



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Glynis King Harrell  
**Date:** October 21, 2022  
**Re:** Lindsey Brooks

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Please ***answer all questions and attach any required documentation as indicated below.*** Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:**  
Lindsey Brooks
2. **Description of Service:**  
The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.
3. **Amount of Agreement and hourly or session cost:**  
\$31,995.00, Agreement Amount                      \$35.55, Hourly Rate
4. **Funding Source and account number:**  
Special Funds, IDEA Handicapped,, 2504-5034-56903
5. **Approximate number of staff served through this program or service:**  
N/A
6. **Approximate number of students served through this program or service:**  
1535
7. **Continuation/renewal or new Agreement?**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much? No
  - b. What would an alternative contractor cost: Ranges up to \$110.00 per hour
  - c. If this is a continuation, when was the last time alternative quotes were requested? 2022

- d. For new or continuation: is this a service existing staff could provide. If no, why not? No Contractual services are required due to inadequate speech and language pathology positions within the district. Speech/language pathologists are a national critical shortage area.

**8. Type of Service:**

**Answer all questions:**

- a. Professional Development? N/A  
i. If this is a professional development program, can the service be provided by existing staff? If no, why not? N/A  
b. After School or Extended Hours Program? N/A  
c. School Readiness or Head Start Programs? N/A  
d. Other: (Please describe)

**9. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business? Yes  
b. Is the Contractor Local? Yes  
c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No  
d. Is the Contractor a public corporation? No  
e. Is this a renewal/continuation Agreement or a new service? Yes  
f. If it is a renewal/continuation has cost increased? If yes, by how much? No  
g. Will the output of this Agreement contribute to building internal capabilities?  
If yes, please explain: Yes  
Specialized skill of speech and language therapy that will address speech/language and therapeutic services for qualified sped students.

**10. Contractor Selection: In this section, please describe the selection process, including other sources considered and the rationale for selecting the contractor. Please answer all questions:**

- a. What specific skill set does this contractor bring to the project? Please attach a copy of the contractor's resume if an individual or link to contractor website if a company:  
A specialized skill of speech and language therapy, which includes a master's degree and ASHA certification. Resume is attached.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source designation from the City of New Haven Purchasing Department?  
Quotes
- c. Is the contractor the lowest bidder? If no, why? Why was this contractor selected?  
No Critical shortage area. Excessive workload/caseload for staff.
- d. Who were the members of the selection committee that scored bid applications?  
Dr. Glynis King Harrell and Stacie Ormond, Administrative Assistant.
- e. If the contractor is Sole Source, please attach a copy of the Sole Source designation letter from the City of New Haven Purchasing Department.

## 11. Evidence of Effectiveness & Evaluation

### Answer all questions

- a. What **specific need** will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met?  
The contractor will address speech / language and therapeutic services for qualified sped students.
- b. If this is a **renewal/continuation service** attach a copy of the evaluation or archival data that demonstrates effectiveness.
- c. How is this service aligned to the District Continuous Improvement Plan?  
Speech-language pathologists (SLP) are needed in the district to meet the communicative needs of our "at risk" and disabled students from Pre-K thru 12th grade. Success in academic, college and career all require effective communication.

## 12. Why do you believe this Agreement is fiscally sound?

Contractual services are required due to inadequate speech and language pathology positions within the district. Speech/language pathologists are a national critical shortage area. Because the expertise is in demand the fees can range from \$130.00 to \$150.00 per hour. Fees can vary based on logistics and experience. Providers can also charge for assessments separately, \$200.00 - \$250.00 (Connec-to-talk, Invo Health, EBS). To simplify the provision of service for our district I have asked providers to charge hourly regardless of the activity (therapy, assessment, IEP meetings, etc.) Companies often solicit with attractive rates, but often want a "finder's fee" and frequently don't have candidates readily available. They ask for a district commitment while they search for a candidate.

## 13. What are the implications of not approving this Agreement?

Disabled students will not receive appropriate intervention, hence failure to comply with IEP mandates can lead to state and federal complications.



NEW HAVEN PUBLIC SCHOOLS  
**AGREEMENT COVER SHEET**

**Cover Sheet is an Internal Document for Business Office Use**

**Please Type**

Contractor full name:  
Lindsay Brooks

Doing Business As, if applicable:  
Speech & Language Assistant

Business Address:  
170 Hemlock Road, New Haven, CT 06515

Business Phone:  
203-387-4786

Business email:

Funding Source & Acct # including location code:  
Special Funds, IDEA Handicapped, 2504-5034-56903, 00

Principal or Supervisor:  
Dr. Glynis King Harrell

Agreement Effective Dates: From 10/24/2022. To 6/30/2023.

Hourly rate or per session rate or per day rate. \$35.55  
Total amount: \$31,995.00

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.

Submitted by: Stacie Ormond

Phone: 475-220-1664



NEW HAVEN PUBLIC SCHOOLS

## AGREEMENT

By And Between

The New Haven Board of Education

AND

Lindsay Brooks

FOR DEPARTMENT/PROGRAM

Department of Student Services

This agreement entered into on the 17<sup>th</sup> day of October, 2022, effective (*no sooner than the day after Board of Education Approval*), on the 24<sup>th</sup> day of October, 2022, by and between the New Haven Board of Education (herein referred to as the "Board") and, Lindsay Brooks located at, 170 Hemlock Road, New Haven, CT 06515 (herein referred to as the "Contractor").

### COMPENSATION

The Board shall pay the contractor for satisfactory performance of services required the amount of \$35.55 per day, hour or session, for a total of 900 days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: Thirty One Thousand, Nine Hundred Ninety Five Dollars \$(31,995.00). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

**Fiscal support** for this Agreement shall be by Speical Funds, IDEA Handicapped Program of the New Haven Board of Education, **Account Number** 2504-5034-56903 **Location Code:** 0 0 0 0.

This agreement shall remain in effect from October 24, 2022 to June 30, 2023.

### SCOPE OF SERVICES

*In the space below, please provide brief summary of service.*

The general services to be performed by the Contractor under the supervision of a certified Speech-Language Pathologist, SLP, with the explicit purpose of supporting a speech-language pathologist.

The Contractor agrees to:

- Engage only in the activities delegated by the supervising pathologist.
- Implement service plans developed and directed by the supervising SLP.
- Provide treatment through a variety of services delivery models, individual, group, classroom based as directed by SLP.
- Document student performance through data collection and preparing for SLP use. Reporting progress monitoring data to the SLP in a timely fashion.
- Accurately represent themselves and the intended purpose of their service.
- Protect the confidentiality and security of records.
- Provide reasonable notice in the event they can no longer provide service.
- Meet regularly with the supervising SLP and other administrators necessary and knowledgeable about the service delivery.

**Exhibit A: Scope of Service:**

*Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.*

**Exhibit B: Student Data and Privacy Agreement:**

*Attached*

**Exhibit C: Compliance with Executive Order No. 13G:**

*Contractor's Declaration Attesting to Compliance with Executive Order No. 13G -- form must be completed by the contractor. See attached form for contractors who are working with students or staff in school or in after school programs, regardless of location.*

**APPROVAL:**

This Agreement must be approved by the New Haven Board of Education *prior to service start date*. Contractors may begin service no sooner than the day after Board of Education approval.

**HOLD HARMLESS:**

The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor's breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

**TERMINATION:**

The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.



Contractor Signature

\_\_\_\_\_  
President  
New Haven Board of Education

10/20/2022

Date

\_\_\_\_\_  
Date

Lindsey Brooks  
Contractor Name Printed & Title



NEW HAVEN PUBLIC SCHOOLS

## EXHIBIT B

### STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student-generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18



Lindsey Brooks  
170 Hemlock Road  
New Haven, CT 06515

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203-387-4786

Contact: Lindsey Brooks

**Exhibit A: Scope of Service**

The following information will provide a detailed Scope of Service as well as all costs for services including travel and supplies.

***The general services to be performed by this contractor, contractor's name, consist of:***

- Remediation of speech-language concerns
- Formal and Informal Assessment of students' communication skills
- Evaluation of comprehensive assessment results
- Identification of students at risk for speech and language difficulties
- Development and implementation of Individualized Education Plans (IEP)
- Documentation of outcomes
- Consultation and collaboration with teachers and other professionals
- Supervision of graduate students or clinical fellows
- Conducting classroom based, small group or individual therapy sessions
- Participation in Planning and Placement Team (PPT) meetings
- Submission of quarterly progress reports via IEP
- Other speech-language related services as requested by Supervisor

***The contractor agrees to:***

1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education;
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is in Compliance with the Department of Social Services regulations; and
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board.

***Cost for Delivery of Services:***

General Service Delivery (as detailed above): \$ per hour

Travel Cost: \$0.00

Supply Cost: \$0.00

Lindsey Brooks  
Contractor's Name

10/20/2022  
Date

## Lindsey Brooks

170 Hemlock Road, New Haven, Connecticut 06515 | Phone: (203) 387-4786 |

E-MAIL: lbrooks072300@gmail.com

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### EDUCATION

**Butler University** - Indianapolis, Indiana

*Graduation date: August 2022*

*Major: Communications, Sciences & Disorders*

**Joseph A. Foran High School** - Milford, Connecticut

*Graduation date: June 2018*

*All School Award - French; First Honors; American Scholastic Press Association*

*Dr. John Morton - Finney Leadership Award Recipient*

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### SKILLS

- Google Office Suite - Google Docs, Google Slides, Google Sheets
  - Teamwork, written communication, community-mindset
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### COMMUNITY & LEADERSHIP EXPERIENCE

**Morton Finney Scholar**

August 2018 - May 2022

- Participation in monthly individual and group service/leadership projects

**Dean's Student Advisory Board**

November 2019 - May 2022

- Represented the College of Communication at admission events
- Advised CCOM administration about the student experience
- Helped promote CCOM on social media and through other avenues

**Diversity, Equity, and Inclusion Committee**

June 2020 - May 2022

- Participated in monthly meetings to create structures that advance anti-racism efforts as well as part of broader inclusion and equity work in the College of Communication

**Natural Helper**

August 2016 - June 2018

- Student Leadership Ambassador

**New Haven Reads**

January 2016 - June 2016

- Tutored inner city students in grades K-6 with reading skills. Assisted with phonics and comprehension.

**BHC Summer Enrichment Program**

- Teaching Assistant
- 
- 

### WORK EXPERIENCE

**NEW HAVEN PUBLIC SCHOOL SPEECH INTERN**

July 2021 - July 2022

- *Assisted certified speech language pathologists with classroom based, small group and individual therapy sessions*

**BUTLER UNIVERSITY DESK ASSISTANT**

- *Sorted and distributed mail*
- *Assisted residents and guests with needs; assisted residents with emergency situations*

August 2018 - May 2022

**CITY OF NEW HAVEN STUDENT INTERN**

- *Assisted residents of New Haven with parking permits and ticket payments*
- *General office duties including sorting files, making copies, working in Microsoft*
- *Assisted supervisor as needed*
- *Data entry*

May 2019 - August 2019

**Security Agreement for Access to and Use of Confidential Data from the New Haven Public Schools**

I, Lindsey Brooks, as a contracted vendor working with the New Haven Public Schools, will have access to secure student data as part of my working relationship with New Haven Public Schools. I understand that these data are deemed confidential, personal, and private and that access to this confidential data carries with it the responsibility to guard against unauthorized use and the possibility of unauthorized access or use. To treat information as confidential means not to divulge it to anyone outside New Haven Public Schools, or to cause it to be accessible to anyone outside New Haven Public Schools. Transfer of any information by means of any media, including email, websites, print, or any personal communication, outside the normal defined work of my Internship, is prohibited under this Security Agreement.

*I understand that disclosing confidential information directly or allowing non-authorized access to such information may subject me to criminal prosecution and/or civil recovery and may violate the federal Family Educational Rights and Privacy Act, 20 U.S.C. 1232g.*

I agree to fulfill my responsibilities in accordance with the following guidelines:

1. I agree that I will never give or allow anyone outside New Haven Public Schools to access or view confidential, sensitive data, through electronic or non-electronic communication.
2. I agree that I will never attempt to identify individuals in any data system, analyses or reports which are not directly required for any purpose outside my specific responsibilities.

**Vendor:**

Name: Lindsey Brooks

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

Assigned Site: \_\_\_\_\_

Signature:  Date: 10/20/2022

Dates of Partnership: 10/24/2022 to 06/30/2023

**NHPS Supervisor:**

Name: \_\_\_\_\_

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

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

**Contractor's Declaration Attesting to Compliance with Executive Order No. 13G**

Contractor / Vendor Name	Lindsey Brooks
Contractor Address	170 HEMLOCK RD NEW HAVEN, CT 06515
PeopleSoft ID (for state contractors) or other information*	

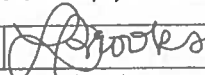
\*If PeopleSoft ID does not apply, provide information directed by the covered state agency, school board, or childcare facility

As of this date, provide the number of contract workers subject to Executive Order No. 13G who:

- a. Total number of contract workers as defined in Executive Order No. 13G provided under your contract 1
- b. Are fully vaccinated against COVID-19 (at least 14 days have elapsed since a person has received a single-dose vaccine or the second dose of a two-dose COVID-19 vaccine) 1
- c. Are required to submit to and provide the results of COVID-19 testing because they are not fully vaccinated \_\_\_\_\_
  1. Of those required to submit and provide the results of COVID-19 testing, are partially vaccinated (received first dose and have either received second dose or have an appointment for second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or received a single-dose vaccine, such as Johnson & Johnson vaccine, but 14 days has not elapsed since final dose) \_\_\_\_\_
  2. Of those required to submit and provide the results of COVID-19 testing, have been granted a medical exemption to vaccination based upon documentation from a physician, physician's assistant, or advanced practice registered nurse stating that the administration of COVID-19 vaccine is likely to be detrimental to the person's health \_\_\_\_\_
  3. Of those required to submit and provide the results of COVID-19 testing, have been granted an exemption to vaccination on the basis of a sincerely held religious or spiritual belief \_\_\_\_\_
  4. Are temporarily excused from COVID-19 testing because they have provided documented proof of having a COVID-19 infection in the previous 90 days \_\_\_\_\_

I affirm that all of the covered workers indicated in Section (a), except those who are fully vaccinated (a) or have had a documented case of COVID-19 in the past 90 days, will (1) have had a negative test for COVID-19 in the 7 days prior to initially accessing any work site related to this contract that is subject to Executive Order No. 13G, (2) continue to be tested once every 7 days for the duration of this contract, and (3) not be allowed to access any work site that is subject to Executive Order No. 13G if they either receive a positive test or fail to be tested at least once per week.

I declare and attest that I am authorized by the Contractor to provide the information contained in this report and that the information included in this report is true and accurate, to the best of my knowledge. I understand that it is a crime under Connecticut law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature:		Date:	10/20/2022
Authorized Person Submitting Report:	Lindsey Brooks		
Title:			
Email Address:	lbrooks072300@gmail.com	Phone:	(203) 464-0378

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <span style="font-size: 1.2em; font-family: cursive;">Lindsey Brooks</span></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC          <input type="checkbox"/> C Corporation          <input type="checkbox"/> S Corporation          <input type="checkbox"/> Partnership          <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p style="font-size: x-small;">Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.  <span style="font-size: 1.2em; font-family: cursive;">170 Hemlock Rd.</span></p> <p>6 City, state, and ZIP code  <span style="font-size: 1.2em; font-family: cursive;">New Haven, CT 06515</span></p>	<p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

NOTE: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
047 - 02 - 3738
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 for Part II, later.

**Sign Here**    Signature of U.S. person ▶ L Brooks    Date ▶ 10/20/2022

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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