



Department of Public Health and Human Services

Addictive & Mental Disorders Division ♦ 100 N. Park, Suite 320 ♦ Helena, MT 59601 ♦ Fax: 406-444-4435

Steve Bullock, Governor

Richard H. Opper, Director

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SEP 15 2015

Ravalli County Commissioners

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September 4, 2015

Commissioner JR Iman
Ravalli County
215 S. 4th St
Hamilton, MT 59840

Dear Commissioner Iman,

The Department is pleased to announce your 2016 County Matching Grant application award of \$65,869 for the time period of July 1st, 2015, to June 30th, 2016. You will soon receive a contract including this award amount for completed signatures. A contract must be in place before any payments can be processed.

To begin the process of contracting, the Department will need to have the following information and documentation:

- ✓ Completed W-9 Form (enclosed)
- ✓ Current "Certificate of Insurance" verifying your general, professional, and workers compensation liability coverage. Please note, the contract will require the State of Montana be listed as additional insured on the general liability certificate.
- ✓ Completed County Matching Grant Budget Request Sheet (enclosed)

We look forward to working with you in the next year and anticipate progress in treating clients within your communities. If you have any questions or concerns, **please feel free to contact Julie Prigmore, Mental Health Services Bureau Chief at 406-444-9657 or jprigmore@mt.gov.**

Sincerely,

Glenda Oldenburg
Administrator, AMDD

cc. Ravalli County Attorney
Ravalli County Sheriff
Riverfront Mental Health Center

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number																				
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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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

County Matching Grant Budget Request Sheet

Please enter data into grey areas. If entering new lines, insert a line between two grey lines, not at the end.

<u>Request Year</u>	2016
<u>Requesting County</u>	
<u>If Applicable, Other Counties Included in Request</u>	

Program Goal or Section	Brief Description	Total Project Costs	Funds Requested from DPHHS	County Matching Funds	Explanation of Request Calculation
ie goal 1, section 2	Provide MHS in jail	\$2,500.00	\$1,000.00	\$1,500.00	Service \$100 per hour for 250 hours
	<i>Insert additional lines as needed</i>				
	Total Amounts	\$2,500.00	\$1,000.00	\$1,500.00	
			Calculates automatically - do not change data please	\$1,500.00	County Fund Total
				\$1,000.00	Requested from DPHHS
				66.67%	Requested Matching % Rate