their community during the first year of funding.
  - Funds may be used for transportation costs providing the appropriate assurances are provided.
  - Funds may not be used for program start-up, construction purposes, land or building purchases, purchase consultant services (i.e. contractor, architect), indirect costs, and medical costs.
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**Please answer the following questions on a separate sheet of paper and attach them to the application cover sheet (pg.3). Answers for questions 1- 5 are limited to a total of 3-front side, double spaced, 12-point font, typed pages. Letters of support, resumes and the budget/budget narrative are approved as additional attachments.**

### 1. Overview of Proposed Project (25 points)

*In a narrative format describe your proposed project. Include the following elements in your narrative:*

- *An overview of the proposed project;*
- *An explanation of how the project enhances the quality of care, improves academic, social competencies, positive values, and positive physical outcomes and services to school age children (5 to 18 years of age);*
- *Describe how your services will strengthen Montana families and promote healthy youth development; and*
- *A plan to establish coordinating relationships with other community partners.*

### 2. Goals and Objectives (25 points)

*Goals and objectives must address some or part of the 8 components of high quality programs and must address family involvement and linkages to a student's regular school day and promoting healthy youth development.*

### 3. Summary of your current program operation (15 points)

*Describe your current organization and program to demonstrate your organization's capability to provide services and how your program meets the Intensity of Services definition on pg.1 of this application. Include a sample of a daily, weekly, or monthly curriculum plan. Attach at least three letters of support from current community partners or agencies that have knowledge of your program.*

### 4. Qualifications and work experience of staff (15 points)

*Describe the relevant work experience and education for you and all primary staff that will be involved in this project. Resumes may be included as additional attachments.*

### 5. Project Evaluation (10 points)

*Describe your plan for evaluating the success of your project.*

### 6. Budget/ Budget Narrative (10 points)

*Describe how the funds you are requesting will be utilized during the 10/1/2010 - 6/30/2011 period. Explain each budget line item for which you requested funds, as listed in your proposed project budget. Include supporting documentation such as bids, estimates, or price lists if available. Funding categories are limited to:*

- *Personnel & Fringe,*
- *Insurance,*
- *Training,*
- *Supplies,*
- *Support Services, and*
- *Utilities.*

For funded participants, renewal applications will be sent to the organization in June 2011. For renewing purposes, programs must be able to demonstrate funds for SFY11 were expended, the program is providing ongoing intensity of services, and the program is able to describe progress in their goals and objectives as stated in their application. MOST projects are required to complete an End-of-Year evaluation that will be sent by the ECSB in May, 2010 for completion.

# Montana Out-of-School Time Project (MOST) APPLICATION COVER SHEET

All proposals must be for programs or program sites currently serving school age children. The purpose is to enhance the quality of services to this age group in order to support positive outcomes for the children served. Funds may be used to support increasing the numbers of children served.

**NOTE: An organization may have more than one site that serves children; in such cases the organization is required to complete an application for each site that is requesting funds.**

Organization Name \_\_\_\_\_ Site name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Facility Address (if different from above) \_\_\_\_\_

Director Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

County \_\_\_\_\_ Number of days per week children meet \_\_\_\_\_

Total Number of children (Ages 5-18) served \_\_\_\_\_ Ages of Children served \_\_\_\_\_

Federal Employee Identification # or Social Security # \_\_\_\_\_

Number of years in service \_\_\_\_\_ Private or Non-Profit Facility \_\_\_\_\_

Total funding requested for this project \_\_\_\_\_ (\$5000.00 per site is the maximum allowed)

**For Your Proposal To Be Considered It Must Include The Following:**

- MOST Application Cover Sheet
- Narrative to answer questions 1-5 on page 2 of this application
- Proof of workers' compensation coverage or a copy of an Independent Contractors Exemption
- Proof of Insurance
- Proof of applicable incorporation, non-profit or government status
- \*OMB 424B (Rev. 7-97) form, "ASSURANCES - NON-CONSTRUCTION PROGRAMS"
- \*"CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS FOR DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (6-99)"
- \*DPHHS Health Information Portability & Accountability Act (HIPAA) Assurance Form
- \*W-9 for organization

\*Forms can be found at: [www.bestbeginnings.mt.gov](http://www.bestbeginnings.mt.gov) Under "What's New"

I certify that I have reviewed the information contained in this application, supplied by me, and that it is true, accurate and complete to the best of my knowledge. I further certify that I fully understand that any misstatement on my part in completing the application is grounds for denying my M.O.S.T. Grant application or for revoking my M.O.S.T. Grant contract, should a grant have been awarded to me on the basis of the statements I have made herein.

\_\_\_\_\_  
Authorized Signature                      Title                      Date

For ECSB Use Only: Evaluator Initials:	Score:	Date Received in ECSB:
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## **EIGHT COMPONENTS GERNERALLY PRESENT IN HIGH QUALITY AFTER SCHOOL PROGRAMS**

From the U.S. Education Department's  
Working for Children & Families: Safe & Smart Afterschool Programs

Please review the enclosed list: Eight Components Generally Present in High Quality After School Programs ( U.S. Department of Education). These components should guide your grant request as you request funds to strengthen any of the component areas. To be funded, applicants are required to address their proposal's goals and objectives to at least two of the program components listed below. At a minimum "Strong Family Involvement" (#5) and "Linkages between regular day and after school programs" (#7), must be included in the proposal.

### **1. Goal Setting, Strong Management and Sustainability**

Community coordination and collaboration are key to running successful programs. Programs must focus on their goals, have solid organizational structures, implement effective management and sustainability actions, and meet legal requirements.

### **2. Quality After School Staffing**

All programs need staff who are qualified and committed, have appropriate experience and realistic expectations and can interact positively with regular school staff.

### **3. Safety, Health & Nutrition**

Program must create safe places with adequate space and materials, and they must meet participants' nutritional needs.

### **4. Effective Partnerships**

Program must collaborate among diverse partners: parents, educators, community residents, law enforcement, service providers, community and civic organizations, colleges, employers, arts and cultural institutes, museums, parks and recreation services and public officials.

### **5. Strong Family Involvement**

Success depends on the involvement of both families and community. Families and youths must be involved in program planning. Programs must attend to the needs of working parents.

### **6. Enriching Learning Opportunities**

Learning opportunities must be engaging and can provide enrichment through art, music, drama, service learning, and other authentic experiences that complement the school day curriculum.

**7. Linkage between regular day and after school programs**

Quality programs actively support and coordinate their programs with schools in ways that support true partnering. This includes shared planning time and fully coordinated use of facilities and resources.

**8. Evaluation of programs and effectiveness**

Programs must have continuous evaluation so that all partners can gauge success based on the program's clear goals. Data must be used for improvement, the program must be continuously monitored, and evaluation must incorporate multiple measures of success that reflect program goals.

*For the purposes of this application, the definition of "family" is a supportive group of people who are committed to each other and may include, though is not limited to, nuclear, extended, foster care or adoptive families. As used in this context, the term "parent" refers to a biological or adoptive parent of a child, foster parent, person acting in the place of parent (such as grandparent or stepparent with whom the child lives), or any caregiver who has primary responsibility for the care and support of the child.*

**CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS FOR  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES CONTRACTORS:**

The Contractor, \_\_\_\_\_, in relation to the performance of services under the proposed contract, certifies to the Montana Department of Public Health and Human Services the following:

- A. That the Contractor does not act in collusion with other contractors for the purpose of gaining unfair advantages for it or other contractors or for the purpose of providing the services at a noncompetitive price or otherwise in a noncompetitive manner.
- B. That the Contractor is an independent contractor; that it maintains necessary and appropriate workers compensation and unemployment insurance coverage; that it is solely responsible for and must meet all labor and tax law requirements pertaining to its employment and contracting activities, inclusive of insurance premiums, tax deductions, tax withholding, overtime wages and other employment obligations that may be legally required with respect to it.
- C. That the Contractor, any employee of the Contractor or any significant subcontractor in the performance of the duties and responsibilities of the proposed contract, are not currently suspended, debarred, or otherwise prohibited from entering into a federally funded contract or participating in the performance of a federally funded contract.
- D. That the Contractor, if receiving federal monies, does not expend federal monies in violation of federal legal authorities prohibiting expenditure of federal funds on lobbying federal and state legislative bodies or for any effort to persuade the public to support or oppose legislation.
- E. That the Contractor, if receiving federal monies, prohibits smoking at any site of federally funded activities that serves youth under the age of 18. This is not applicable to sites funded with Medicaid monies only or to sites used for inpatient drug or alcohol treatment.
- F. That the Contractor, if receiving federal monies, maintains drug free environments at its work sites, providing required notices, undertaking affirmative reporting, et al., as required by federal legal authorities.
- G. That the Contractor manages any real, personal, or intangible property purchased or developed with federal monies in accordance with federal legal authorities.
- H. That the Contractor, if receiving federal monies, is not delinquent in the repayment of any debt owed to a federal entity.
- I. That the Contractor, if expending federal monies for construction purposes or otherwise for property development, complies with federal legal authorities relating to flood insurance, historic properties, relocation assistance for displaced persons, elimination of architectural barriers, metric conversion, and environmental impacts.

- J. That the Contractor, if expending federal monies for research purposes, complies with federal legal authorities relating to use of human subjects, animal welfare, bio - safety, misconduct in science and metric conversion.
- K. That the Contractor, if receiving \$100,000 or more in federal monies, complies with all applicable standards and policies relating to energy efficiency which are contained in the state energy plan issued in compliance with the federal Energy Policy and Conservation Act.

The Contractor is obligated during the duration of the contractual relationship to abide by those requirements pertinent to it in accordance with the governing legal authorities.

Not all of these assurances may be pertinent to the Contractor's circumstances. This certification form, however, is standardized for general use and signing it is intended to encompass only provisions applicable to the circumstances of the Contractor in relation to the federal and state monies that are being received.

These assurances are in addition to those stated in the federal OMB-424B (Rev. 7-97) form, known as "**ASSURANCES - NON-CONSTRUCTION PROGRAMS**" issued by the federal Office of Management of the Budget (OMB). Standard Form 424B is an assurances form that must be signed by the Contractor if the Contractor is to be in receipt of federal monies.

There may be program specific assurances, not appearing either in this form or in the OMB Standard Form 424B, that the Contractor may have to provide by certification.

This form, along with OMB Standard Form 424B, are to be provided with original signature to the Department's contract liaison. The completed forms are maintained by the Department in the pertinent purchase and contract files.

Further explanation of several of the requirements certified through this form may be found in the Department's standard Request for Proposal format document, standard contracting requirements document, and set of standard contract provisions. In addition, detailed explanations of federal requirements may be obtained through the Internet at sites for the federal departments and programs and for Office for Management of the Budget (OMB) and the General Services Administration. (GSA).

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of responsible officer)

\_\_\_\_\_  
(Title of responsible officer)

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

**(HIPAA)**  
**SOURCES OF INFORMATION**  
**ON THE PRIVACY, TRANSACTIONS AND SECURITY REQUIREMENTS**  
**PERTAINING TO HEALTH CARE INFORMATION OF THE FEDERAL HEALTH**  
**INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

The following are sources of information concerning the applicability of and implementation of the privacy, transactions and security requirements of HIPAA. The Department Of Public Health & Human Services requires that contractors generating, maintaining, and using health care information in relation to recipients of State administered and funded services be compliant with the requirements of HIPAA.

There can be difficulty in interpreting the applicability of HIPAA to an entity. It is advisable to retain knowledgeable consultants or attorneys to advise concerning determinations of applicability.

Websites specified here may be changed without notice by those parties maintaining them.

**FEDERAL RESOURCES**

The following are official federal resources in relation to HIPAA requirements. These are public sites.

- 1) U.S. Department Of Health & Human Services / Centers For Medicare & Medicaid Services

[www.cms.gov/hipaa](http://www.cms.gov/hipaa)

The federal Department Of Health & Human Services / Centers For Medicare & Medicaid Services(CMS) provides information pertaining to transactions, security and privacy requirements under HIPAA including the adopted regulations and various official interpretative materials. CMS is responsible for the implementation nationally of the transactions and security aspects of HIPAA.

- 2) U.S. Department Of Health & Human Services / Office Of Civil Rights

[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

The federal Department Of Health & Human Services / Office Of Civil Rights (OCR) provides information pertaining to privacy requirements under HIPAA including the adopted regulations and various official interpretative materials. This site includes an inquiry service. OCR is responsible for the implementation of the privacy aspects of HIPAA and serves as both the official interpreter for and enforcer of the privacy requirements.

- 3) U.S. Department Of Health & Human Services / Centers For Disease Control & Prevention

[www.cdc.gov/privacyrule](http://www.cdc.gov/privacyrule)

The federal Department Of Health & Human Services / Centers For Disease Control & Prevention (CDC) provides information pertaining to the application of privacy requirements under HIPAA to public health activities and programs.

**OTHER NATIONAL PUBLIC RESOURCES**

**WEDI/SNIP**

[www.wedi.org/snip](http://www.wedi.org/snip)

The Workgroup For Electronic Data Interchange is a collaborative national effort, inclusive of the federal entities, that has undertaken a broad effort at the implementation of HIPAA, in particular the electronic transactions and security aspects, known as the Strategic National Implementation Process. There are several regional and state based WEDI/SNIP efforts. There is not one, however, that covers Montana.

**STATE RESOURCES**

1) Montana Collaborative Website

[www.hipaamontana.com](http://www.hipaamontana.com)

This site is a collaborative website of several entities, including the Department Of Public Health & Human Services, that provides information to the public on HIPAA as it relates to entities in Montana. The Department’s policies and forms, pertaining to implementation of HIPAA, appear at this site. This site also provides an analysis as to the interplay of HIPAA with Montana laws on confidentiality.

2) Department Website For Medicaid Providers

[www.mtmedicaid.org](http://www.mtmedicaid.org)

This site provides information for providers of services funded with medicaid monies. HIPAA requirements in relation to medicaid state plan services are described at this site.

**PROVIDER ASSOCIATIONS**

Many national and state provider associations have developed extensive resources for their memberships concerning HIPAA requirements. Those are important resources in making determinations as to the applicability and implementation of HIPAA.

**CONSULTANT RESOURCES**

There are innumerable consulting resources available nationally. The Department does not make recommendations or referrals as to such resources. It is advisable to pursue references before retaining any consulting resource. Some consulting resources have proven to be inappropriate for certain types of entities and circumstances and some may lack the necessary knowledge concerning the applicability and implementation of HIPAA.

**INSERT NAME OF CONTRACTOR**

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

\_\_\_\_\_ as \_\_\_\_\_  
Typed/Printed Name Title

\_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ Federal I.D. Number

The Department’s POLICY ON STANDARD CONTRACTUAL TERMS has been prepared by the DPHHS Office of Legal Affairs



Substitute **W-9**

**DO NOT send to IRS**

**Taxpayer Identification Number (TIN) Verification**

*Print or Type*

Please see attachment or reverse for complete instructions.

<p><b>➤ Legal Name</b>                  (as entered with IRS) If Sole Proprietorship, enter your Last, First, MI</p> <hr/> <p><b>➤ Trade Name</b>                  If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p><b>➤ Primary Address</b> (for 1099 form)                  PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p><b>➤ Remit Address</b> (where payment should be mailed, if different from Primary Address) PO Box or Number and Street, City, State, ZIP + 4</p>	<p><b>➤ Entity Designation</b> (check only one type)</p> <p><input type="checkbox"/> Corporation                      <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp                  Do you provide medical or legal services?                      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership                      <input type="checkbox"/> General    <input type="checkbox"/> Limited</p> <p><input type="checkbox"/> LLC (for federal tax purposes taxed as)                      <input type="checkbox"/> Individual <input type="checkbox"/> Partnership                      <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> E state/Trust</p> <p><input type="checkbox"/> Organization Exempt from Tax                  (under Section 501 (a)(b)(c)(d)(e))</p> <p><input type="checkbox"/> Government Entity</p> <p><input type="checkbox"/> Other _____</p>
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**➤ Taxpayer Identification Number (TIN)** (Provide Only One) (If sole proprietorship provide FEIN, if applicable)

Social Security Number	Federal Employer Identification No
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**➤ Certification**  
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number
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Signature	Date
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**➤ Optional Direct Deposit Information (used at agency discretion) (all fields required to receive electronic payments) (Must Include a Voided Check, No Direct Deposit Slips Accepted)**

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Bank Account	Bank Routing No. (ABA)
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THIS IS A:

New Direct Deposit     Change of Existing     Additional Direct Deposit     Email Change Only

Email Address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you. **If you have questions about completing this form, please call the Warrant Writer Unit at 406-444-5932.**

## Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

### Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI  
 Sole Proprietorships: Enter Last Name, First Name, MI  
 LLC Single Owner: Enter owner's Last Name, First Name, MI  
 All Others: Enter Legal Name of Business

### Trade Name

Individuals: Leave Blank  
 Sole Proprietorships: Enter Business Name  
 LLC Single Owner: Enter LLC Business Name  
 All Others: Complete only if doing business as a D/B/A

### Primary Address

Address where 1099 should be mailed.

### Remit Address

Address where payment should be mailed. Complete only if different from primary address.

### Entity Designation

Check *ONE* box which describes the type of business entity.

### Taxpayer Identification Number

*LIST ONLY ONE:* Social Security Number OR Employer Identification Number. **See "What Name and Number to Give the Requester" at right.**

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

### Certification

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.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and

certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

### What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual no the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or Single-Owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole Proprietorship or Single-Owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**NOTE:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Taxpayer Identification Request

In order for the State of Montana to comply with the Internal Revenue Service regulations, this letter is to request that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the Montana Department of Administration, State Accounting Division, in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 28% withholding on each payment, or require the State to withhold payment of outstanding invoices until this information is received per Internal Revenue Code 3406(a).**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.

Thank you for your cooperation in providing us with this information. Please return the completed form to Department of Public Health and Human Services, Business and Financial Services Division:

DPHHS, BFSD  
PO Box 4210  
Helena, MT 59604

Phone: 406-444-5932  
Fax: 406-444-9763