



**ARIZONA BORDER  
ALLIANCE**

## **CITY OF DOUGLAS COMMUNITY FUNDING PROGRAM**

By:

**ARIZONA BORDER ALLIANCE**

Joseph Gill, CEO

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Douglas, AZ 85607

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520-208-4463

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*"The mission of the Arizona Border Alliance is to empower underserved communities along the US/Mexico Border and southern Arizona to enhance the quality of life of those served through domestic and bi-national partnerships."*



## **City of Douglas Community Funding Program Application Form**

**Revised: 04/30/2024**

The City of Douglas is pleased to announce a community funding program ("Program"). The Program's goal is to provide direct monetary grants to eligible entities that deliver health, human and/or quality of life services to the residents of Douglas.

### **Goal:**

Provide funding for programs offered by Community Organizations and Institutional Interests that benefit the residents of Douglas.

This goal will be accomplished by providing funding for health, human and/or quality of life services for the residents of Douglas. The funding requests recommended for approval during each grant process will fulfill the intent of the City Council.

### **Program Requirements:**

- Applicants may not use funding to compensate other entities that are owned, operated, or managed in whole or in part by Applicant, Applicant's representatives or Applicant's family, as defined by state law.
- Request from religious organizations must be for secular human services.
- Grant funding will be provided to awarded agencies as approved by City Council.
- Grant Awardees will be required to complete annual financial reports and provide a presentation to City Council, if requested.
- Douglas City Council has the discretion to award no funding or a lesser amount of funding than requested.
- Applicants that have received previous funding must be current in their reporting requirements by submitting timely and accurate annual reports.
- At any time but preferably within each budget cycle, the Mayor and City Council will review available funding for this Program. The City reserves the right to continue, discontinue or reduce funding based on this determination.

### **Application Process:**

Applications accepted to the City of Douglas Finance Department at 425 E. 10<sup>th</sup> Street, Douglas, AZ 85607. Applications may be denied at the discretion of the City Council.

- Evaluation of each application will be completed by the Mayor and City Council.
- Recommendations for awards will be presented for discussion and action at a City Council meeting as part of the City's operation budget.

### **Evaluation Criteria:**

The following questions may be used (but not limited to) to make a funding decision:



1. Does your project identify/address a need in the community?
2. Are direct and measurable services being provided to Douglas residents?
3. What is the budget for the program? List the amount of your request as well as other funding sources. Detail on revenues and expenditures of the program is required for each item or service purchased. (see attached budget form)
4. What are the agency's current efforts to collaborate and coordinate services?
5. Demonstrated capacity to secure other revenue sources?
6. What program successes has your agency demonstrated in the past?
7. Will the project be completed within the timeframe of the grant?
8. Does the program conflict with the stated objectives and policies of the City?
9. What is the actual value in cash, or in-kind goods or services, of the proposal in relation to the benefit of the entity or individual?

**Use of Funding Standards:**

Before a funded entity or individual places a commercial message at an event, program, or on personal property, the City reserves the right to approve or reject the commercial messages or advertisements utilized in association with an award of funding and the content, wording, appearance or copy thereof for any reason whatsoever and shall not be liable for subsequent damages. In approving or rejecting the proposed messages or advertisements, the City will consider the following items:

1. Commentary, advocacy or promotion of issues, candidates, campaigns or organizations of a social, political, or religious nature;
2. Depiction in any form of nudity or semi-nudity, profanity, obscenity, or lewdness or characterizations which suggest, depict, or promote any such element or sexually oriented products, activities, or materials;
3. Promotion for the use or sale of firearms, explosives or other weapons, or the depiction, suggestion or glorification of violence or acts of a violent nature; and
4. Use of language or descriptive material which taken in form and context is deemed to be contrary to community standards.

Approval of a program does not relieve the entity or individual receiving the funding from also complying with all other applicable City, state and federal laws and regulations. All funding agreements must be maintained by the City Clerk as a public record.

**Approval of Funding:**

By acknowledging below, all funded entities agree that all restrictions and limitations contained herein apply to its use of funding. All funding must be used consistent with the Application and for no other purpose. All entities or individuals seeking an award of funding with the City must be reputable and must maintain a public image, products and services consistent with the values,

goals, and policies of the City. These determinations shall be made within the sole discretion of the City.

**Termination and Enforcement:**

The City may terminate any funding for cause immediately. The City may terminate any funding for convenience without cause or default by providing 10 days written notice of such termination to the other party. In the event of termination by the City, the funded entity agrees to return any unused funds to the City. In the event that a funded entity misuses funding, as outlined herein, the funded entity shall pay to City the amount of any misused funds.

The City Manager shall be responsible to the Mayor and City Council for the enforcement of this Policy.

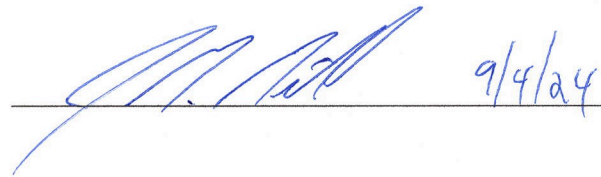
**Disclaimer:**

This funding is intended to supplement the program/projects existing budget only.

This funding mechanism provided by the City of Douglas **is not** intended for long-term sustainability of program or service.

Please sign and remit this form with your program funding proposal.

Acknowledged By:

A handwritten signature in blue ink, appearing to read 'J. M. Gill', is written over a horizontal line. To the right of the signature, the date '9/4/24' is handwritten in blue ink.

By: Joseph M. Gill

Its: Chief Executive Officer





### **Program Application**

Applicant Information: ARIZONA BORDER ALLIANCE, {a 501(c)(3)}

Name of Requesting Agency: ARIZONA BORDER ALLIANCE

Name of Target Group if different than Requesting Agency: N/A

Address: 600 N G Ave., Douglas, AZ 85607

Phone number(s): 520-208-4463

Email: josephgill@arizonaborderalliance.org

Person submitting this application on behalf of agency: Joseph Gill, CEO

Contact information if different than above: N/A

### **Program Requirements/Applicant Questionnaire:**

**Is this agency able to provide sufficient liability insurance for any events that utilize funding provided under the Program? YES or NO**

**Does your agency and target group for this funding request provide direct services that improve the health, welfare and quality of life of Douglas residents? YES or NO. Please explain**

The Arizona Border Alliance (ABA) mission is to empower underserved communities and enhance the quality of life of all those served through domestic and bi-national partnerships. Our organization addresses critical needs in key areas such as:

- Youth and adult mental health
- Substance Abuse
- Narcan/Naloxone distribution and training to prevent and reduce opioid overdoses
- Trauma Informed Care trainings
- Workforce Development classes
- Food and water security/Farm to School/food pantry programs
- Health and wellness programs
- Binational collaboration
- LGBTQ services
- Homelessness
- Empowerment through arts, culture, education, health, and wellness initiatives.

The ABA envisions vibrant and thriving communities, where health, safety, and overall quality of life are preeminent. Through strong community partnerships and hard work, the ABA is focused on improving the lives of all Douglas residents and visitors.

The ABA also has a coalition of community members that meet monthly to discuss current events in Douglas and how to improve the quality of life and health of residents.

**If awarded, will you be able to provide measurable outcomes and impacts from the awarded funding? YES or NO. Please elaborate.**

The Arizona Border Alliance believes heavily in data collection and program evaluation to determine the impacts that a specific program has and if the goals and objectives have been met.

Staff will collect surveys of all participants after they participate in the associated program for quantitative analysis and will also conduct one-on-one interviews as well as focus groups for the qualitative analysis. If awarded, ABA will analyze program data and share the results with the City of Douglas. The overarching goal of this program is to improve the overall quality of life and health of those that participate.

**Is your agency able to demonstrate the ability to generate revenue from other sources for future sustainability for this target group or purpose of funding? YES or NO. Please explain**

The Arizona Border Alliance is able to demonstrate the ability to generate revenue from other sources and currently has several other programs that are funded. We are constantly writing federal, state, city, and foundation grants and have a sustainability plan in place to ensure our agency will maintain funding for our programs. The ABA has numerous volunteers throughout the community and in our coalition that are always willing to volunteer for free and help fundraise and write grants as well. The programs in this proposal will be sustained after the City of Douglas funding runs out via In-Kind support and other grants/donations.

**Please outline the intended use of funding, if awarded:**

The Arizona Border Alliance would utilize these funds, if approved, towards enhancing our following programs:

- 1- **Monthly Workforce Development Workshops**: Once a month the Arizona Border Alliance hosts a workshop that focuses on a different trade to help residents learn life skills and improve their quality of life with the opportunities of a skilled trade. Cooking classes, health services, art classes, hair stylists, small businesses, law enforcement/Fire/EMT, teaching, farming, music, and other guest speakers. A youth mentorship program will also be developed to match these guest speakers with youth that are interested in learning more about a specific career field.

- 2- **Bi-annual Health and Wellness Fair:** Every January and June, the Arizona Border Alliance will host a health fair focused on health and wellness for the Douglas Community, featuring local health providers, fitness demonstrations, healthy cooking demonstrations, and nutrition workshops.
- 3- **Substance Use Prevention and Trauma Informed Care:** The Arizona Border Alliance trains community members on how to use Narcan/Naloxone if someone is overdosing on opioids. Staff will also distribute Narcan for free to anyone that takes the class or community members that need Narcan. Staff also will provide Trauma Informed Care trainings quarterly for community members so they better understand generational trauma and other forms of trauma that have impacted their lives and how to handle it.

**Please provide proof of liability insurance with your proposal submittal. (attached)**

Acknowledged By:

A handwritten signature in blue ink, followed by the date '9/4/24' written in blue ink.

By: Joseph M. Gill

Its: Chief Executive Officer



# City of Douglas



## Project Budget

Organization's Name: Arizona Border Alliance

Amount of this Grant Request: \$4,680.00

Grant Period: FY 2023-2024

*Please note, you are not able  
to write over any formulas,  
headings or descriptions.*

REVENUES	REVENUE SOURCE NAME		CITY OF DOUGLAS GRANT REQUEST	PENDING AMOUNT FROM OTHER SOURCES	SECURED AMOUNT FROM OTHER SOURCES	TOTAL COST OF PROJECT
Government Grants & Contracts	City of Douglas Grant/(This application)		4,680.00	0.00	0.00	4,680.00
Non-Profit funding sources			0.00	0.00	0.00	0.00
Non-Profit funding sources			0.00	0.00	0.00	0.00
Non-Profit funding sources			0.00	0.00	0.00	0.00
For-Profit Funding Sources			0.00	0.00	0.00	0.00
Individual Contributions			0.00	0.00	0.00	0.00
Fundraising Events	Donations		0.00	0.00	2,000.00	2,000.00
Other Revenue (please specify below):	In-Kind Support		0.00	0.00	5,000.00	5,000.00
						0.00
						0.00
						0.00
						0.00
						0.00
<b>TOTAL REVENUES</b>			<b>\$4,680.00</b>	<b>\$0.00</b>	<b>\$7,000.00</b>	<b>\$11,680.00</b>

PROJECT EXPENSES	Explanation		CITY OF DOUGLAS GRANT REQUEST	COSTS PAID FOR BY OTHER SOURCES	TOTAL PROJECT COST
Contracted Staff	Alex Boneo and Joseph Gill		3,000.00	0.00	3,000.00
Outside Consultant (please explain)			0.00	0.00	0.00
Equipment			0.00	0.00	0.00
Travel	see below		500.00	500.00	1,000.00
Supplies	see below		750.00	760.00	1,510.00
Telephone	see below		180.00	474.00	654.00
Insurance	see below		250.00	266.00	516.00
Marketing/advertising			0.00	0.00	0.00
Maintenance & Repairs			0.00	0.00	0.00
Information Sytems			0.00	0.00	0.00
Legal Fees			0.00	0.00	0.00
Other Purchased Services			0.00	0.00	0.00
Community Outreach			0.00	0.00	0.00
Other Costs (please specify below):			0.00	0.00	0.00
Training - Meals			0.00	0.00	0.00
Training - Facilities			0.00	0.00	0.00
Facilities - Project Leader			0.00	0.00	0.00
Facilities - IT Personnel			0.00	0.00	0.00
Other Expenses (please specify below):			0.00	0.00	0.00
In-Kind Support	see below			5,000.00	5,000.00
					0.00
					0.00
					0.00
					0.00
<b>Total Costs:</b>			<b>\$4,680.00</b>	<b>\$7,000.00</b>	<b>\$11,680.00</b>

#### EXPLANATIONS:

**OTHER REVENUE:** The Arizona Border Alliance will provide \$5,000 of inkind support for this program through the use of its staff and volunteer time, office supplies, office usage, food and drinks, and coalition participants.

**CONTRACTED STAFF:** Alexandra Boneo (COO) and Joseph Gill (CEO) will be compensated at \$25 per hour for 60 hours each total which equals \$1,500 each/\$3000 total for the duration of this program. Additional hours will be covered as In-Kind

**TRAVEL:** Local mileage rate of .67 p/mile will be utilized for staff and/volunteers as needed for local travel/mileage reimbursement.

**SUPPLIES:** Office supplies specific to the program, notebooks, folders, pens, printing supplies, paper, ink.

**TELEPHONE:** Cell phone(s) and office phone expenses.

**INSURANCE:** Liability Insurance coverage for the Arizona Border Alliance





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No., Ext): 844-357-0403 FAX (A/C, No.): E-MAIL ADDRESS: contact@hiscox.com PRODUCER CUSTOMER ID:
INSURED Arizona Border Alliance 600 N G Avenue Douglas, AZ 85607	INSURER(S) AFFORDING COVERAGE INSURER A : Hiscox Insurance Company Inc. NAIC # 10200 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 600 N G Avenue, Douglas, AZ 85607		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	P103.825.591.1	08/29/2024	08/29/2025	BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ \$ 10,000
	BASIC BUILDING				<input checked="" type="checkbox"/> BUSINESS INCOME	\$
	BROAD CONTENTS				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL \$ 10,000				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 10200
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P103.825.591.1	08/29/2024	08/29/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**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.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  Arizona Border Alliance		
	<b>2</b> Business name/disregarded entity name, if different from above.		
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Non-Profit 501(c)(3)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) 001  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)  (Applies to accounts maintained outside the United States.)	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. 600 N G Ave	Requester's name and address (optional)	
<b>6</b> City, state, and ZIP code Douglas, AZ 85607			
<b>7</b> 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
9	9			-	2	5	9	7	6 1 4

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b> 	<b>Date</b> 6/4/2024
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**General Instructions**

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

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

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they