



TO: Vendor Applicant  
FROM: Lori Hobgood, Purchasing and Contracts Manager  
DATE: February 7, 2023

# Pages (Inc. cover sheet):

Please complete the following form requesting your federal ID # and return to my attention.

Forms to become a vendor with Town of Fuquay-Varina:

- Vendor Application - **REQUIRED**
- Tax Identification Form - **REQUIRED**
- W-9 - **REQUIRED**
- Certificate of Insurance (Your insurance company can email, faxed, or mailed) - **REQUIRED**
- Independent Contractor Certification of Insurance - **REQUIRED**
- Independent Contractor vs. Employee Checklist (Only if you DO NOT have workers' compensation insurance)
- HUB Certification issued by the State of NC if registered (Historically Underutilized Business)
- Gift and Favors Ban Certification – **REQUIRED**
- Iran Divestment Certification - **REQUIRED**
- Certification regarding Debarment, Suspension, and Other Responsibility Matters - **REQUIRED**

Also included is the Town of Fuquay-Varina's purchasing/invoicing policy for your records. **Please note that the "bill to" address on all invoice's should be Town of Fuquay-Varina, Attn: Accounts Payable.**

**The Town of Fuquay-Varina is not tax exempt, please add N. C. sales tax to invoices.** If invoice or project payment application does not include the sales tax, you must furnish a certified sales tax report with invoice.



## Vendor Application

Vendor Name \_\_\_\_\_  
(As shown on your income tax return)

Business Name \_\_\_\_\_  
(Business name or Trade name)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Remit to: Provide an alternative address for remittance of payments even if direct deposit is utilized.

Remittance Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Toll Free Number \_\_\_\_\_

Name of Contact \_\_\_\_\_ Email \_\_\_\_\_

An Entity already registered in another state or country must qualify to conduct business in North Carolina by filing an Application for a Certificate with the NC Secretary of State.

Provide your NC SOS ID number \_\_\_\_\_

Purchase Orders Should be Sent to \_\_\_\_\_  
\_\_\_\_\_

### Minority Women-owned Business Enterprise- MWBE:

Is your company certified as a MWBE? A vendor certified by either NC DOA for Historically Underutilized Businesses (HUB) or certified by the NC Department of Transportation (DOT).

Yes                      No

If Yes, please select the state agency that certified your company:

HUB                      DOT                      Other

Start date of your state certification: \_\_\_\_\_ End date of your state certification \_\_\_\_\_

I have attached a copy of my current HUB, DOT or Other Certification:                      Yes                      No

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons. To be recognized as an MWBE vendor with the Town of Fuquay-Varina you must attach your certification.

Mail: Town of Fuquay-Varina Finance Department    or    Email: purchasing@fuquay-varina.org  
ATTN: Purchasing and Contracts Manager  
134 N Main St  
Fuquay-Varina, NC 27526



TO: Vendor  
FROM: Lori Hobgood, Purchasing and Contracts Manager  
SUBJECT: Purchasing/Invoicing Policy  
DATE: February 7, 2023

Purchases for the Town of Fuquay-Varina are to be made by authorized Town employees only. The Town will not be responsible for unauthorized purchases.

In addition, all invoices for purchases of equipment or materials, or for services, must be done by purchase order if the amount is **\$500.00 or more** (excluding sales tax).

The assigned purchase order number should be given to you by an authorized Town of Fuquay-Varina employee **prior** to making the purchase or ordering service.

Payment of any invoice in the amount of \$500.00 or more (excluding sales tax) which does not show a proper purchase order number issued by the Town of Fuquay-Varina could be substantially delayed.

In addition, all invoices/statements are to be invoiced as follows:

Town of Fuquay-Varina  
Attn: Accounts Payable  
134 N. Main Street  
Fuquay-Varina, NC 27526

Shipping address will be the same unless otherwise notified at time of order. **Invoices should be mailed to the address above, or if you prefer, emailed to: [invoices@fuquay-varina.org](mailto:invoices@fuquay-varina.org).**

Invoices and statements submitted will be paid net 30 days. To expedite payment, Town of Fuquay-Varina strongly encourages submitting invoices electronically via email to [invoices@fuquay-varina.org](mailto:invoices@fuquay-varina.org).

Invoices to a Town of Fuquay-Varina department will be returned for correction (ex: Town of Fuquay-Varina Finance Department, Fuquay-Varina Fire Dept., F-V Police Dept., etc.) also causing a substantial delay in payment.

If you need further information, please contact me at (919) 552-1427.



## TAX IDENTIFICATION NUMBER FORM

Pursuant to Internal Revenue Service Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the Town of Fuquay-Varina. Town of Fuquay-Varina will utilize the IRS TIN Matching service to verify social security number or Federal Employer Identification number provide. If the number provide does not match, the vendor will NOT be eligible to be a vendor until correct information is provide and verified.

If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to ensure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information.

Legal Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_

“Remit To” Address \_\_\_\_\_

9 Digit Taxpayer Identification Number

Social Security Number \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Business Designation (Check One)

- \_\_\_\_\_ Individual
- \_\_\_\_\_ Sole Proprietorship
- \_\_\_\_\_ Partnership
- \_\_\_\_\_ Corporation
- \_\_\_\_\_ Governmental/Non-Profit

Under penalties of perjury, I certify that I am duly authorized to complete this form and that the legal organization and tax identification number are correct. I have not been notified by the IRS that I am subject to backup withholding for failure to report income.

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax Number

To avoid payment delays, completed form should be returned promptly to the Town of Fuquay-Varina, 134 N. Main Street, Fuquay-Varina, NC 27526 or by email.

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	2 Business name/disregarded entity name, if different from above				
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>	
	Individual/sole proprietor or single-member LLC	C Corporation	S Corporation		Partnership
	Trust/estate				
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶				
	<b>Note:</b> 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 <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that				
Other (see instructions) ▶					
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)		
6 City, state, and ZIP code					
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 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.

Social security number								
				-				

**OR**

Employer identification number								
				-				

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶	Date ▶
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TO: Vendor

FROM: Lori Hobgood, Purchasing and Contracts Manager

SUBJECT: Independent Contractor Certificate of Insurance

DATE: February 7, 2023

Prior to performing any work for the Town on our “premises”, each independent contractor must complete and sign the attached form.

This information must be returned to my attention for prompt payment for services rendered.

Our “premises” includes public buildings, parking lots, parks, athletic fields, streets, sidewalks, and any other town location where work is performed under contract with the Town.

A contract with the Town is any work we request, whether a purchase order is required or not.

Work which can be contracted includes, but is not limited to, professional services, consultant work, labor and service work, construction, etc.

**NOTE: Form must be notarized and mailed to my attention. Your insurance company may email the certificate of insurance but original must also be received.**



**INDEPENDENT CONTRACTOR CERTIFICATION OF INSURANCE**

This is to certify that:

- 1. \_\_\_\_\_ is an independent contractor performing a contract for the **Town of Fuquay-Varina**, either by a verbal contract (contracts under \$500.00) or by purchase order (contracts of \$500.00 or more), and not eligible for Workers' Compensation on the Town's policy while performing the contracted service for the Town.

Refer to North Carolina General Statutes Chapter 97: The Workers' Compensation Act prior to completing Section A or B below.

**Section A:**

- 1. (I) (We) have obtained Workers' Compensation insurance as required by state and federal law and am attaching Certification of Insurance from my insurance carrier.
- 2. (I) (We) will maintain the required Workers' Compensation insurance for the entire duration of any contract being performed for the Town of Fuquay-Varina.

Section A below applies to the above-named contractor: \_\_\_\_\_  
(Signer Initials)

**Section B:**

- 1. (I) (We) are not required by state or federal law to provide Workers' Compensation Insurance and hereby hold the Town of Fuquay-Varina harmless for any injury to myself or my employees while performing any contracted service for the Town of Fuquay-Varina.

Section B Below applies to the above-named contractor: \_\_\_\_\_  
(Signer Initials)

This certification was not signed under duress.

\_\_\_\_\_  
Contractor's Signature

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Signature \_\_\_\_\_

Notary Public Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal



**INDEPENDENT CONTRACTOR vs. EMPLOYEE CHECKLIST:**

Whenever any public entity retains an independent contractor who does not carry workers' compensation insurance and the owner or an employee of that contractor is injured, a determination must be made as to whether the injured worker is truly an independent contractor or, in fact, is an employee of the public entity and, thereby, eligible for worker's compensation benefits through the entity. The NC Industrial Commission and NC Courts have used the following tests to make this determination. Please complete the information below for each independent contractor that has **NOT** provided you with a Certificate of Insurance for Workers Compensation (proof of Workers' Compensation policy).

**Name of Independent Contractor:** \_\_\_\_\_

**Type of Work Performed:** \_\_\_\_\_

**Type of Business:**    **Individual**    **Sole Proprietor**    **Partnership**    **LLC**    **Incorporated**

**Duration of Contract:** \_\_\_\_\_

**How many total employees does the contractor employ (excluding owner)?** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
(a) Is the person/business employed engaged in an independent business or occupation?	_____	_____
(b) Does the person/business employed have a Federal Tax ID number?	_____	_____
(c) Does the person/business employed perform similar work for any other business/individual?	_____	_____
(d) Does the person/business doing the work have the right to hire or fire any employee/helper of the business doing the work?	_____	_____
(e) Does the person/business employed have control over such employees/helpers?	_____	_____
(f) Does the person/business employed select their own time to perform work? (for example, your entity does not tell the person to work specific hours during the day)	_____	_____
(g) Does the person/business employed have the independent use of his special skill, knowledge, or training in the execution of the work?	_____	_____
(h) Is the person/business employed paid for the job in a lump sum amount (not paid by the hour)?	_____	_____
(i) Does the person/business employed have the freedom to use their method of doing the work rather than Another and is not subject to discharge because the adopt one method over another method?	_____	_____
(j) Is the person/business employed furnished tools or equipment owned by you (the Town)?	_____	_____

None of these factors is controlling, but each is to be considered in determining the relationship between the parties. The essential issue is whether the alleged employer has the right to control the method and means by which the "employee"/business performs their work. RMS will attempt to determine whether an employment relationship exists for **insurance purposes only**.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Print Name of Authorized Representative**

\_\_\_\_\_  
**Date**





## **GIFT AND FAVORS BAN CERTIFICATION**

N.C.G.S. §133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State (Town) employee of any gift from anyone with a contract with the State, or from any person seeking to do business with the State (Town). By execution of any response in this procurement, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).**

<b>Name of Applicant</b>	
<b>Printed Name and Title of Authorized Representative</b>	
<b>Signature</b>	<b>Date</b>

**CERTIFICATION OF ELIGIBILITY**

**Under the Iran Divestment Act**

Pursuant to G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, G.S. 147-86.55 et seq.\* requires that each vendor, prior to contracting with the State certify, and the undersigned on behalf of the Vendor does hereby certify, to the following:

1. that the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran;
2. that the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List; and
3. that the undersigned is authorized by the Vendor to make this Certification.

Vendor: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name Title

The State Treasurer’s Final Divestment List can be found on the State Treasurer’s website at the address: <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx> and will be updated every 180 days. For questions about the Department of State Treasurer’s Iran Divestment Policy, please contact Meryl Murtagh at *Meryl.Murtagh@nctreasurer.com* or (919) 814-3852.

\* Note: Enacted by Session Law 2015-118 as G.S. 143C-55 et seq., but has been renumbered for codification at the direction of the Revisor of Statutes.



## **CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

Applicants should refer to the regulations cited below. Applicants should also review the instructions for certification included in the regulations before completing this form, signature on this form provides for compliance with certification requirements implementing Federal Executive Order 12549 and 12689 and guidance issued in the *Federal Register*, Volume 70, No. 168, pages 51863 through 51880 for “Government wide Debarment and Suspension (Non procurement).” The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Environmental Quality determines to award the covered transaction, grant or cooperative agreement.

As required by Executive Order 12549 and 12689, Debarment and Suspension, for prospective participants in primary covered transactions:

- 1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).**

<b>Name of Applicant</b>	
<b>Printed Name and Title of Authorized Representative</b>	
<b>Signature</b>	<b>Date</b>



## INSTRUCTIONS FOR DEBARMENT CERTIFICATIONS

1. By signing and submitting this form, the prospective participant is providing the certification set out on the “Certification Regarding Debarment, Suspension and Other Responsibility Matters” in accordance with these instructions.
2. Consequences of False Certification - The certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. Errors in Certifying. - The prospective participant shall provide immediate written notice to the person to which this proposal is submitted if, at any time, the prospective participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. Definitions and Further Guidance - The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause have the meanings set out in the Definitions and Coverage section of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations or you may refer to the *Federal Register*, Vol. 70, No. 168, pages 51863 –51880.
5. Certification Extends to Subcontractors - The prospective participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. Certification Included in Subcontracts - The prospective participant further agrees by submitting this form that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. Reliance on Certification - A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transition, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.
8. New System of Records Not Required - Nothing contained in the foregoing should be construed to require establishment of a system of records in order to render in good faith the certification required by this



clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Consequences for Use of Ineligible Sub grantees - Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction
10. Consequences for Use of Ineligible Sub grantees - Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.