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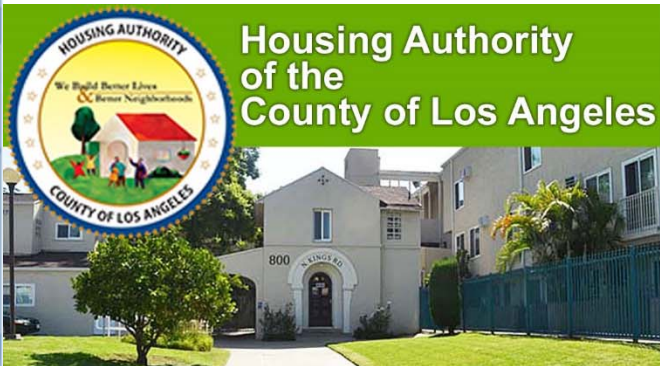
Housing Authority of the County of Los Angeles

RFP for Public Housing and Section 8 Programs' Administration Software
Solution RFP No. CDC 16-067

Due Date: July 5, 2016 4:30 P.M.

On-Premise

COPY 1 of 3



Contact: Larry Huckle
General Manager - PHA
phone: (800) 968-6884 Ext. 3013
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www.emphasyspha.com

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June 29, 2016

Maryann Robles, Procurement Coordinator
Housing Authority of the County of Los Angeles
Administrative Services Division
700 W. Main Street
Alhambra, CA 91801

Subject: RFP No. CDC 16-067, 7/5/16

Dear Ms. Robles:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

Respectfully Submitted,



Larry Huckle, General Manager-PHA
Emphasys Software

PROPOSER'S QUESTIONNAIRE / AFFIDAVIT

Please review the completed Proposer's Questionnaire / Affidavit Form that follows.

PROPOSER'S QUESTIONNAIRE / AFFIDAVIT

Page 1 of 2

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation, state its legal name (as found in your Articles of Incorporation) and State of incorporation:

<u>Emphasys Computer Solutions, Inc.</u>	<u>MI</u>	<u>1983</u>
Name	State	Year Inc.

2. If your firm is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

N/A

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
<u>Emphasys Software</u>	<u>Emmet County</u>	<u>2001</u>

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? Yes. If yes, Name of parent firm: Constellation Software, Inc.

State of incorporation or registration of parent firm: Canada

5. List any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
<u>None</u>	<u></u>
<u></u>	<u></u>

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

None

7. Will your firm be the sole contractor and assume complete responsibility for all work defined in the Statement of Work? Yes (Yes or No)

If no, list the Sub-Contractor(s)

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 - Minimum Mandatory Requirements, of this Request for Proposal, as listed below.

Check the boxes and fill in the blanks, as appropriate:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complies to have 10 years of experience, within the last 10 years, providing Public Housing and Section 8 software and services equivalent or similar to the services, tasks and deliverables identified in <i>Appendix B - Statement of Work for On Premise and Fully Managed Solutions</i> .
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complies to have a Planning/Project Manager/Supervisor assigned to the Required Contract with 5 years of experience, within the last 10 years, providing software and services equivalent or similar to the services identified in <i>Appendix B - Statement of Work</i> .
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complies with Data Encryption requirements
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complies with RFP format requirements
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complies to execute the Commission required contract
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Certifies intent to comply with Insurance Requirements
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complies with the Child Support Compliance Program
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Declares intent to comply with Section 3 requirements
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Certifies intent to comply with the Safely Surrendered Baby Law
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Certifies intent to comply with the Jury Service Program
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Certifies intent to comply with Charitable Purposes Act
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Certifies intent to comply with the Defaulted Property Tax Reduction Program

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Executive Director's sole judgment and his/her judgment shall be final.

Proposer's Name: Emphasys Software

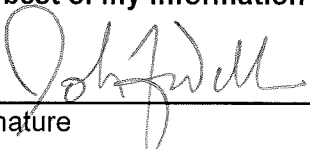
Address: 3890 Charlevoix Ave, Suite 370, Petoskey, MI 49770

E-mail address: jwilkens@emphasys-software.com

Telephone number: (800) 968-6884 Fax number: (231)347-2639

On behalf of Emphasys Software (Proposer's name),

I, John Wilkens (Name of Proposer's authorized representative), certify that the information contained in this Proposer's Questionnaire/Affidavit is true and correct to the best of my information and belief.


Signature

38-2464382
IRS Employer Identification No.

Director of Finance
Title

CA License No. (If applicable)

6/21/16
Date

EXECUTIVE SUMMARY (SECTION A)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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[REDACTED]

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[REDACTED]

The following statements are provided as required by the RFP.

Emphasys confirms awareness of the Conflict of Interest language found in Appendix A – Required Contract.

- 1) Emphasys Computer Solutions, Inc. is doing business as Emphasys Software (Emphasys).
- 2) Larry Huckle, General Manager-PHA, is the contact for this engagement and may be contacted anytime at (800) 968-6884 Ext. 3013, by cell at (616) 648-4668, by email at lhuckle@emphasys-software.com or by fax (231) 347-2639. Emphasys has several locations including the Great Lakes Office located at 3890 Charlevoix Ave, Suite 370, Petoskey, MI 49770, Florida Office located at 9675 NW 117 Ave, Suite 305, Medley, FL 33178, and Emeryville Office located at 2200 Powell St, Suite 1170, Emeryville, CA 94608
- 3) Emphasys intends to perform and complete all work described in Appendix A (Required Contract) and all Attachments hereto as a single Contractor.

- 4) All goods and services to be provided during development, testing and support will be provided from the Great Lakes Office located at 3890 Charlevoix Ave, Suite 370, Petoskey, MI 49770.
- 5) Emphasys is a Michigan based corporation that is wholly-owned subsidiary of Constellation Software, Inc. Emphasys has set the standard for innovative business solutions for Public Housing Authority's since 1976. Emphasys has over 200 of the nation's largest and leading Public Housing Authorities as customers using its technology. We offer a complete suite of enterprise software applications with service and support that automates business processes efficiently and effectively.
- 6) Public housing authorities rely on us for their software needs, as well as industry knowledge for best practice consulting, data conversion, and end uDSS ser training. By providing superior functionality and forward-thinking technology, we'll help you streamline your daily business processes to improve productivity, and keep your operating budget in the black. Constellation Software is a publicly held corporation, among the top 100 largest software companies in the world. In fact, starting in 2012, it was rated 8th out of the top 100 Enterprise Resource Planning Software companies (<https://www.appsrundtheworld.com/top-100-erp-vendors-in-2012/>) Constellation Software, Inc. continues to grow at a rapid pace. This means the Housing Authority can count on the fact that Emphasys Software is well funded and is committed to delivering long-term value beyond any competitor.
- 7) Emphasys has thoroughly reviewed Appendix A – Required Contract of this RFP; If Emphasys is selected as a result of this process, Emphasys shall sign an agreement similar to the one set forth; and Emphasys understands that the agreement provided is subject to change by County. We have highlighted exceptions to the standard contract and would like to negotiate those items to a mutually acceptable form.
- 8) Emphasys will bear sole and complete responsibility for all work to be performed as defined in Appendix B – Statement of Work.
- 9) Emphasys is willing to comply with Indemnification, Insurance and Bond Requirements set forth in Appendix A.
- 10) Emphasys is willing and able to comply with the Housing Authority's RFP and Appendix A requirements, including but not limited to, County's Jury Service Ordinance, County's Child Support Compliance, and Willingness to consider Section 3 participants.
- 11) Emphasys agrees to allow the Housing Authority to audit the Proposer's qualifications to perform the required services, to that which is permitted by law and by corporate rules governing Emphasys Software as a publicly held subsidiary corporation.
- 12) Emphasys agrees to provide the Housing Authority, any and all information the Housing Authority determines necessary for an accurate determination of the Proposer's qualifications.
- 13) Please find copies of incorporation certification and business license at the end of this section.

Business License and Incorporation Certificate

The Business License and Incorporation Certificate follow for your review.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION	
Date Received	(FOR BUREAU USE ONLY)
	FILED
	NOV 01 2011
	by Administrator
	EXPIRATION DATE: DECEMBER 31, 2016 2016

Tran Info: 1 17192320-1 10/28/11
 Chkl: 7027 Amt: \$10.00
 ID: 111201

**CERTIFICATE OF RENEWAL OF ASSUMED NAME
 For use by Corporations**

(Please read information and instructions on reverse side)

111201

Identification Number

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations) or Act 162, Public Acts of 1982 (nonprofit corporations), the corporation in Item one executes the following Certificate:

1. The corporate name, resident agent, and mailing address of the registered office are:

EMPHASYS COMPUTER SOLUTIONS, INC.

MIKE BYRNE
 3890 CHARLEVOIX AVENUE
 SUITE 370
 PETOSKEY MI 49770

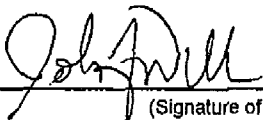
2. The assumed name under which business is transacted is:

EMPHASYS COMPUTER SOLUTIONS

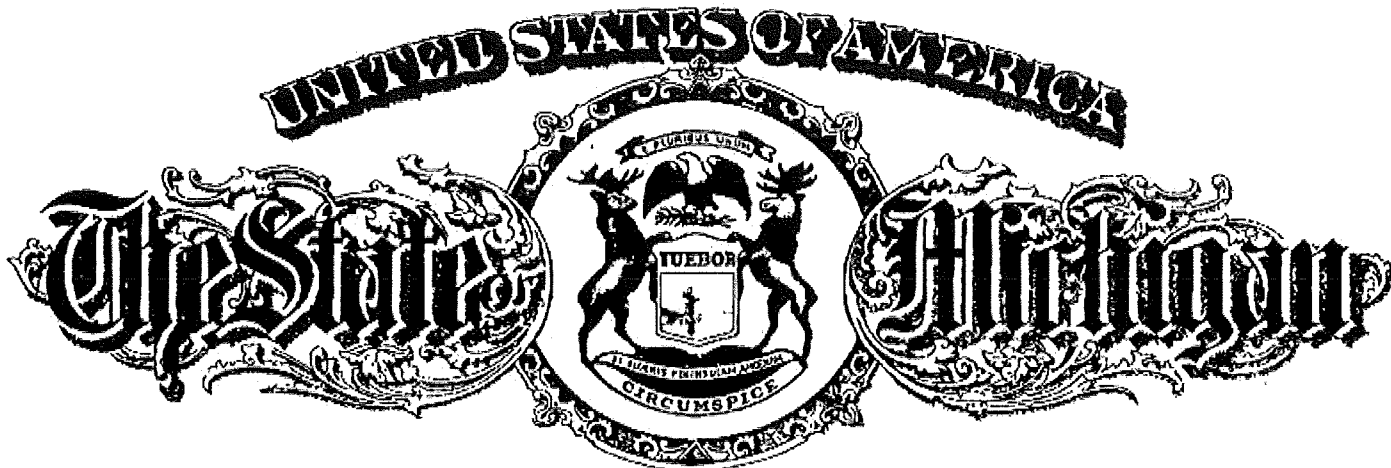
3. The registration of the assumed name is extended for a period expiring on December 31 of the fifth full calendar year following the year in which this renewal is filed, unless sooner terminated.

4. The document is hereby signed as required by the Act.

Signed this 23 day of SEPT., 2011

By 
 (Signature of an Authorized Officer or Agent)

JOHN F. WILKENS
 (Type or Print Name)



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

EMPHASYS COMPUTER SOLUTIONS, INC.

a Michigan profit corporation was validly incorporated on May 18, 1983, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of August, 2007.

 , Director

Bureau of Commercial Services

PROPOSER'S QUALIFICATIONS (SECTION B)

B. 1 Proposer's Background and Experience

1.4.1 Emphasys provided innovative business solutions since 1976 (40 years), similar to Scope of Work outlined with the RFP.

1.4.3 Emphasys complies with Data Encryption Requirements outlined within Section 8.64 in the Appendix A – Required Contract.

1.4.4 Emphasys complies with the RFP format and requirements set forth in the Proposed Submission Requirements.

1.4.5 Emphasys agrees to the terms and conditions of the Required Contract. We have outlined exceptions to the terms and conditions that we would like to negotiate to a mutually acceptable form.

1.4.6 Emphasys intends to comply with the Housing Authority insurance requirements.

1.4.7 Emphasys will comply with the Child Support Compliance Program.

1.4.8 Emphasys declares our intent to comply with Section 3 requirements.

1.4.9 Emphasys certifies our intent to comply with the Safely Surrendered Baby Law Program.

1.4.10 Emphasys certifies our intent to comply with
the Jury Service Program.

1.4.11 Emphasys certifies our intent to comply with the Charitable Purposes Act.

1.4.12 Emphasys certifies our intent to comply with the Defaulted Property Tax Program.

Emphasys Experience

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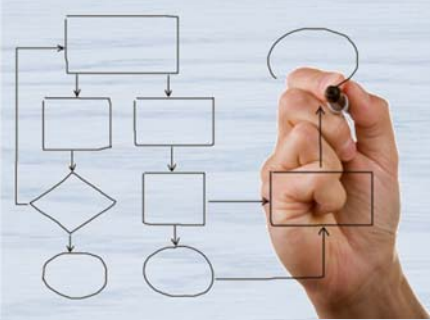
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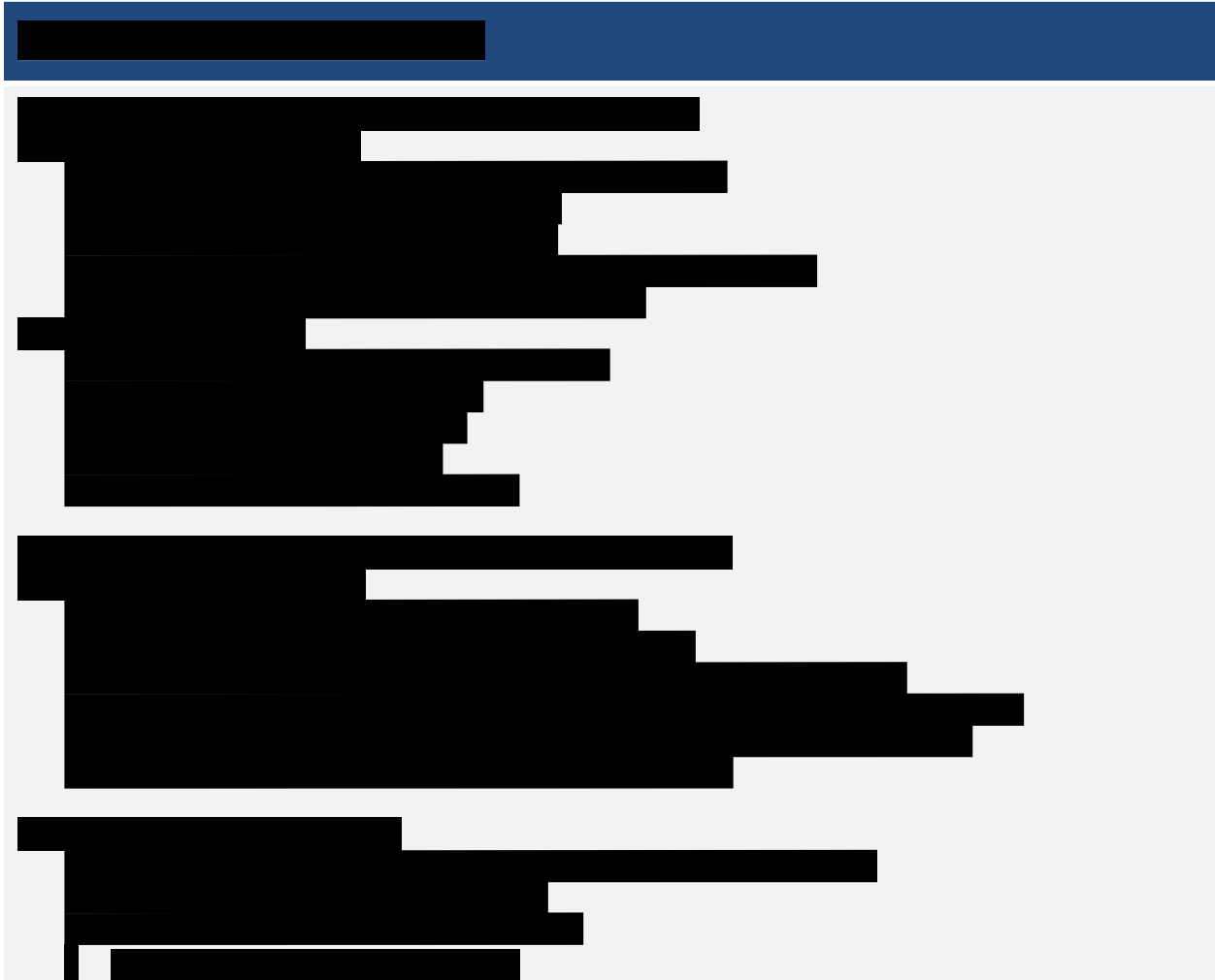
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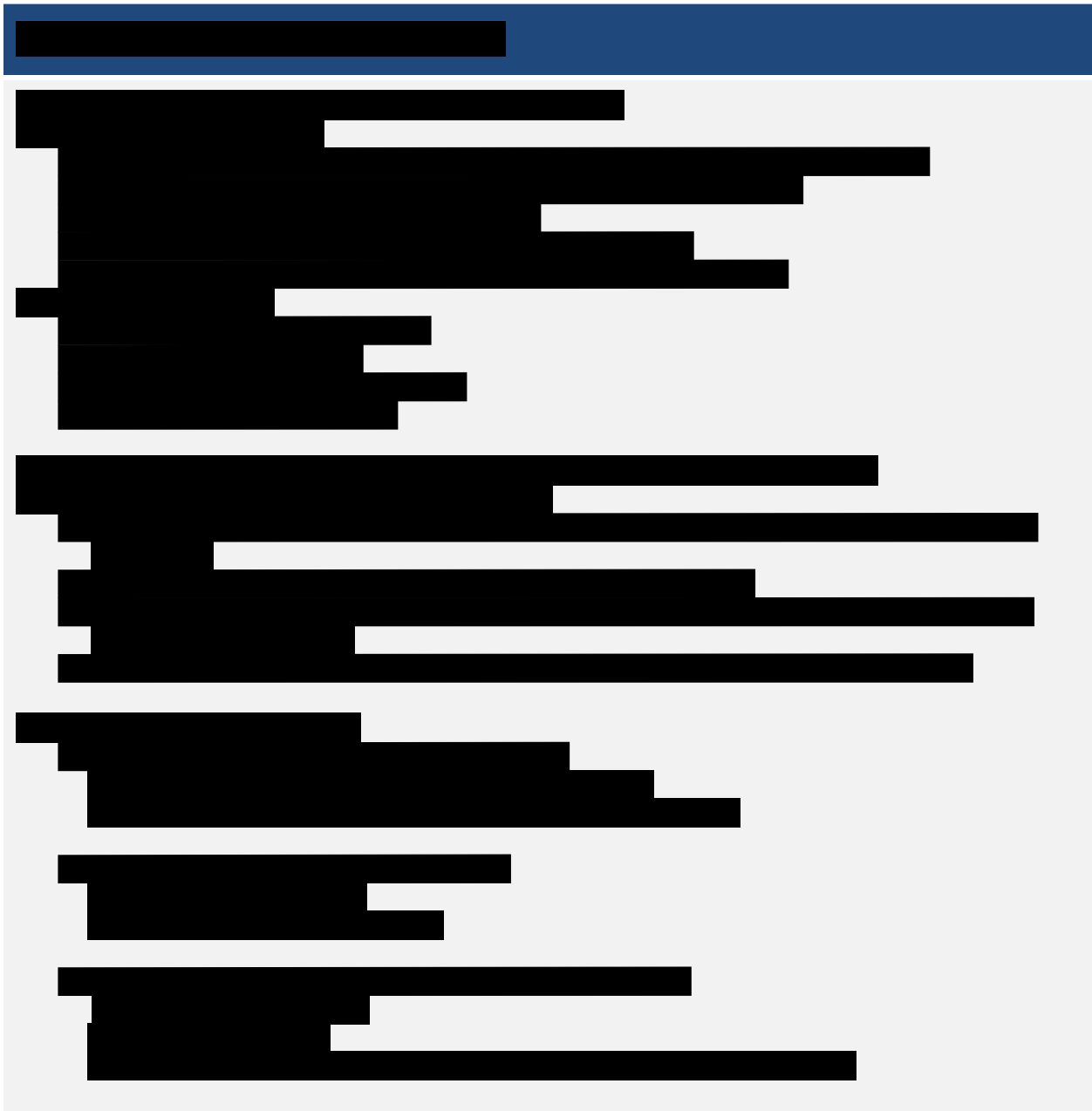
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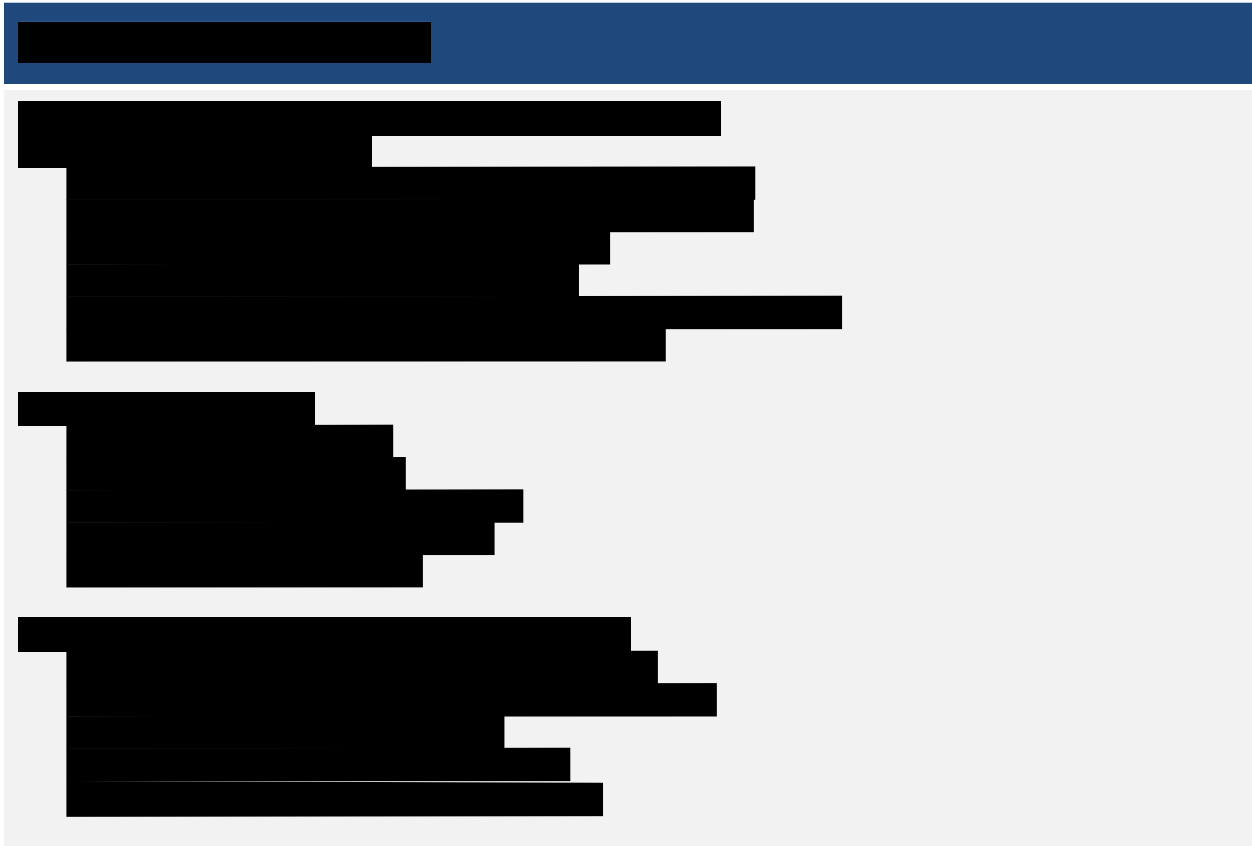




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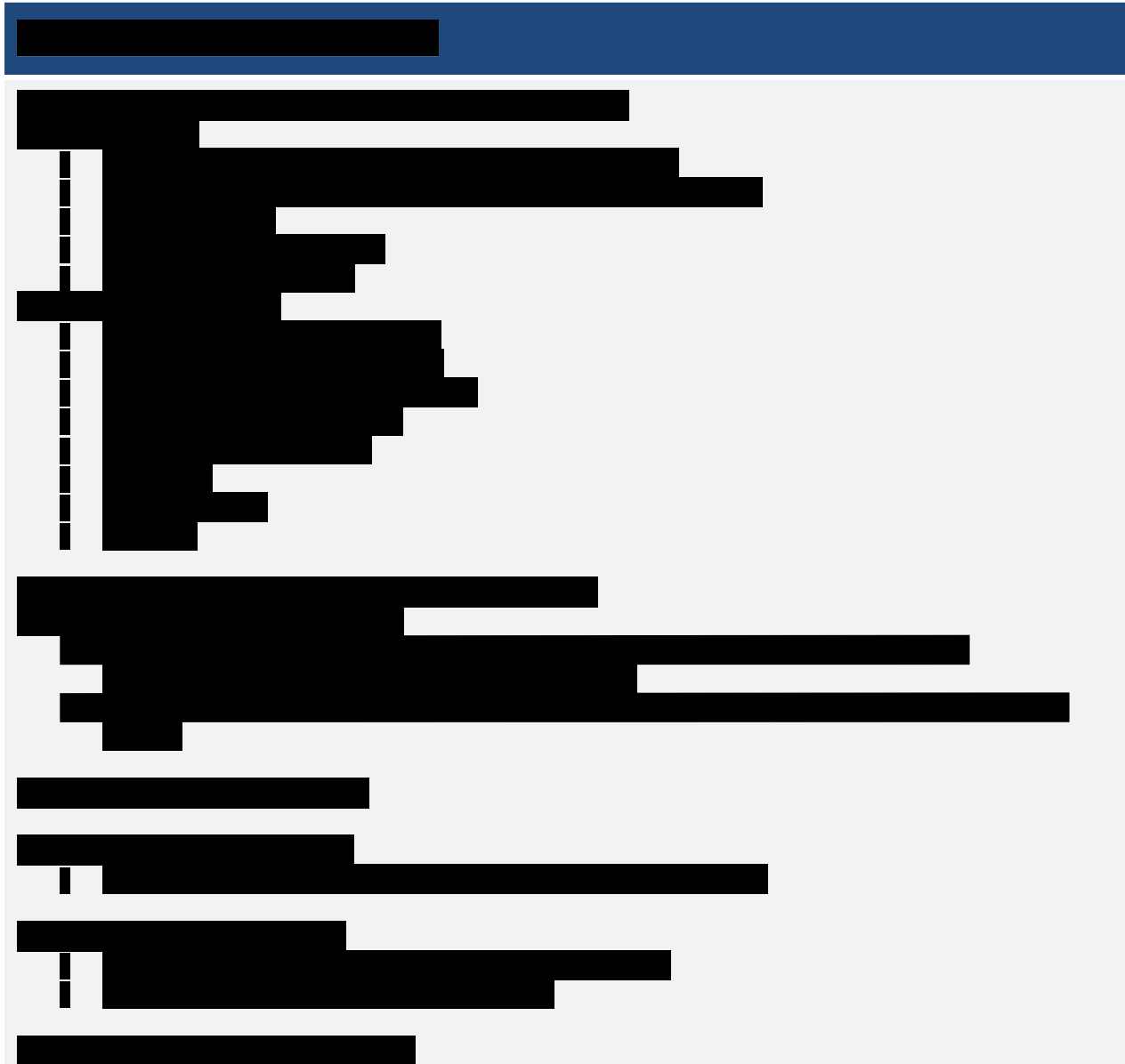




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Required Forms

Please review the completed forms including Prospective Contractor References, Prospective Contractor List of Contracts, Prospective Contractor List of Terminated Contracts that follow.

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary. **It is the Contractor's responsibility to ensure that the firm's name, contact's first and last names, title, phone/fax numbers and email address for each firm listed below are complete.**

1. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]
2. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]
3. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]
4. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]
5. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary. **It is the Contractor's responsibility to ensure that the firm's name, contact's first and last names, title, phone/fax numbers and email address for each firm listed below are complete.**

1. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount	Email Address: [REDACTED]
2. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person	Phone # ()	Fax # ()
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount	Email Address:
3. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ()
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount	Email Address: [REDACTED]
4. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]
5. Name of Firm [REDACTED]	Address of Firm [REDACTED]	Contact Person [REDACTED]	Phone # ([REDACTED]	Fax # ([REDACTED]
Name of Contract [REDACTED]	# of Years / Term of Contract [REDACTED]	Type of Service [REDACTED]	Dollar Amount \$ [REDACTED]	Email Address: [REDACTED]

PROSPECTIVE CONTRACTOR LIST OF REFERENCES

Contractor's Name: _____

List five (5) References where the same or similar scope of services were provided in order to meet the Minimum Requirements stated in this solicitation. **It is the Contractor's responsibility to ensure that the firm's name, contact's first and last names, title, phone/fax numbers and email address for each reference listed below are complete. Your failure to provide complete and accurate information may result in the disqualification of the incomplete listed reference.**

1. Name of Firm ██████████ ██████████	Address of Firm ██████████ ██████████	Contact Person ██████████	Phone # (██████████)	Fax # (██████████)
Name of Contract ██████████	# of Years / Term of Contract ██████████	Type of Service ██████████	Dollar Amount \$ ██████████	Email Address: ██████████
2. Name of Firm ██████████ ██████████	Address of Firm ██████████ ██████████	Contact Person ██████████	Phone # (██████████)	Fax # (██████████)
Name of Contract ██████████	# of Years / Term of Contract ██████████	Type of Service ██████████	Dollar Amount \$ ██████████	Email Address: ██████████
3. Name of Firm ██████████	Address of Firm ██████████ ██████████	Contact Person ██████████	Phone # (██████████)	Fax # (██████████)
Name of Contract ██████████	# of Years / Term of Contract ██████████	Type of Service ██████████	Dollar Amount \$ ██████████	Email Address: ██████████ ██████████
4. Name of Firm ██████████ ██████████	Address of Firm ██████████ ██████████	Contact Person ██████████	Phone # (██████████)	Fax # (██████████)
Name of Contract ██████████	# of Years / Term of Contract ██████████	Type of Service ██████████	Dollar Amount \$ ██████████	Email Address: ██████████
5. Name of Firm ██████████ ██████████	Address of Firm ██████████ ██████████	Contact Person ██████████	Phone # (██████████)	Fax # ()
Name of Contract ██████████	# of Years / Term of Contract ██████████	Type of Service ██████████	Dollar Amount \$ ██████████	Email Address: ██████████

PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Contractor's Name: _____

List of all contracts that have been terminated within the past three (3) years. Use additional sheets if necessary. **It is the Contractor's responsibility to ensure that the firm's name, contact's first and last names, title, phone and fax number for each Firm listed below are complete and accurate.**

1. Name of Firm	Address of Firm	Contact Person	Phone #	Fax #
████████████████████	████████████████████ ████████████████████	████████████████	(████) ██████████	(██████████)
Name of Contract	Reason for Termination:			
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2. Name of Firm	Address of Firm	Contact Person	Phone #	Fax #
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Name of Contract	Reason for Termination:			
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3. Name of Firm	Address of Firm	Contact Person	Phone #	Fax #
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Name of Contract	Reason for Termination:			
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Name of Contract	Reason for Termination:			
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5. Name of Firm	Address of Firm	Contact Person	Phone #	Fax #
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Name of Contract	Reason for Termination:			
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PROPOSER'S APPROACH TO PROVIDE REQUIRED SERVICES (SECTION C)

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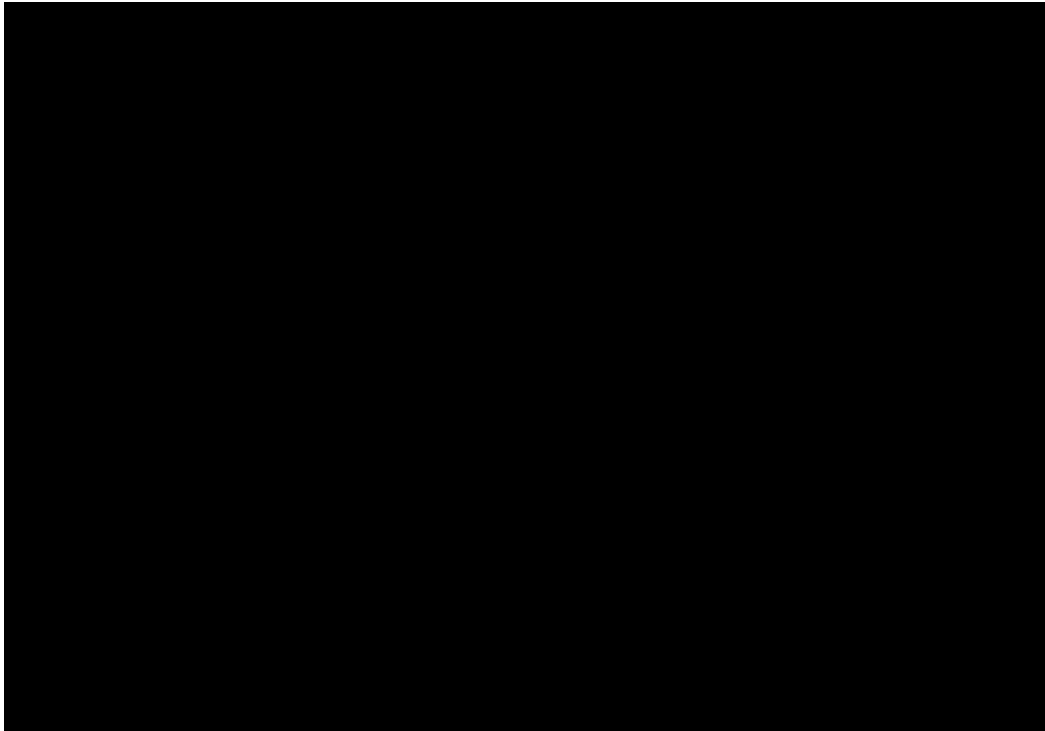
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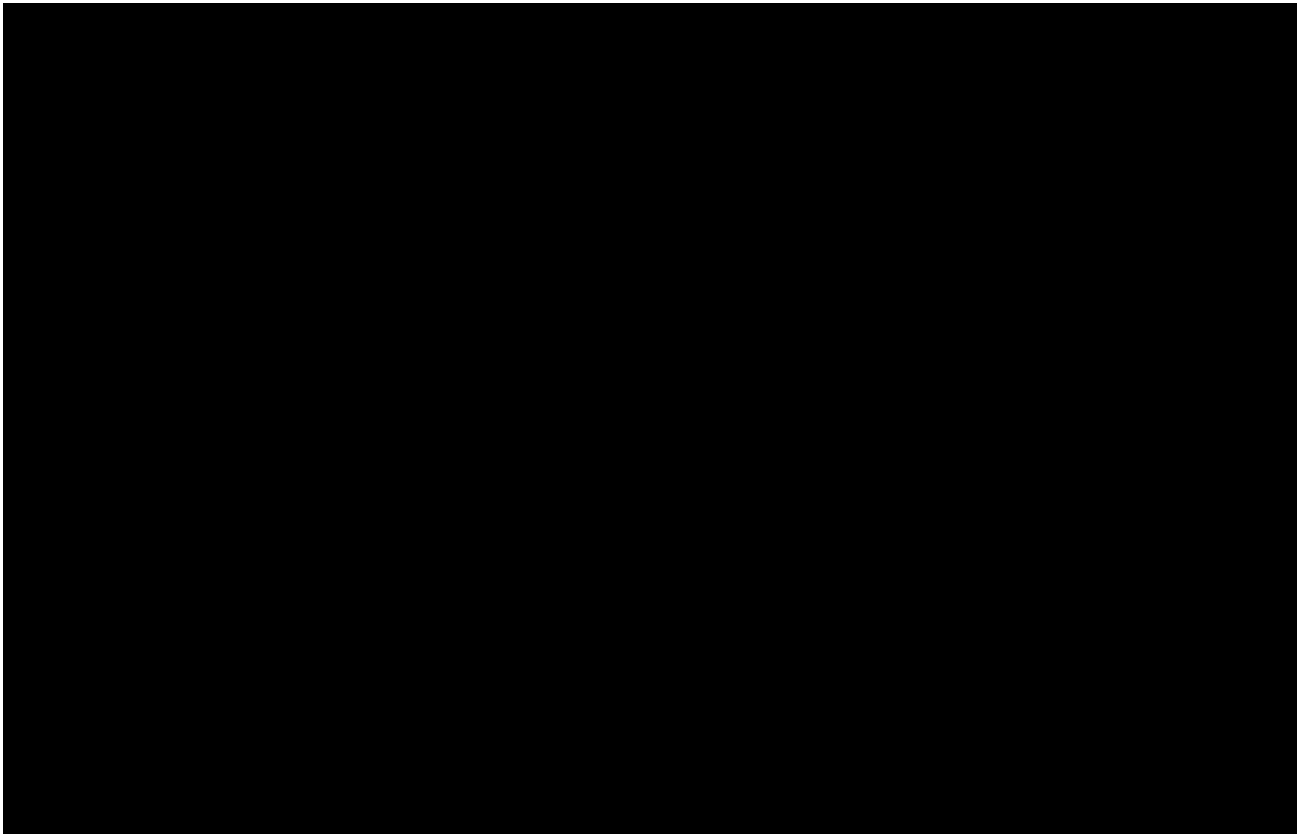
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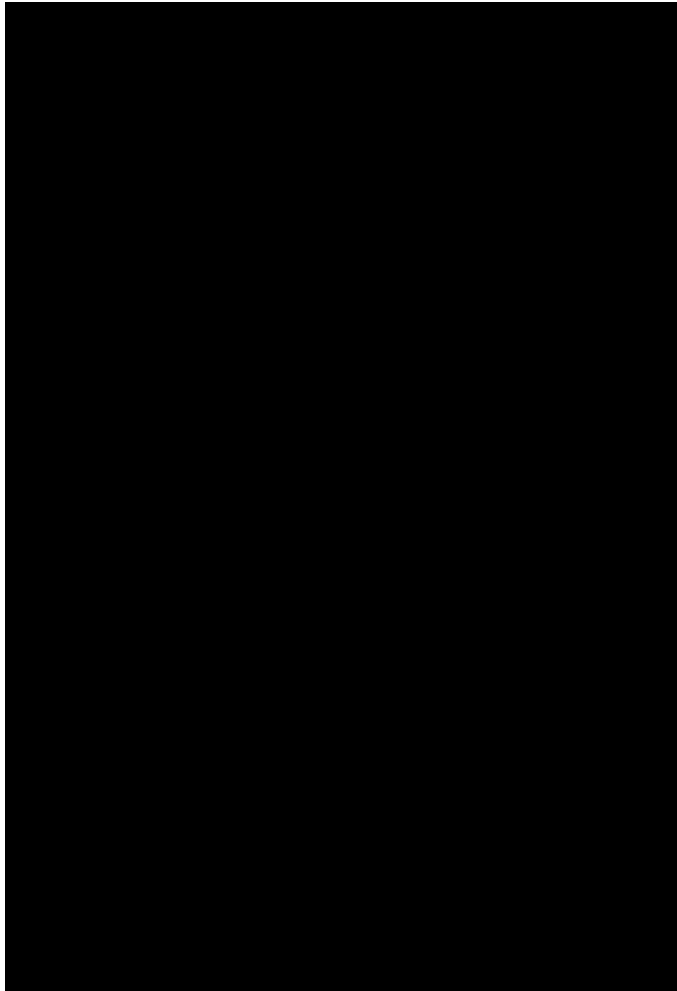


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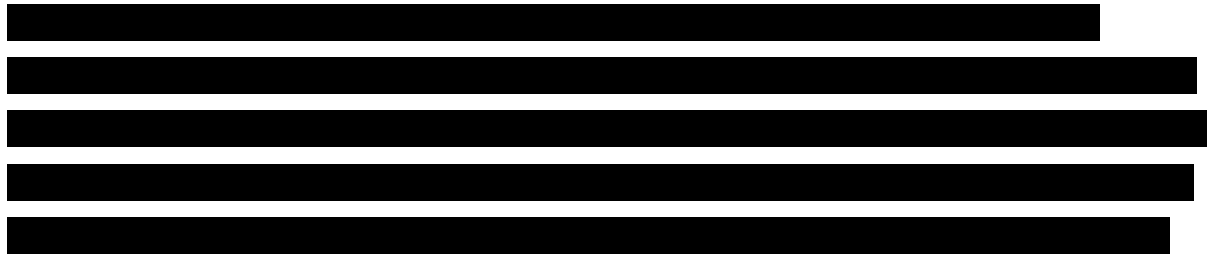
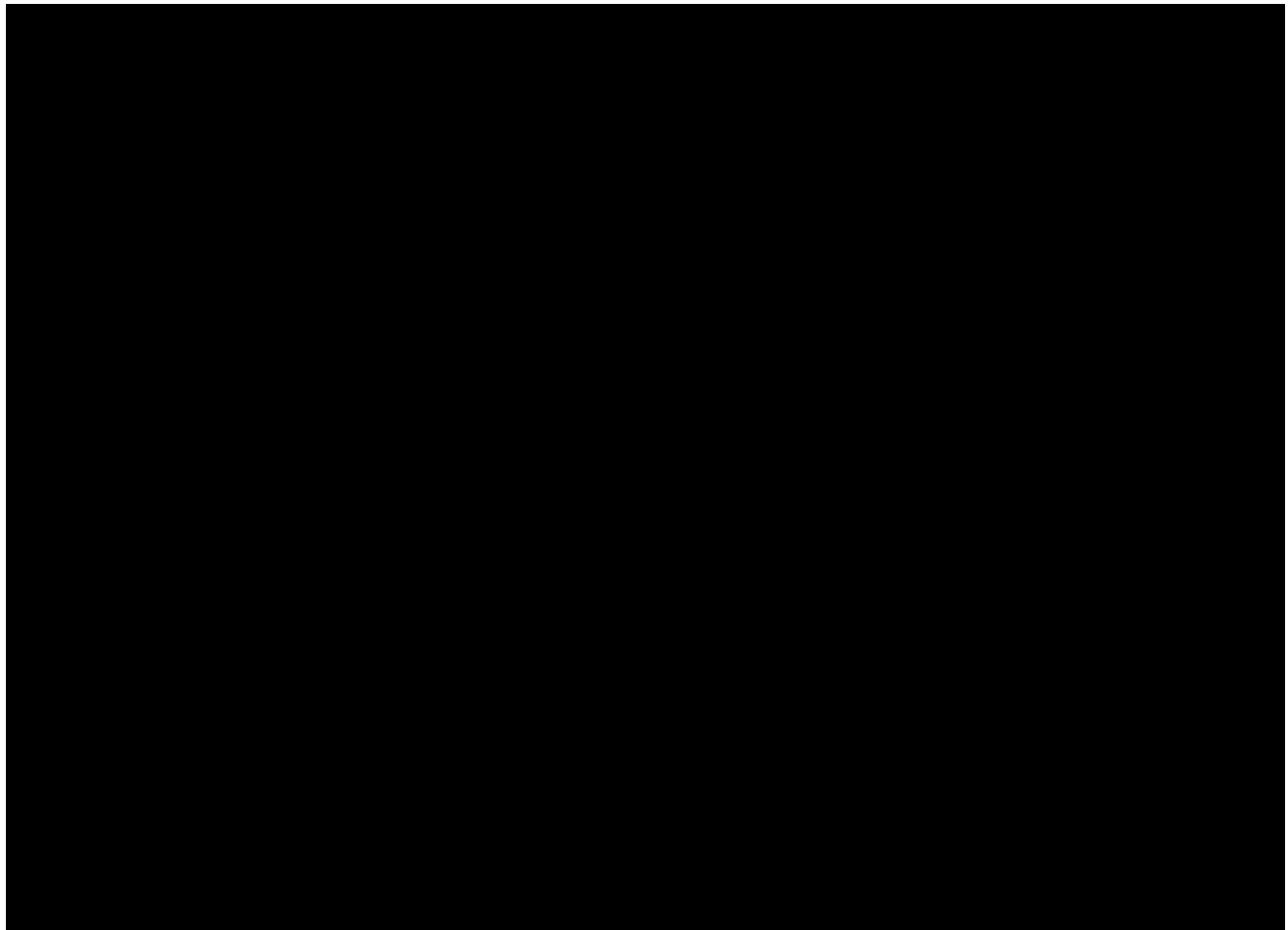
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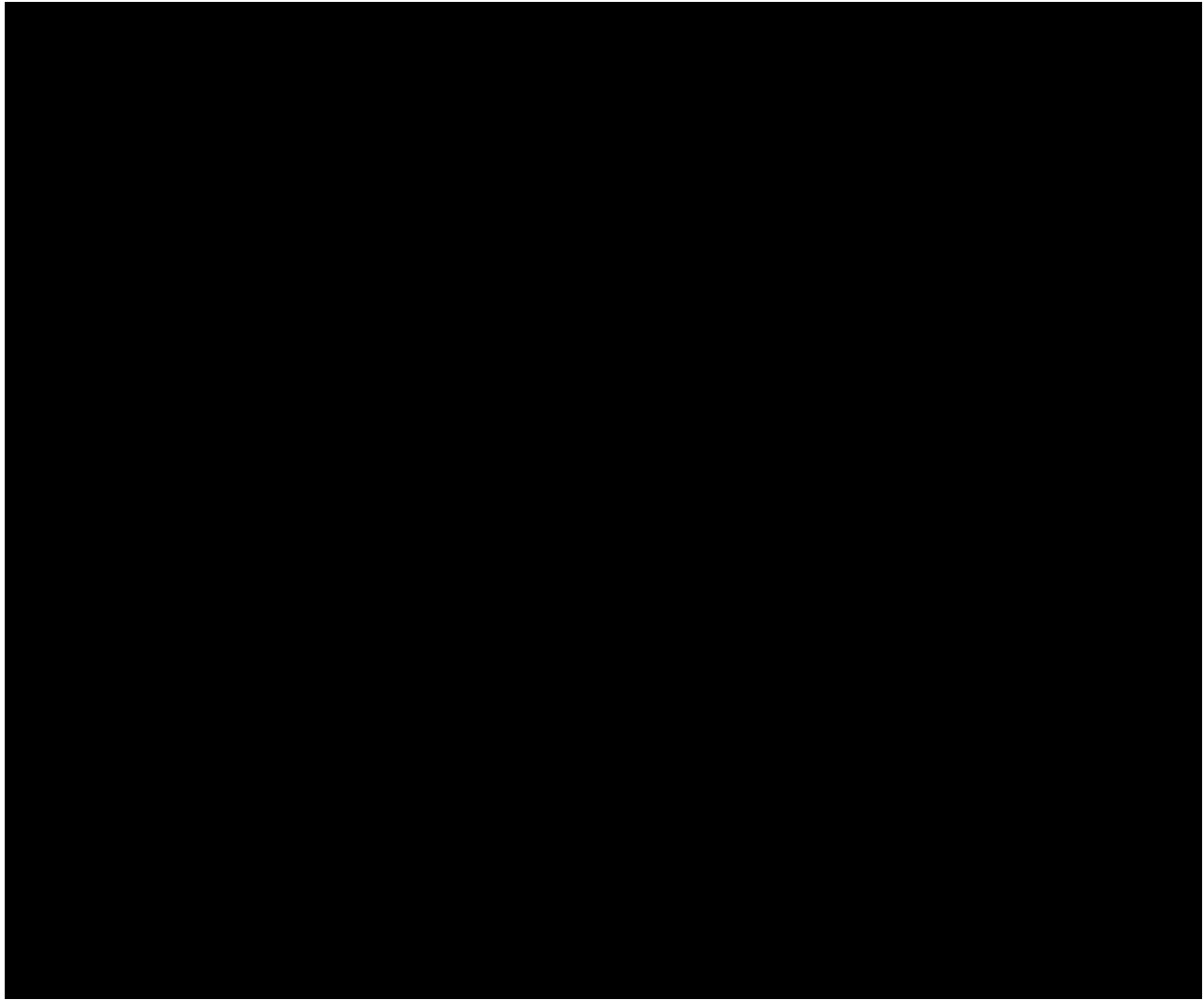
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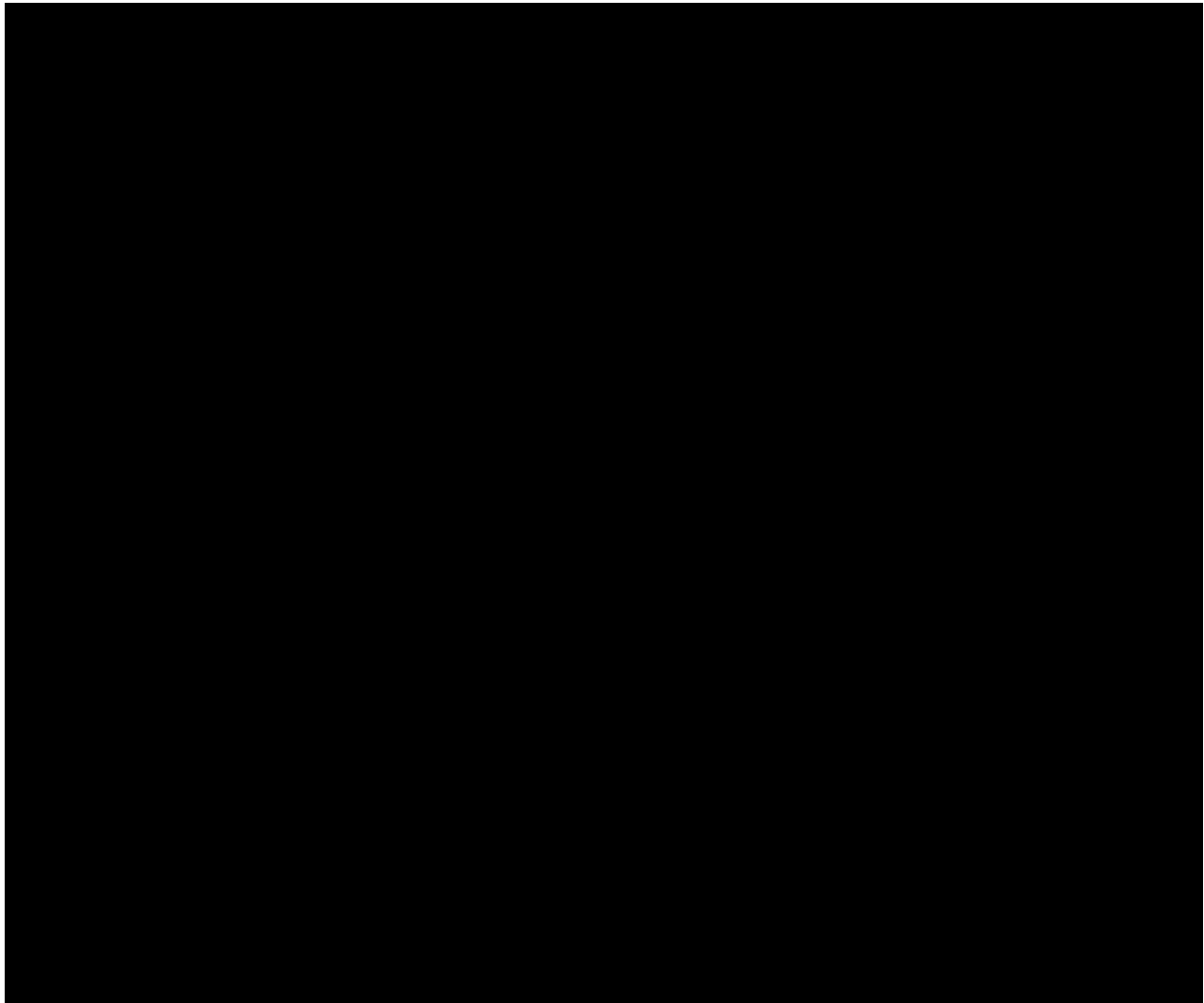
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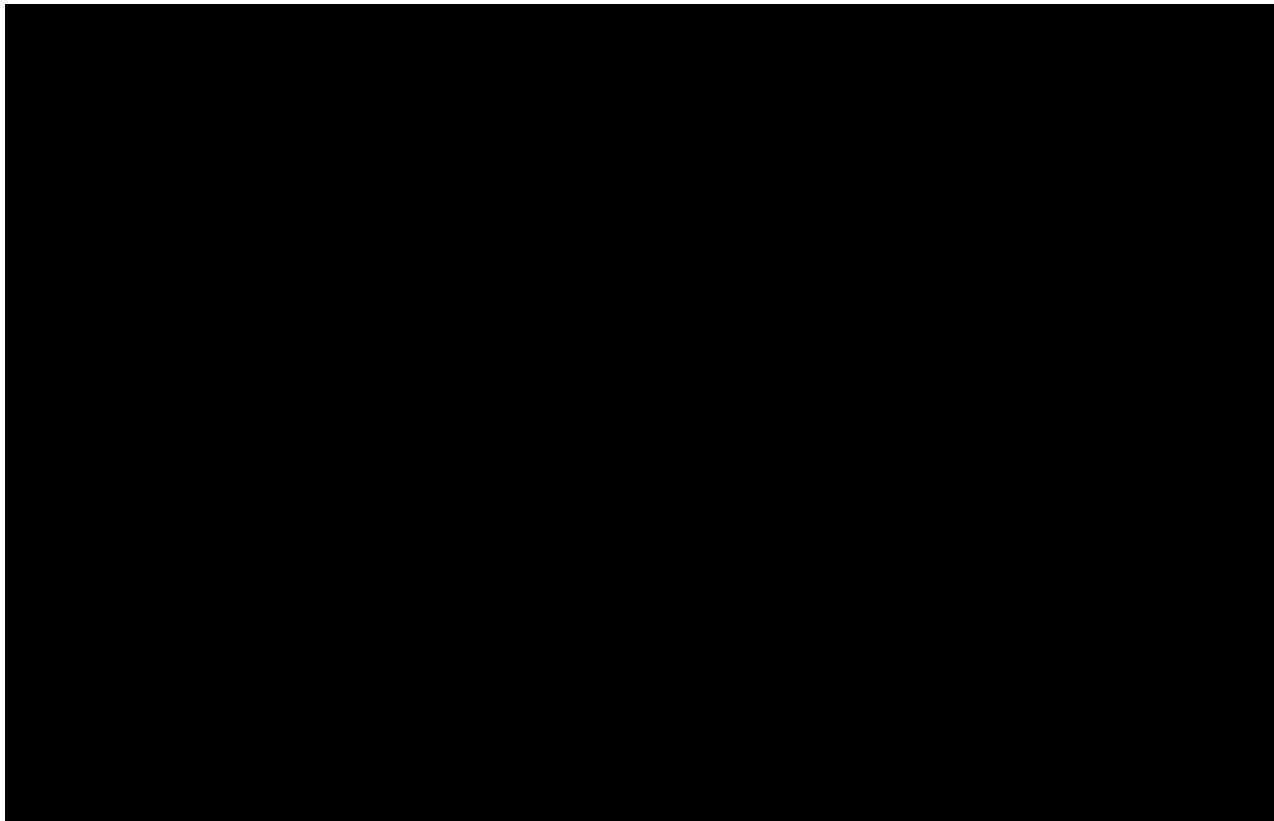
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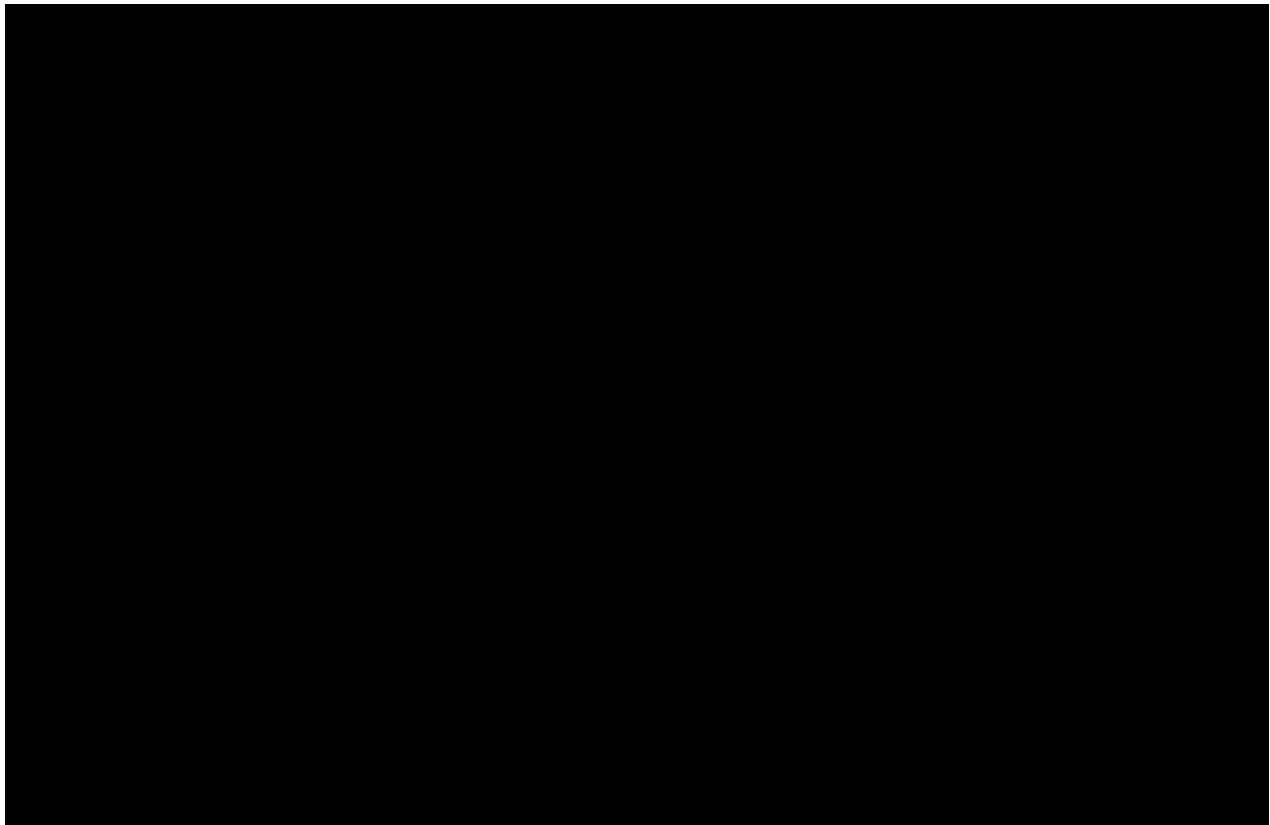
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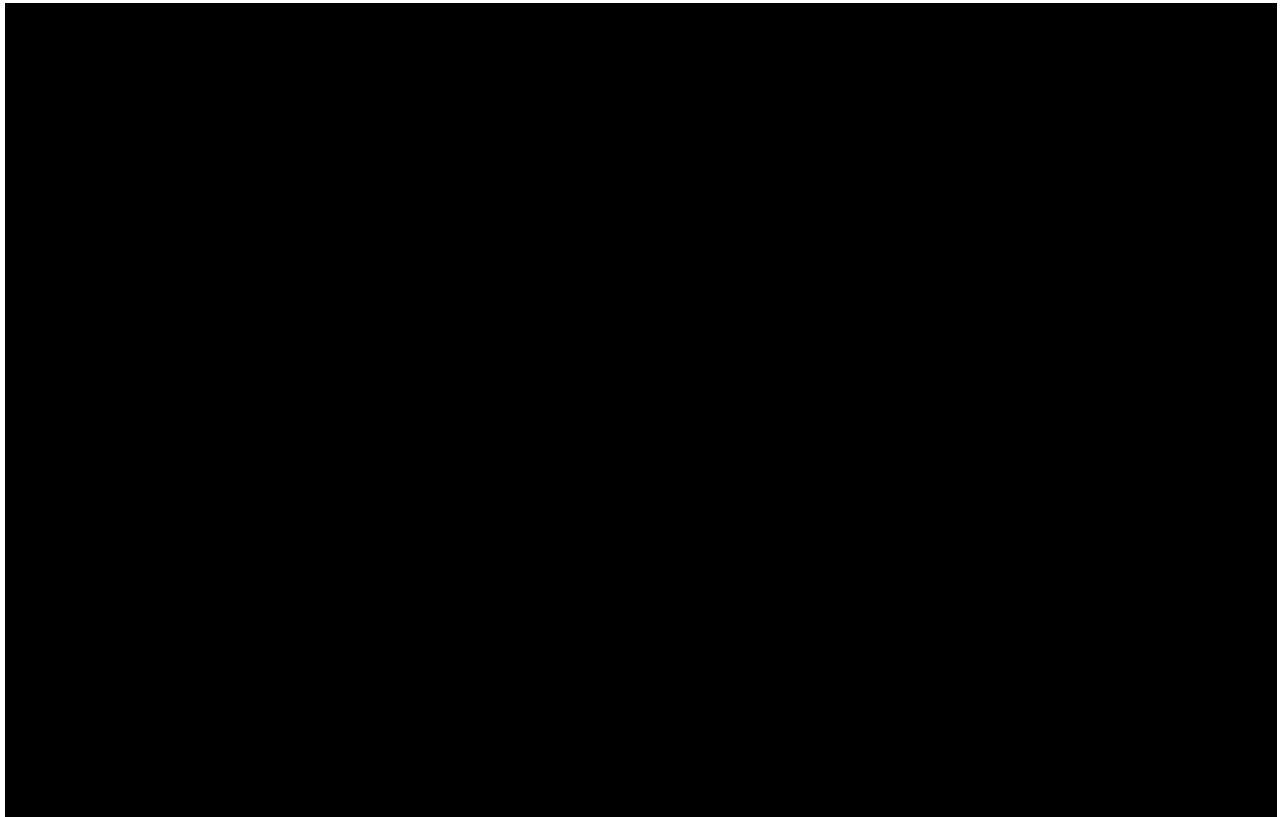
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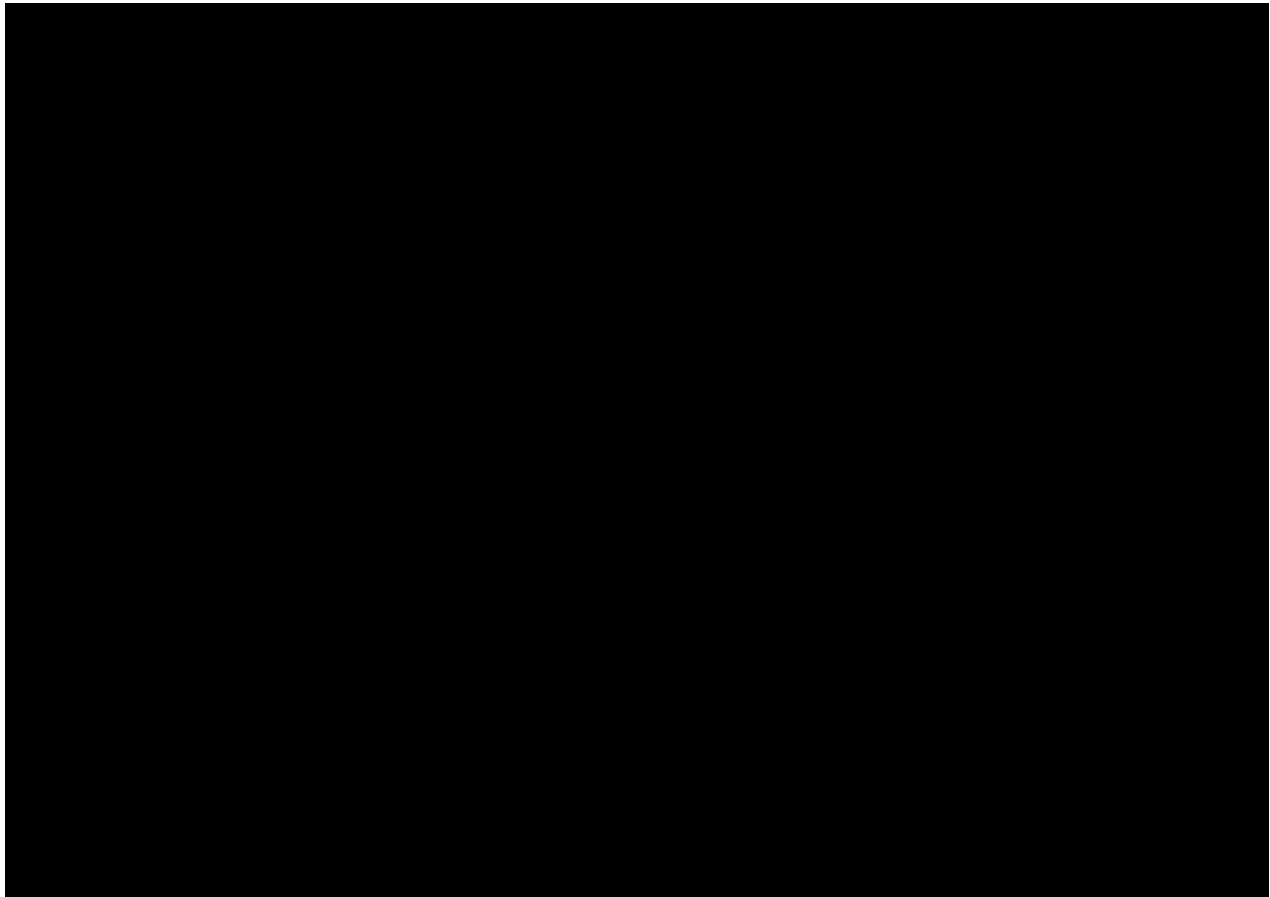
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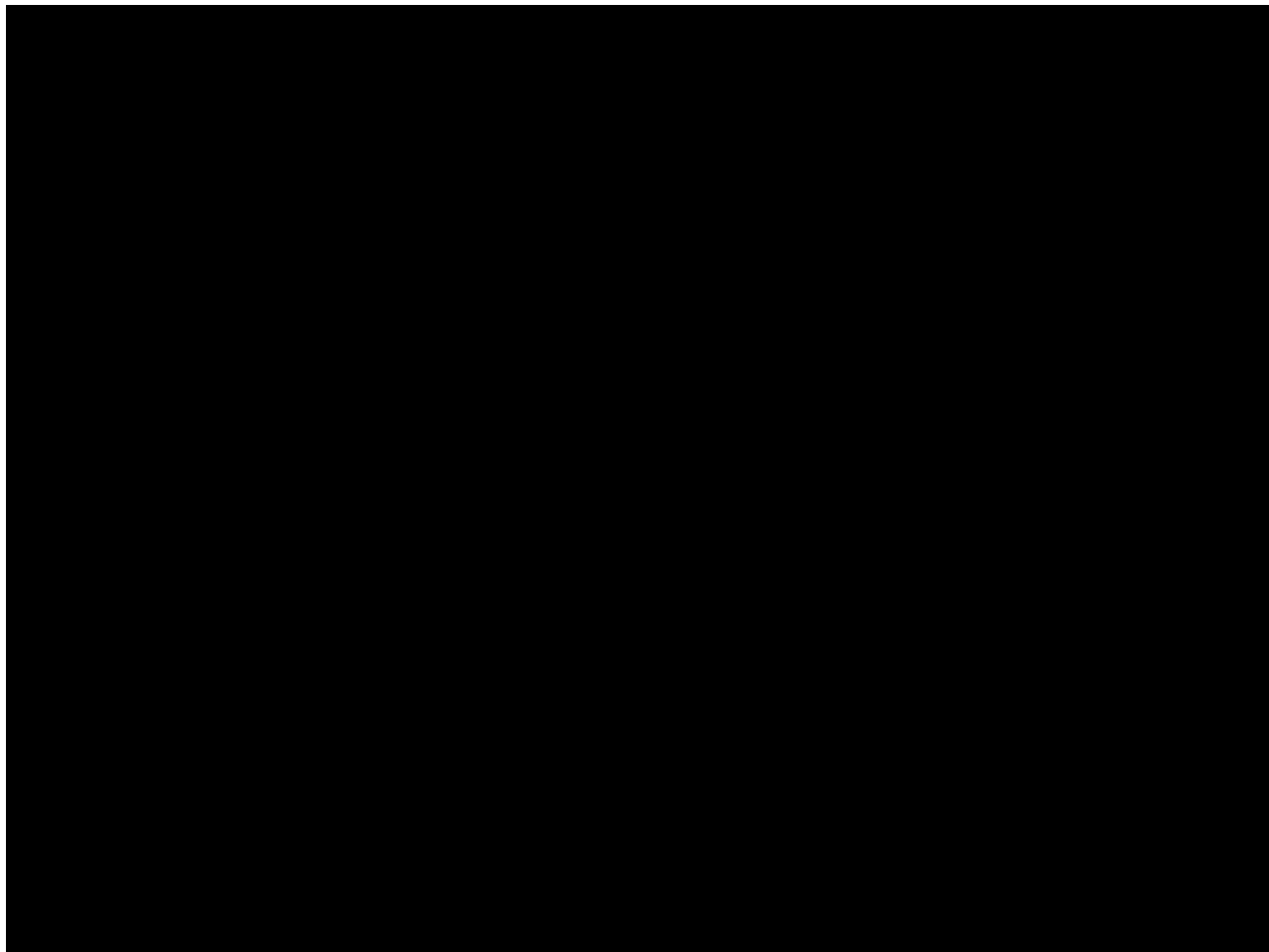
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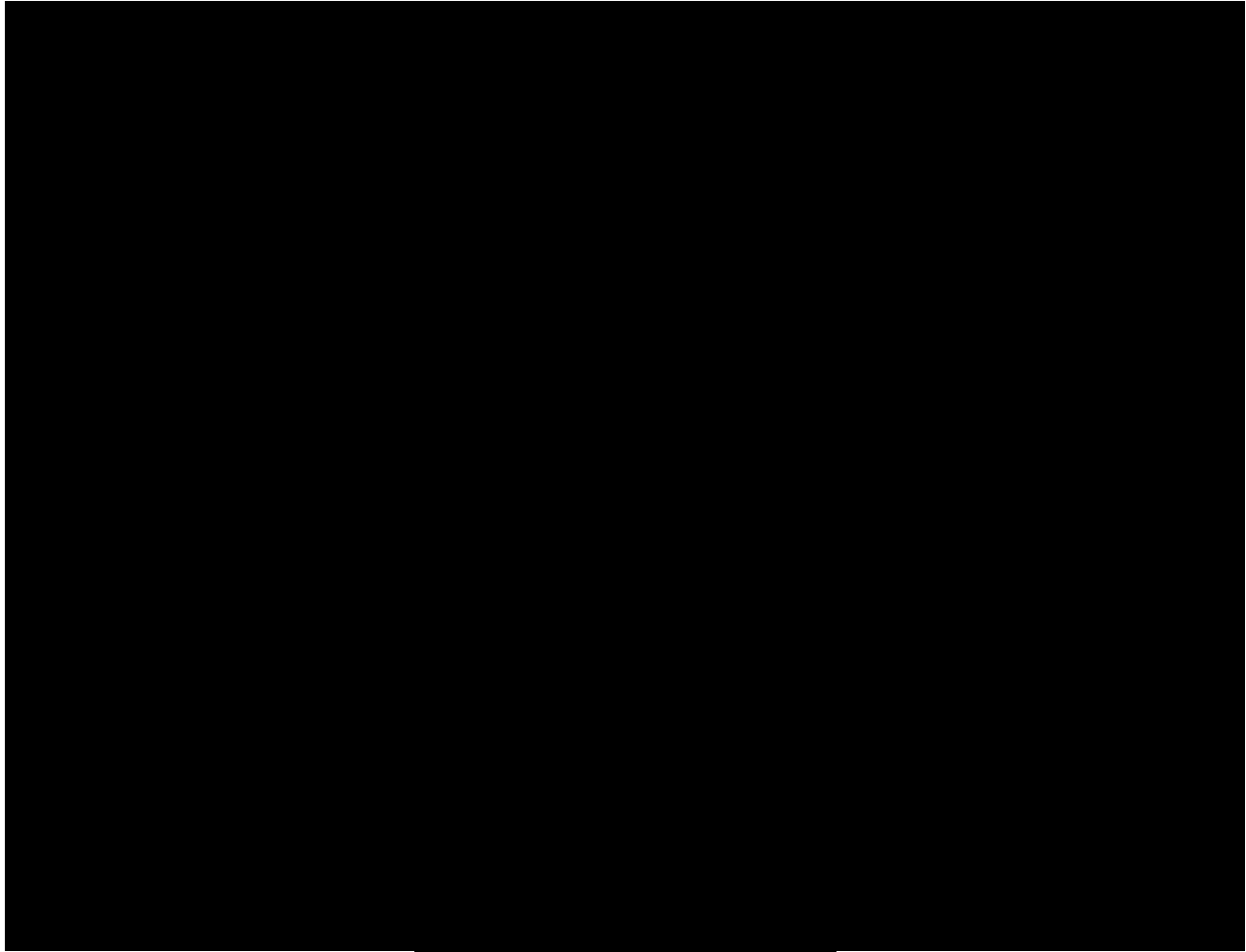
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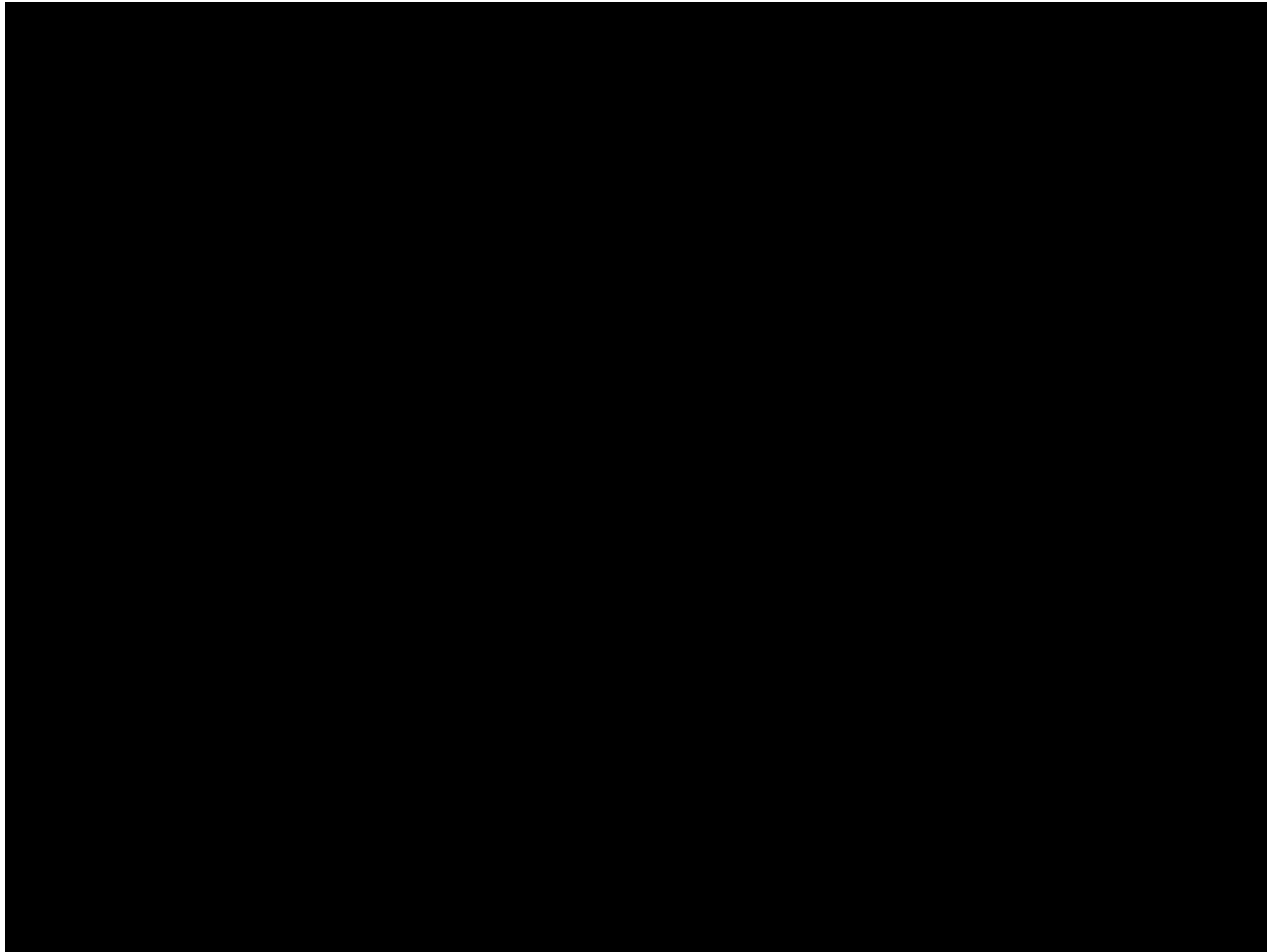


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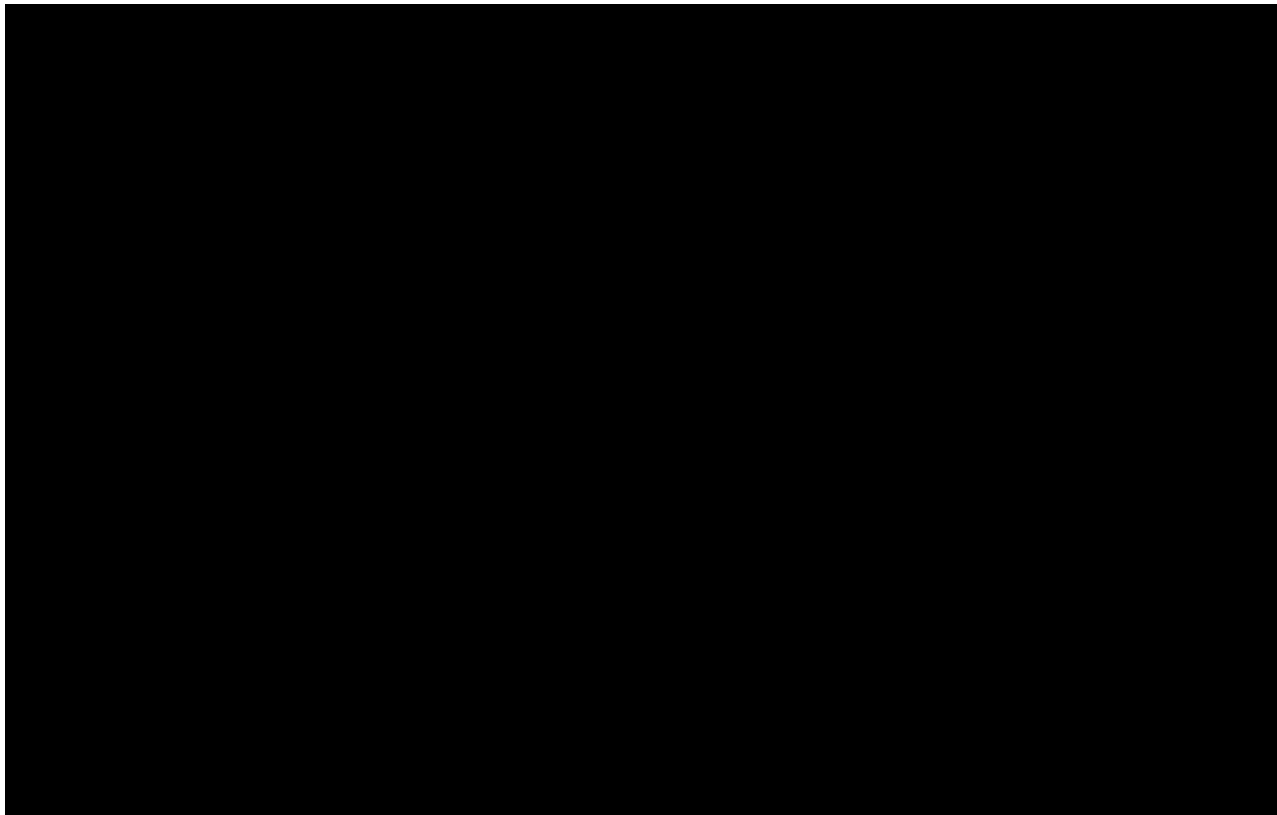
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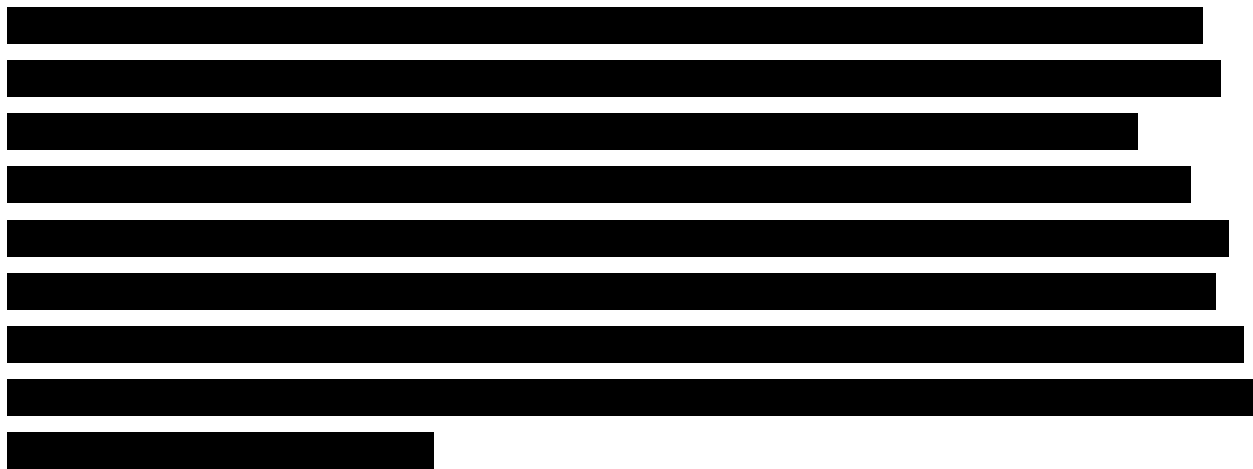
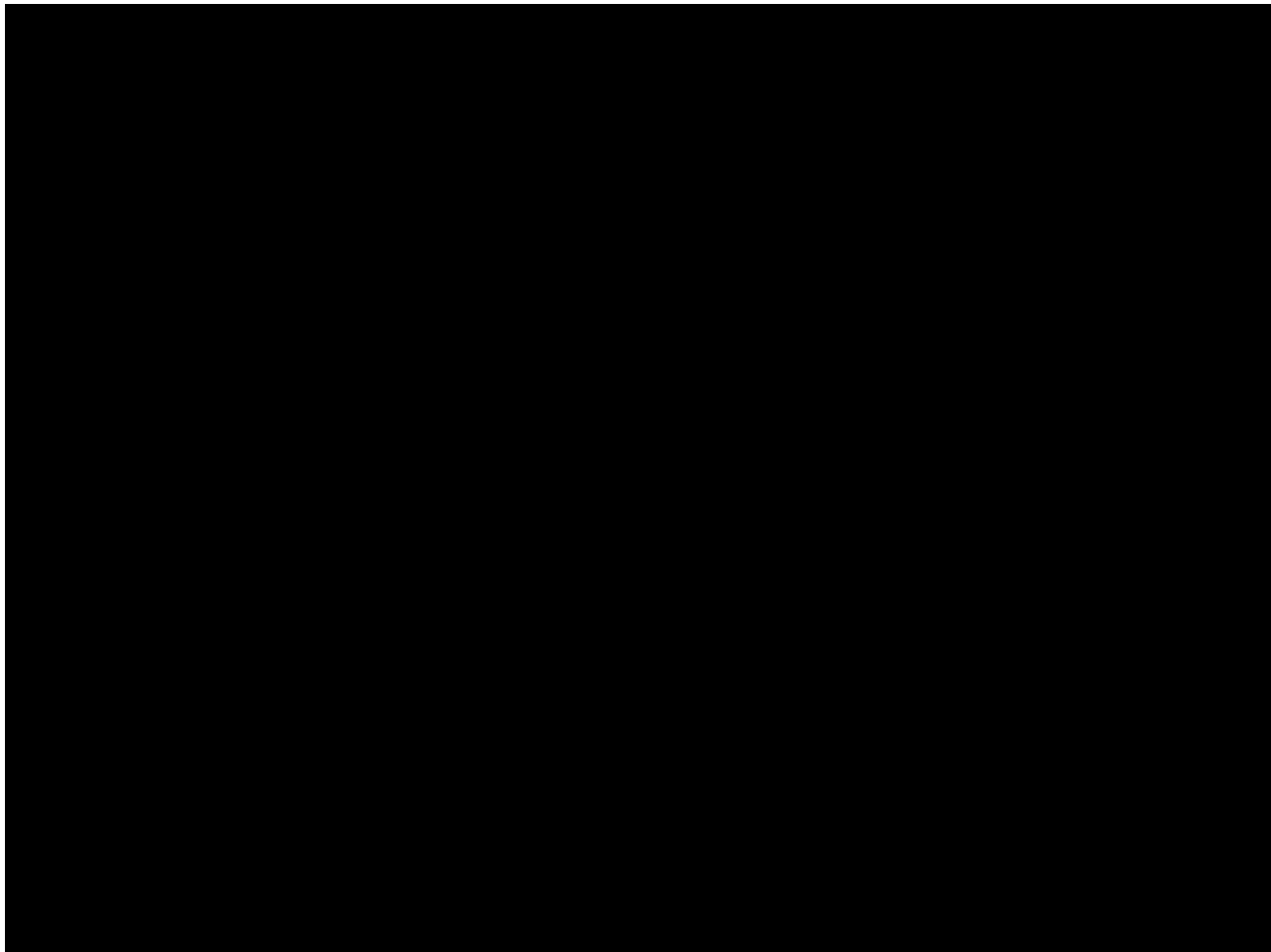
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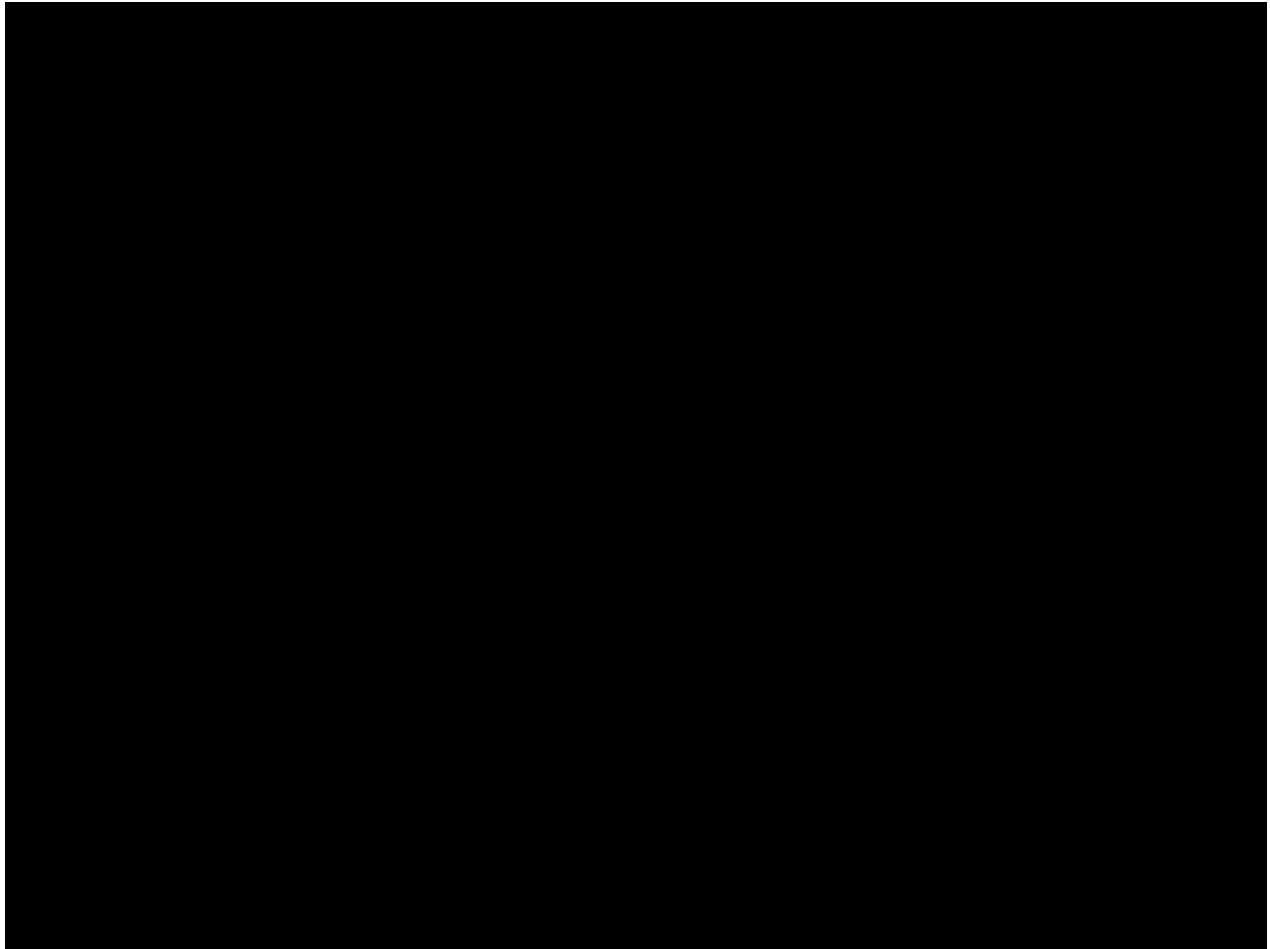
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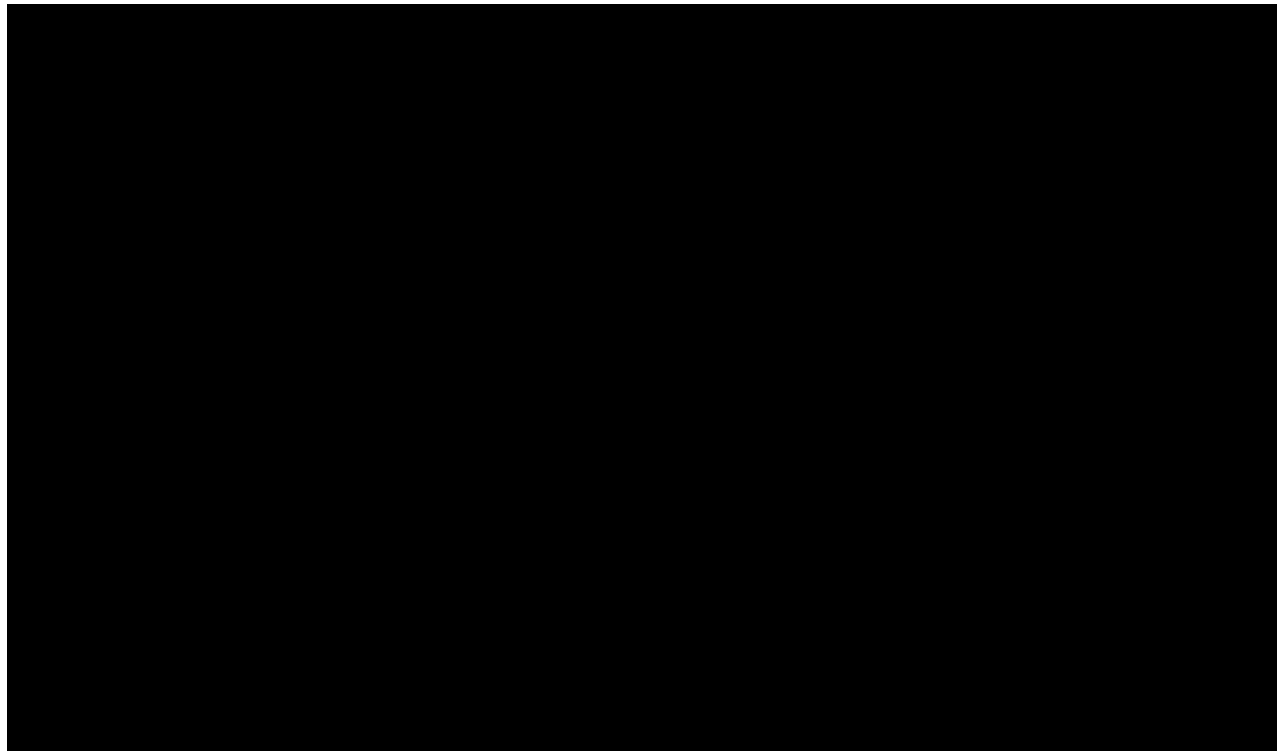
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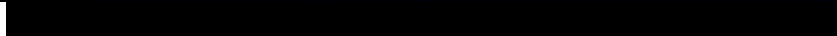
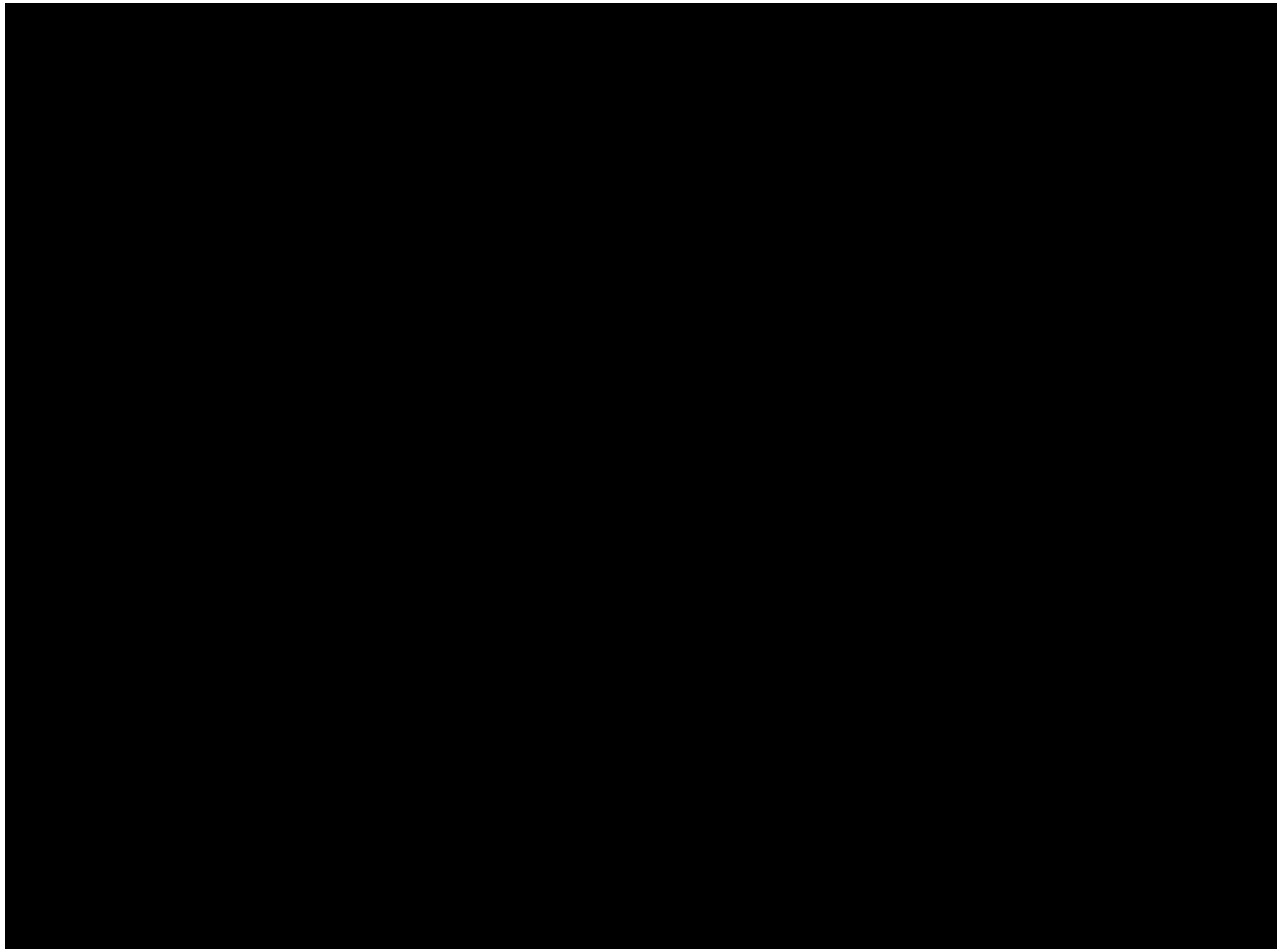


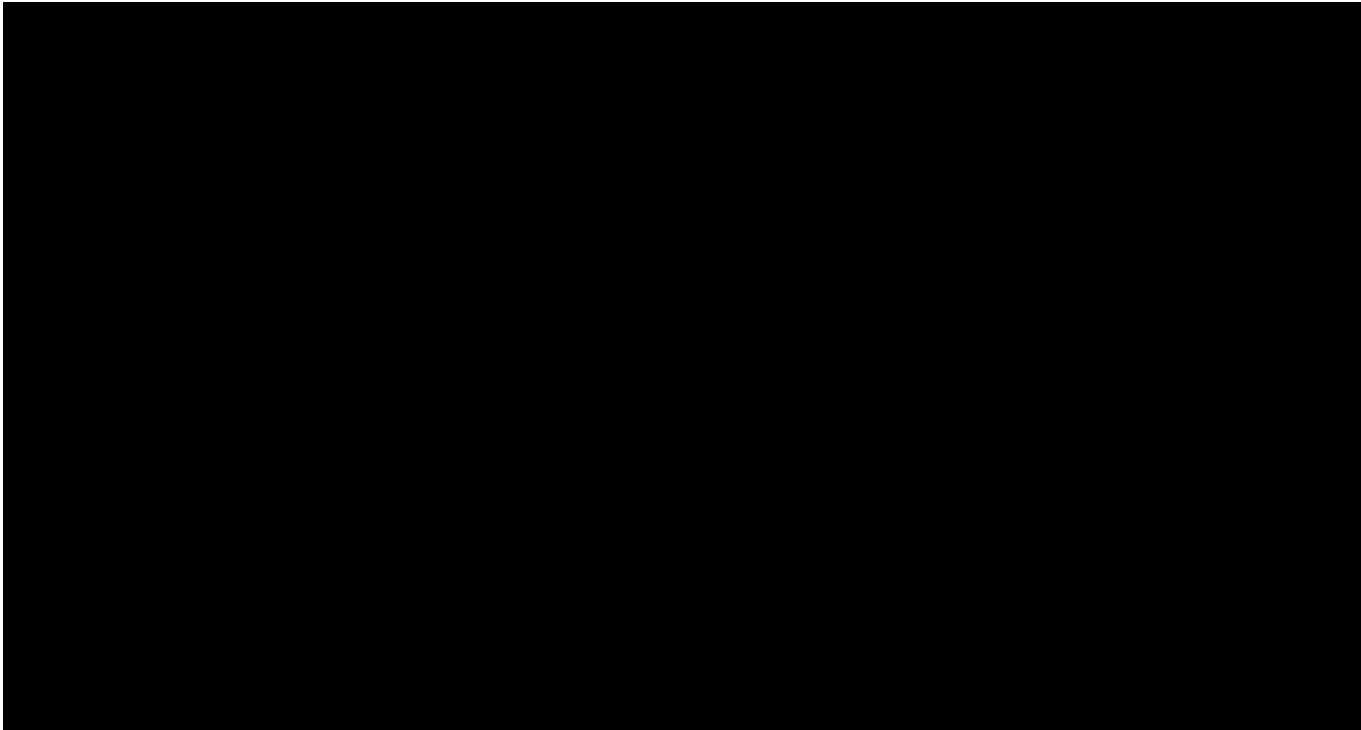
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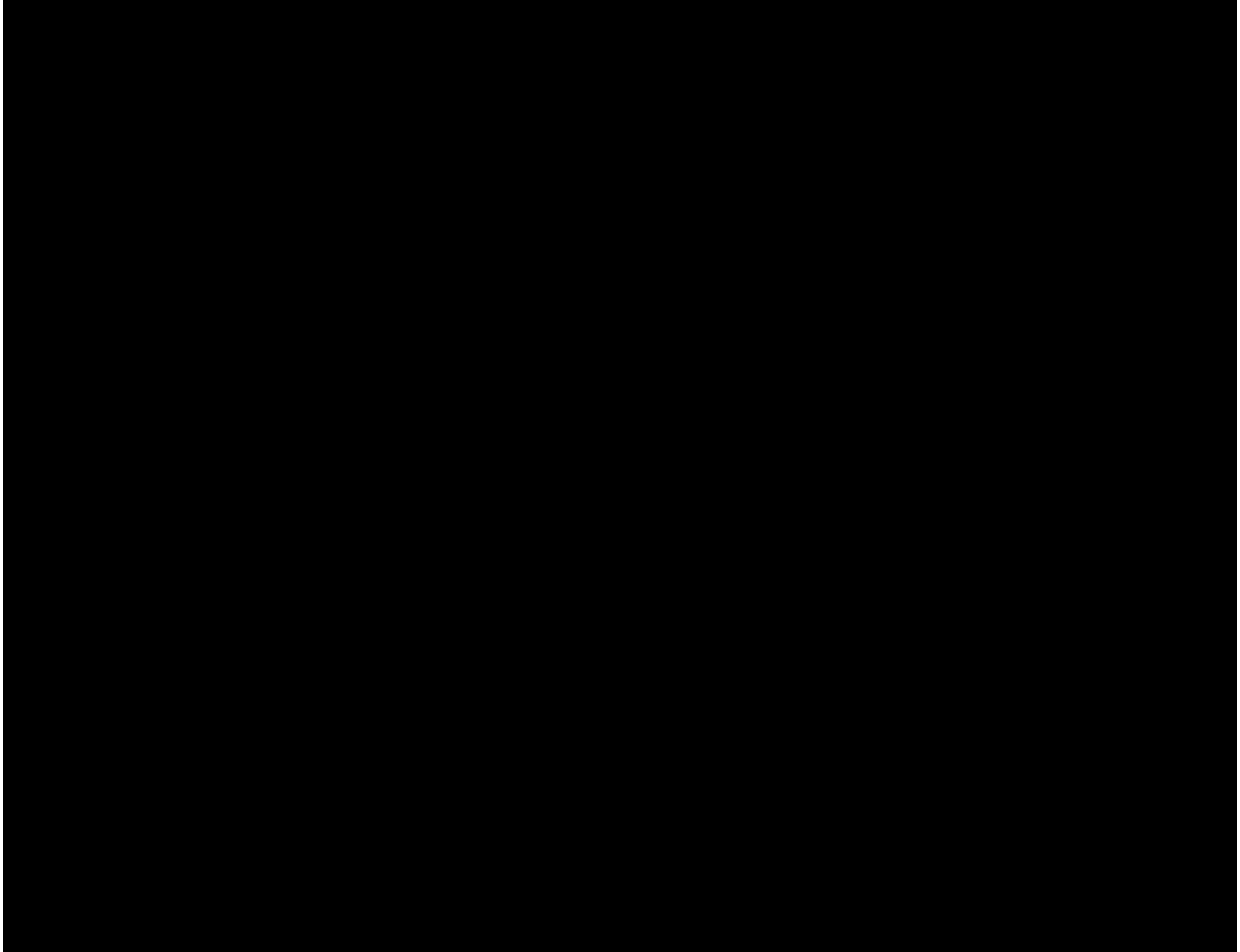


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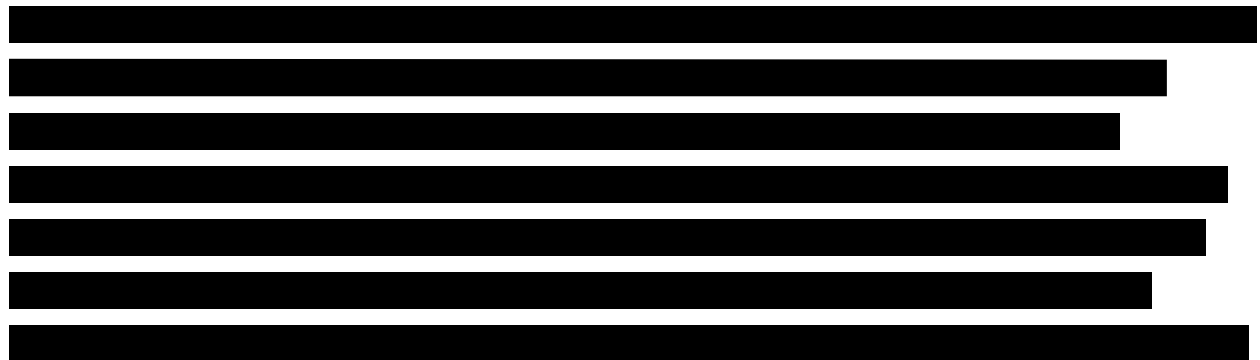
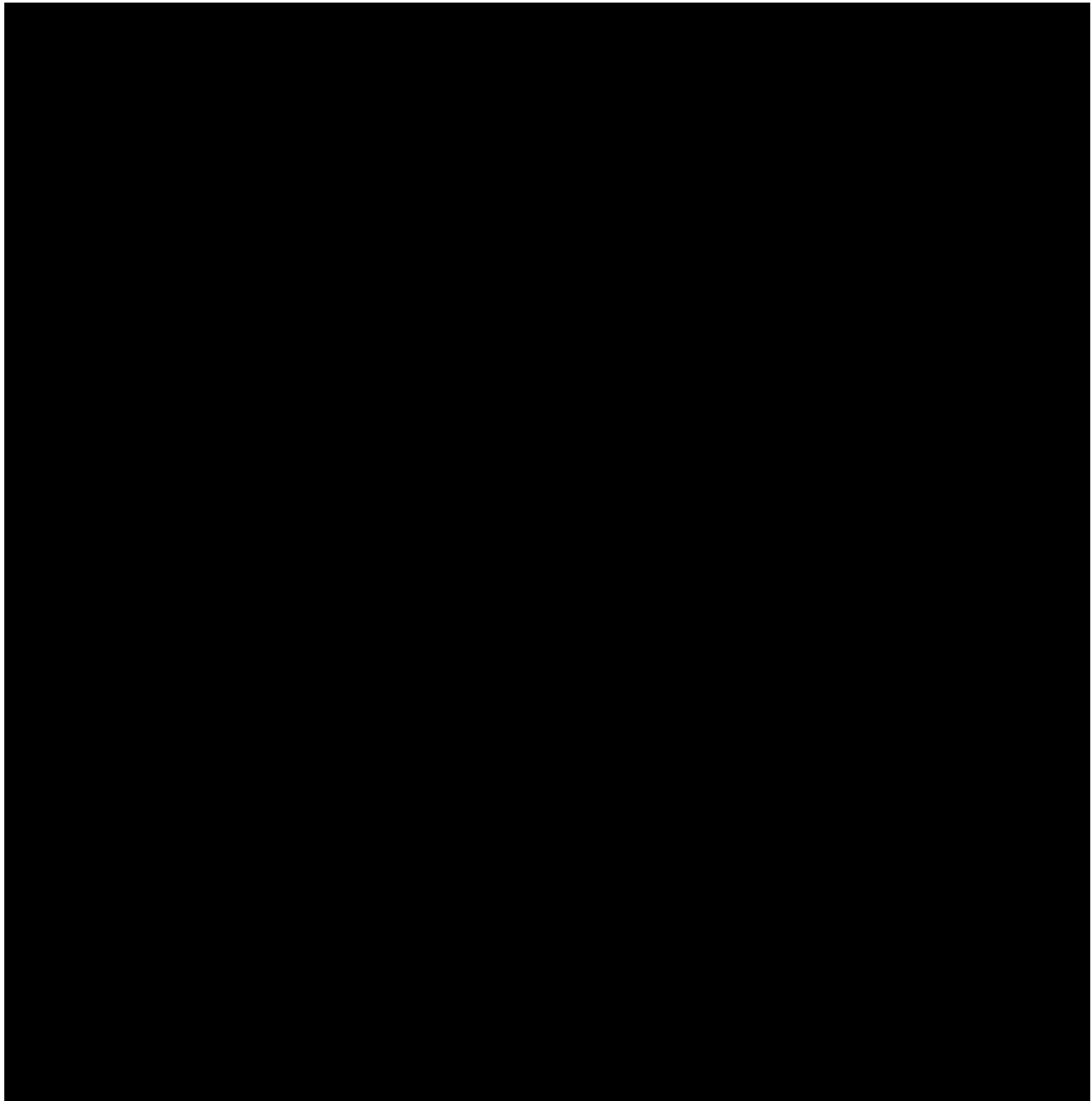
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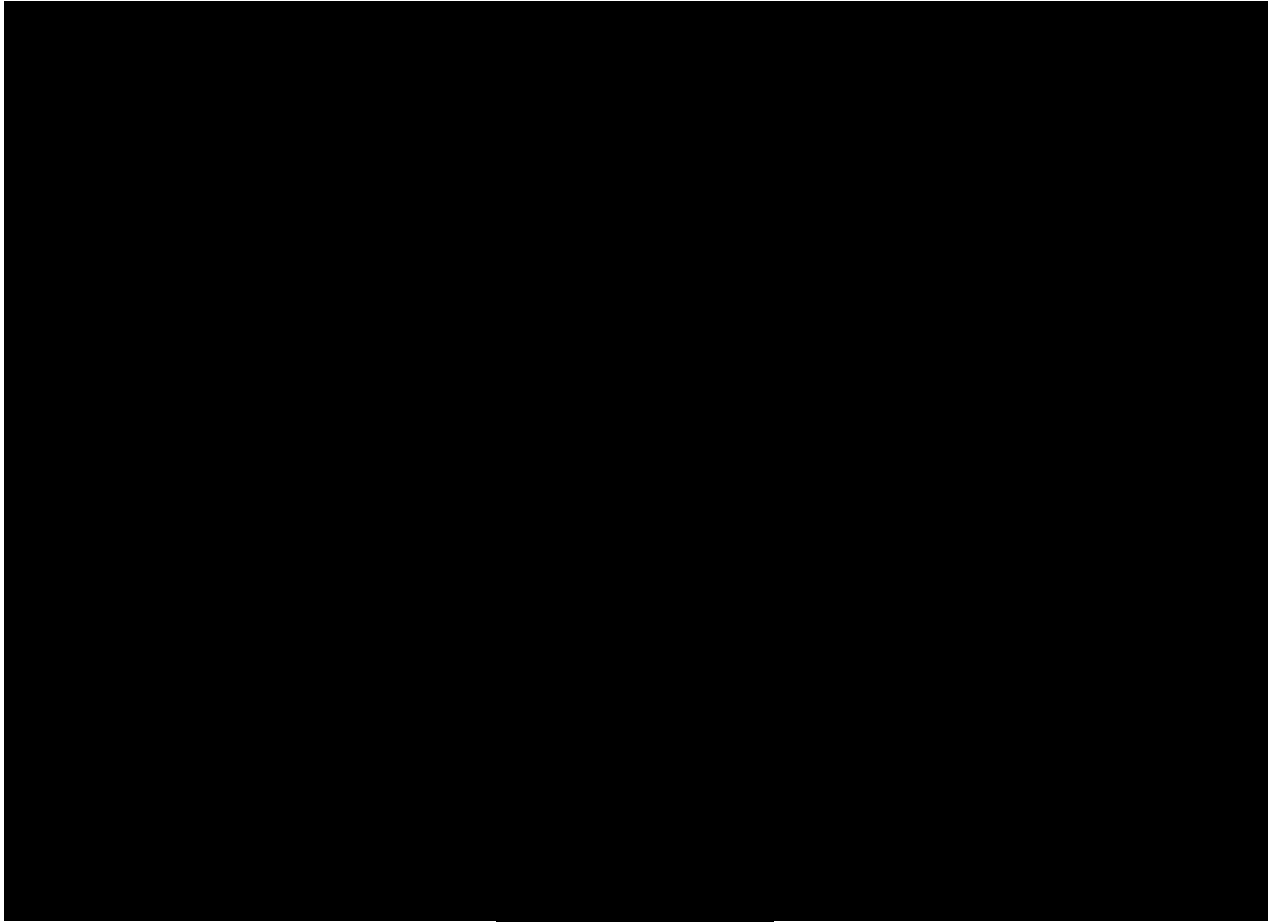
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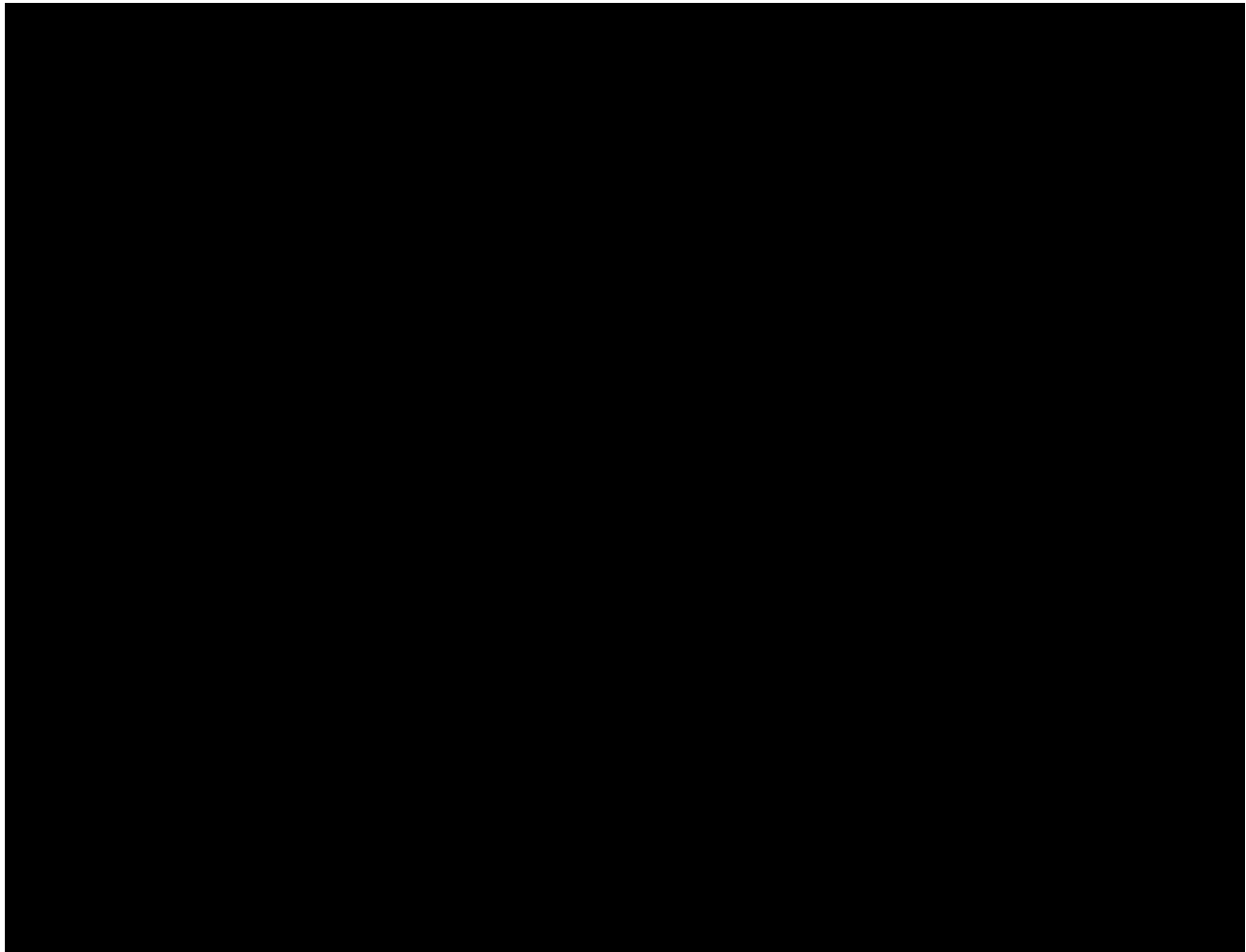
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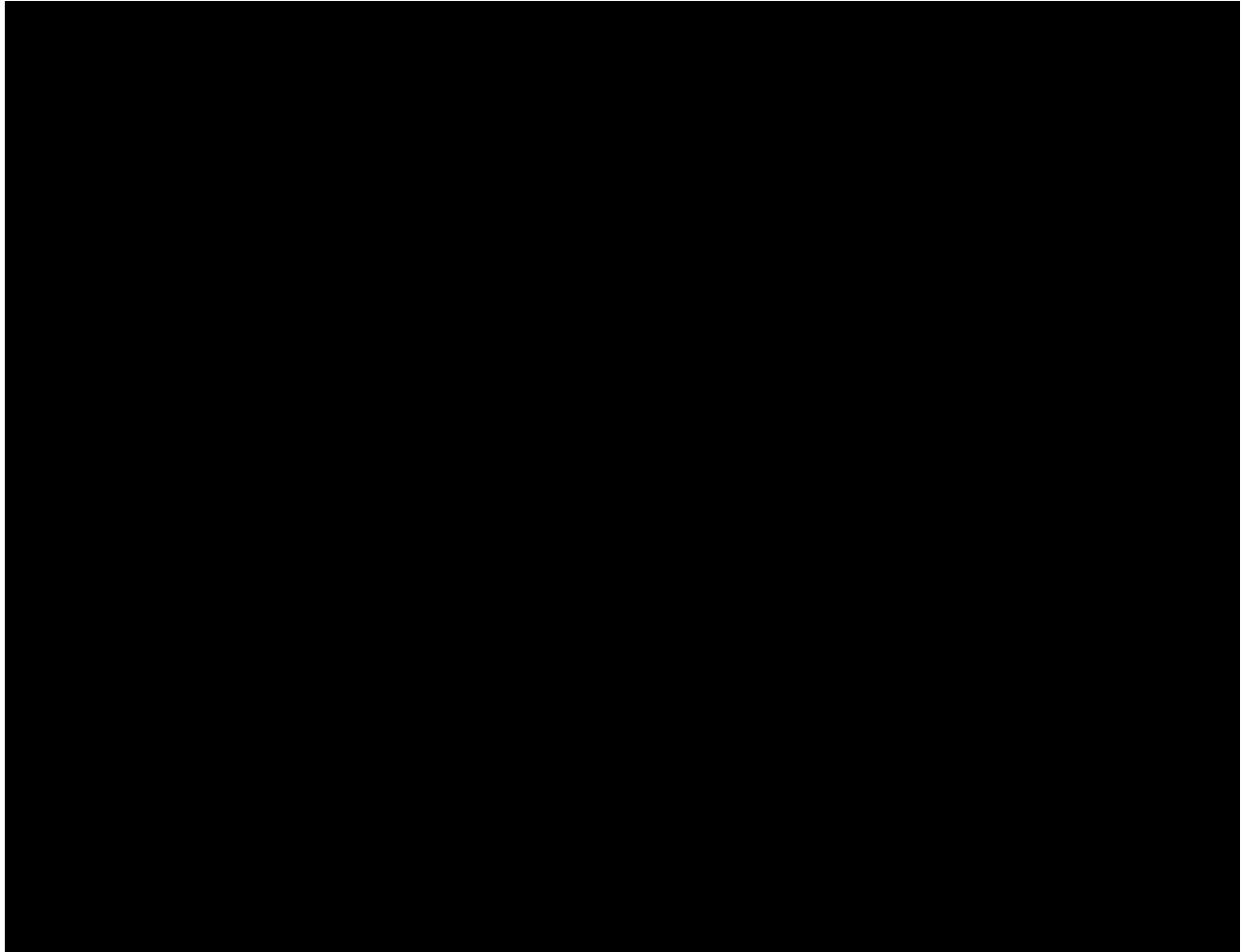
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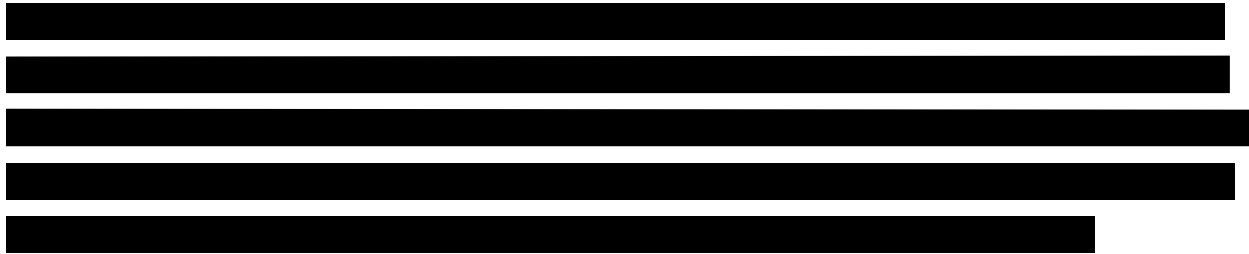
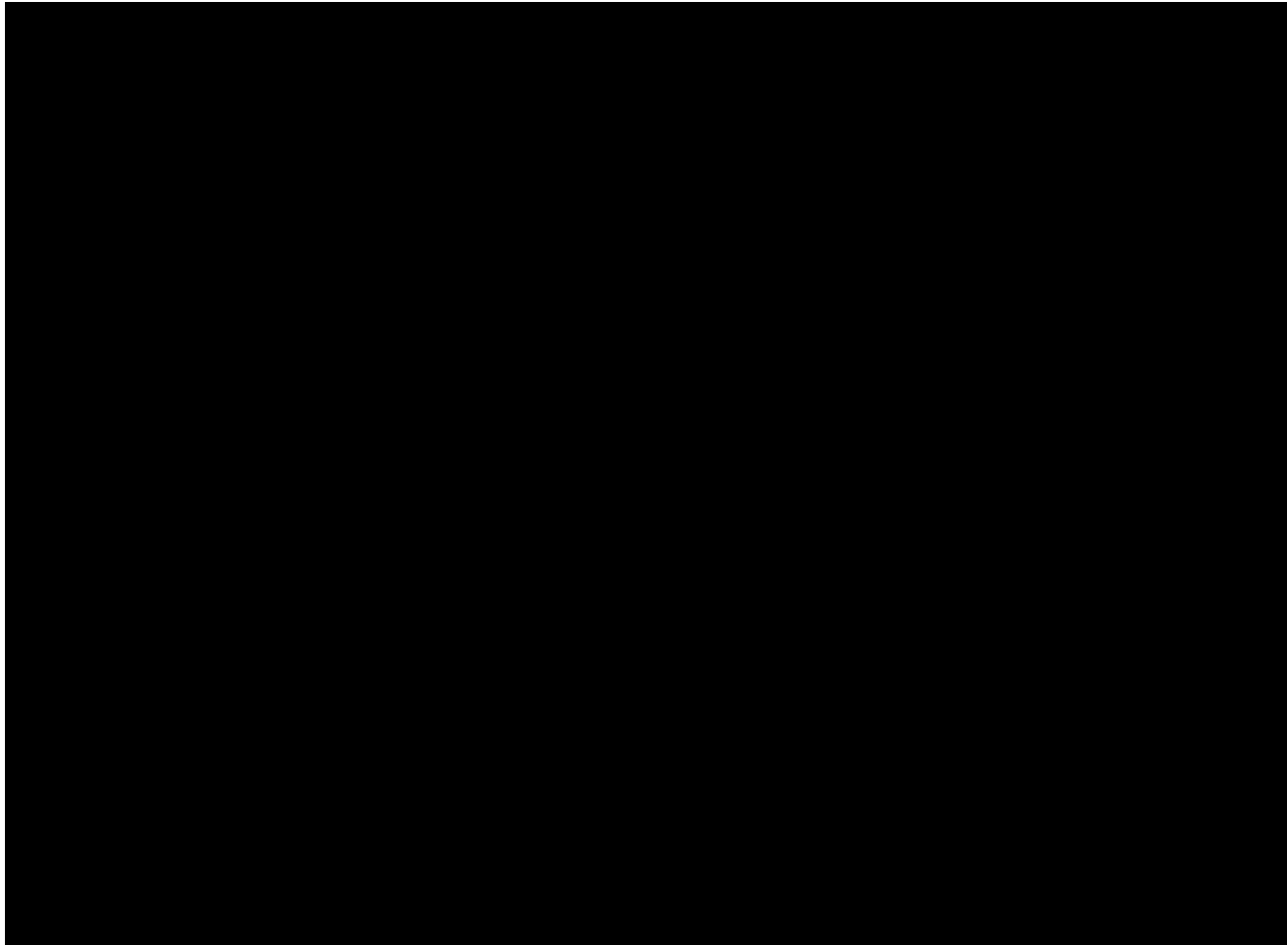
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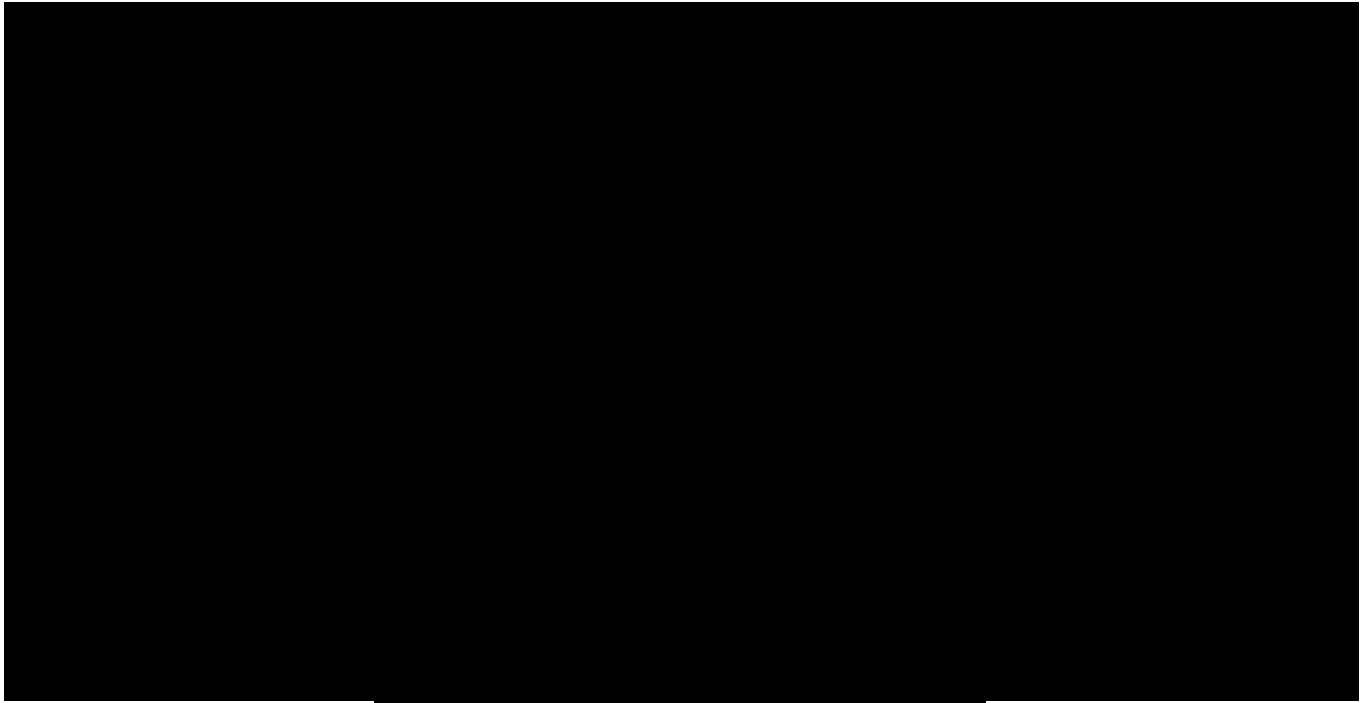
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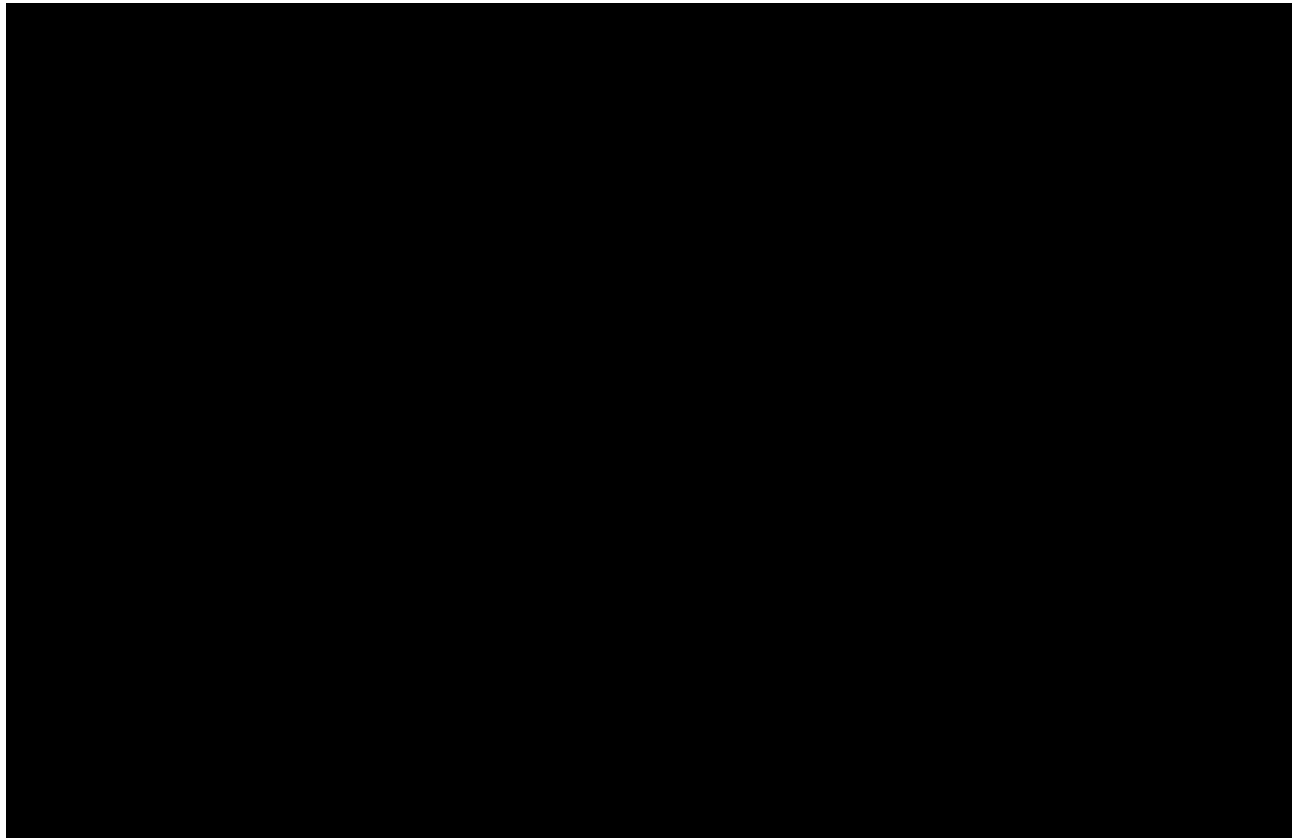
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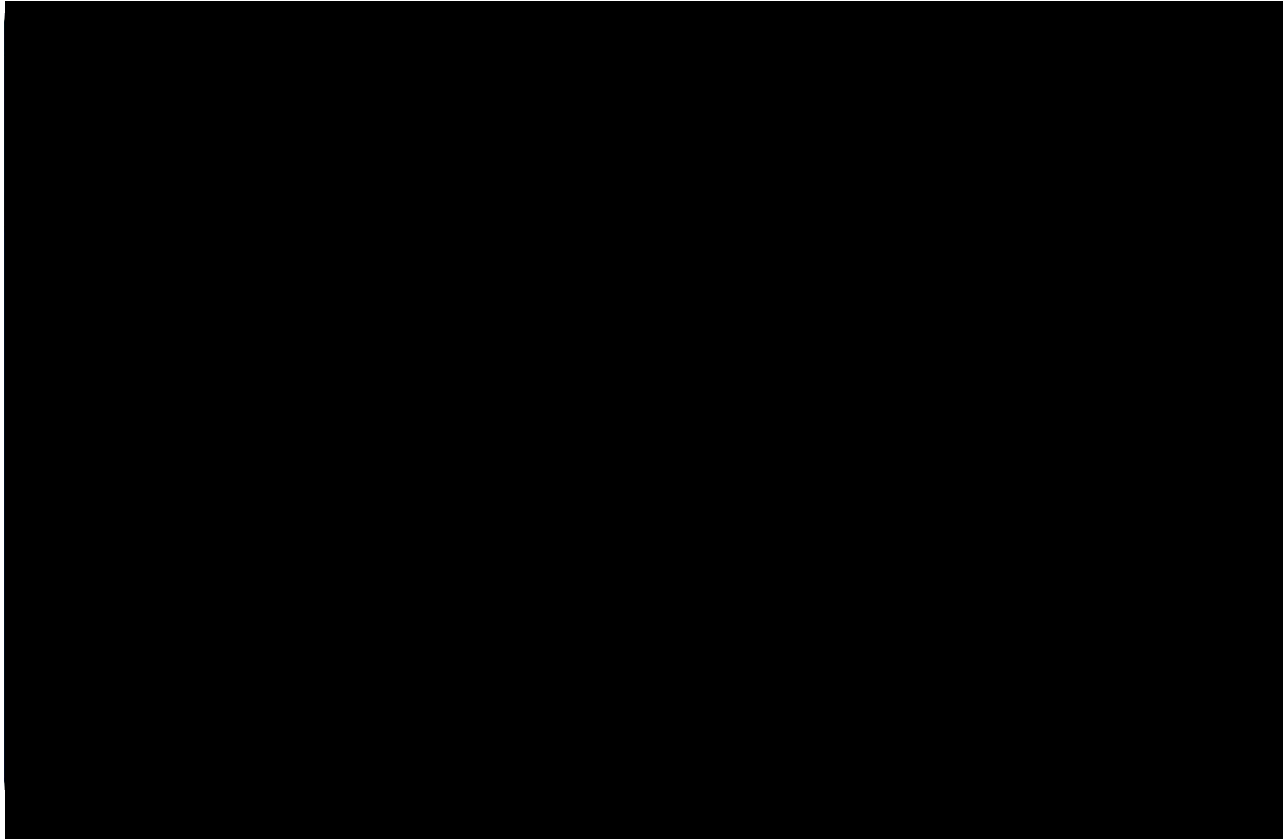
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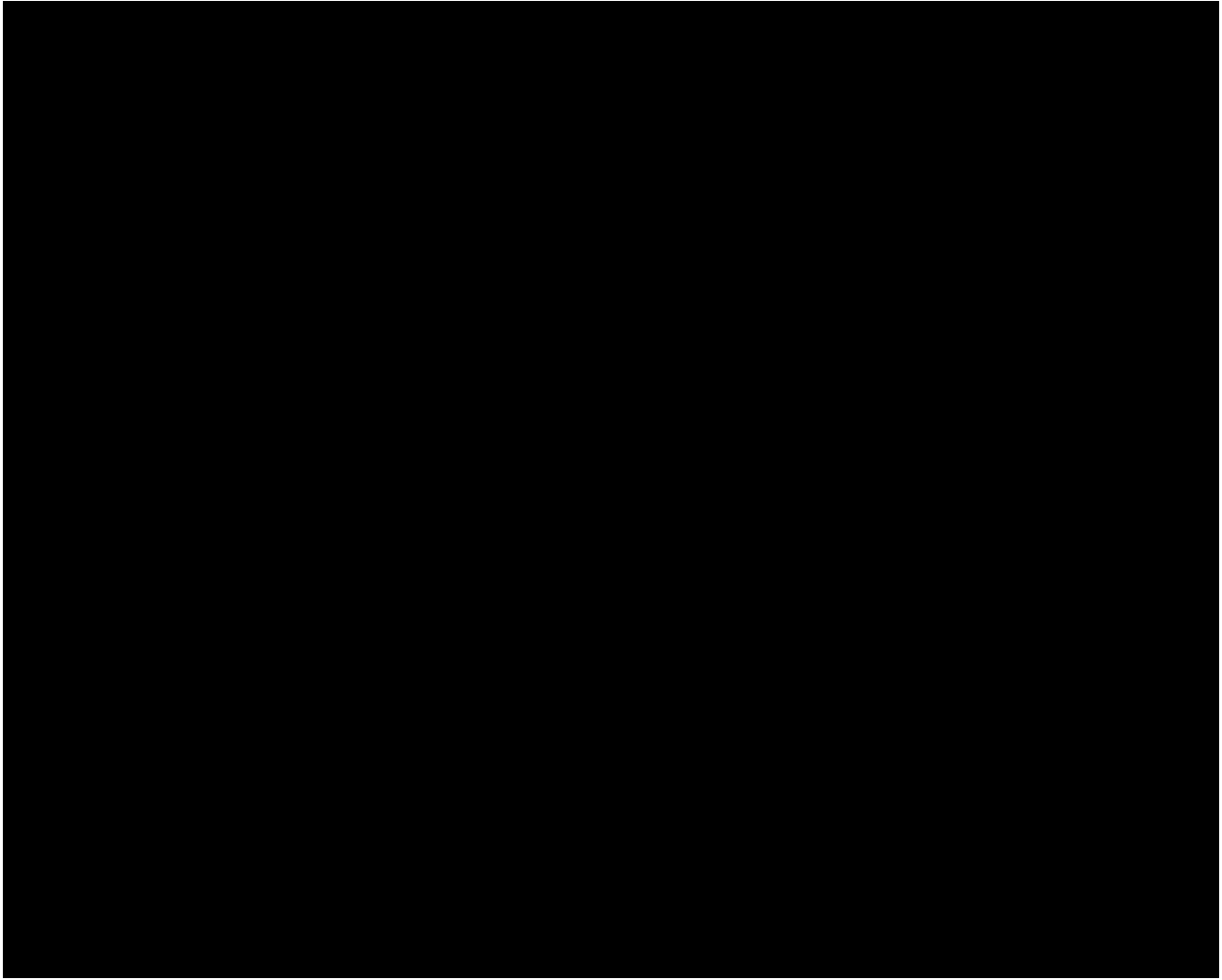
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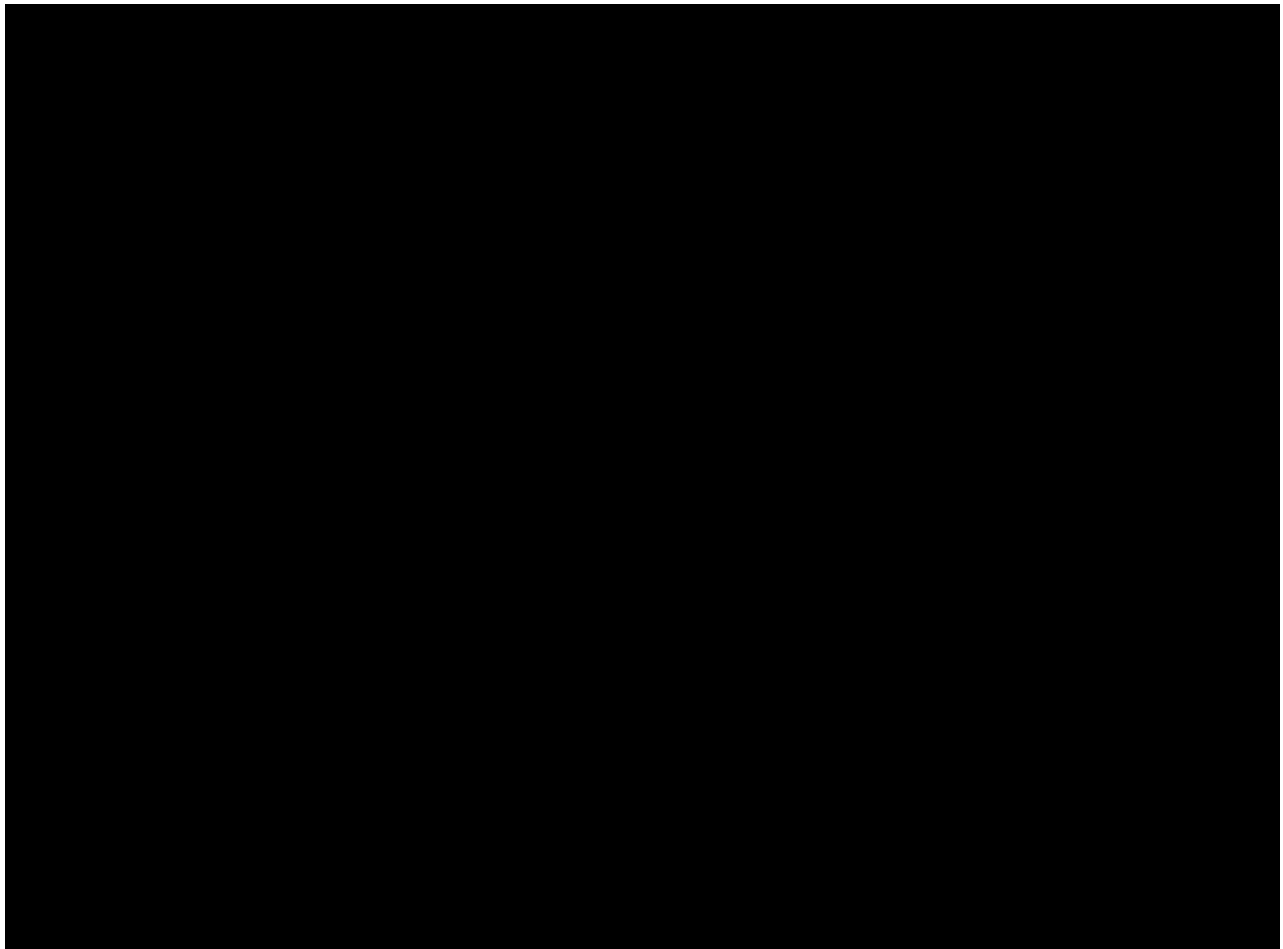
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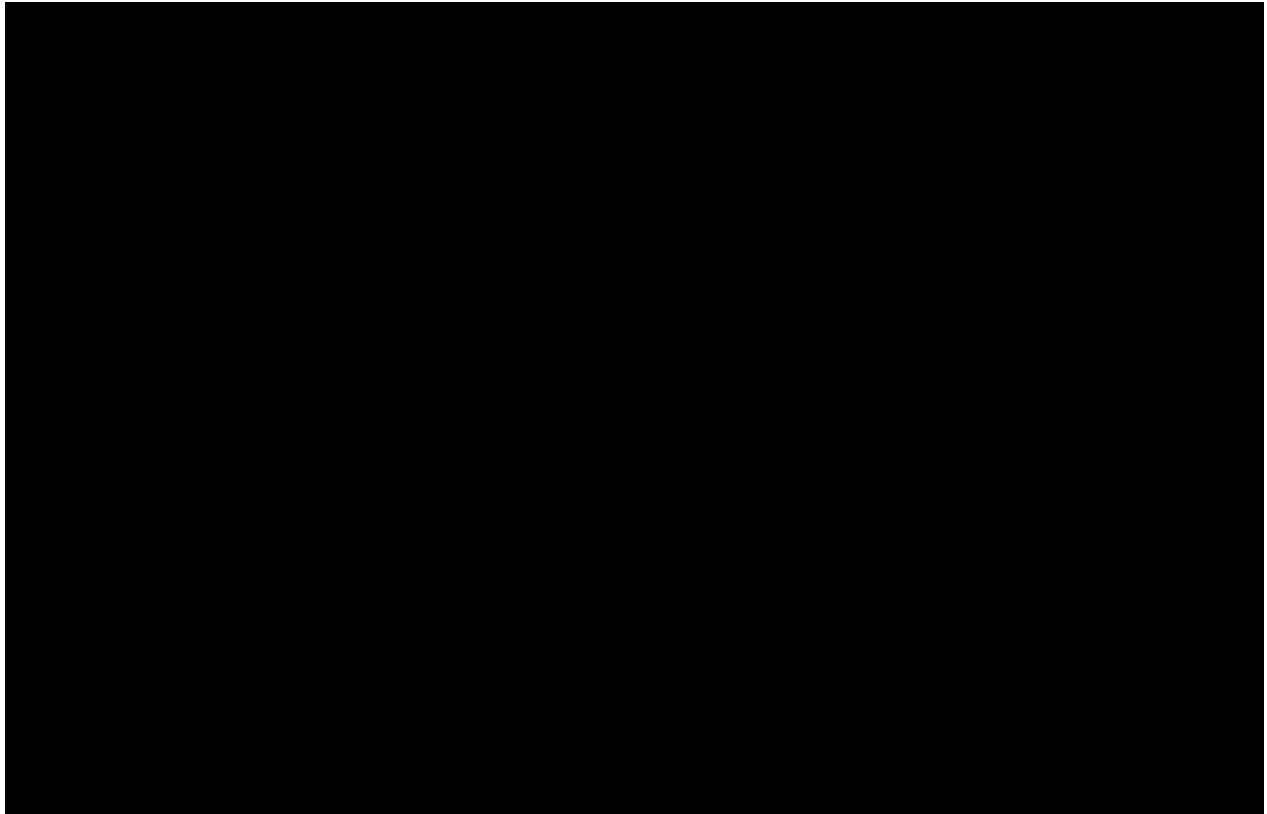
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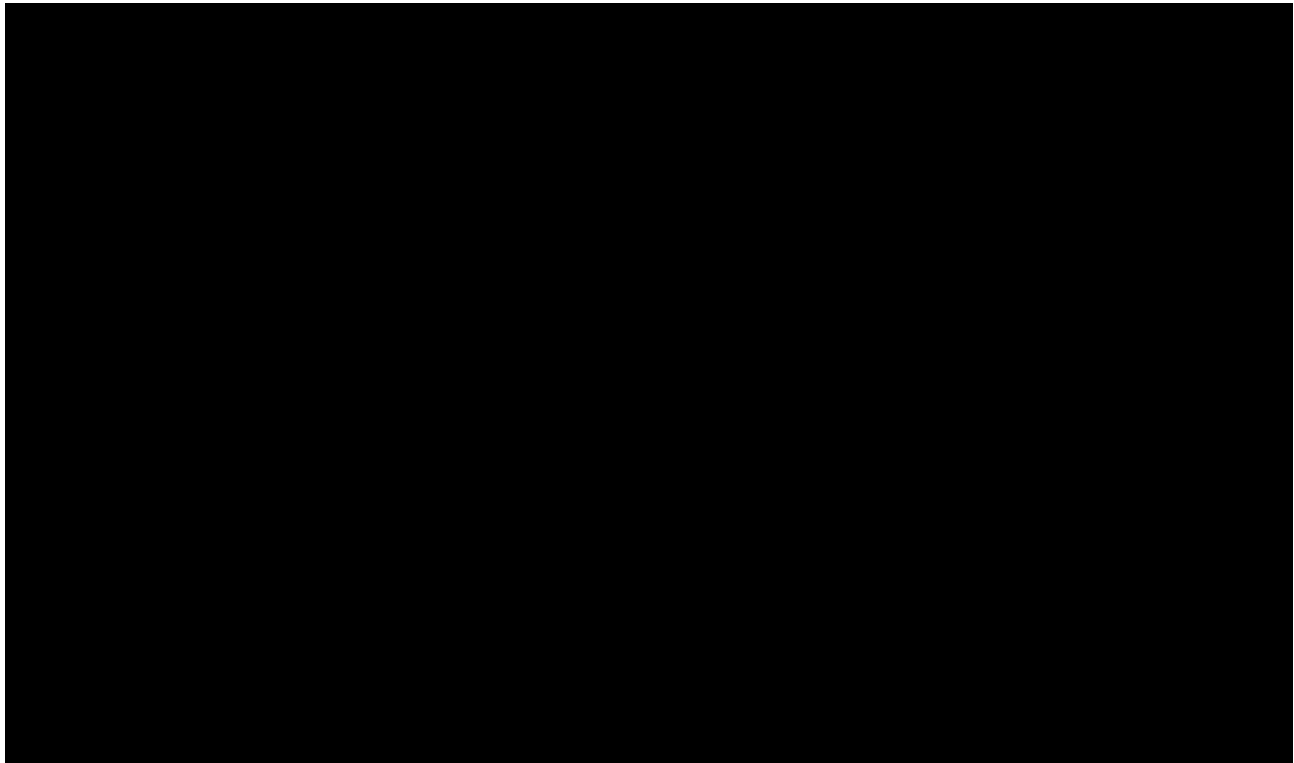
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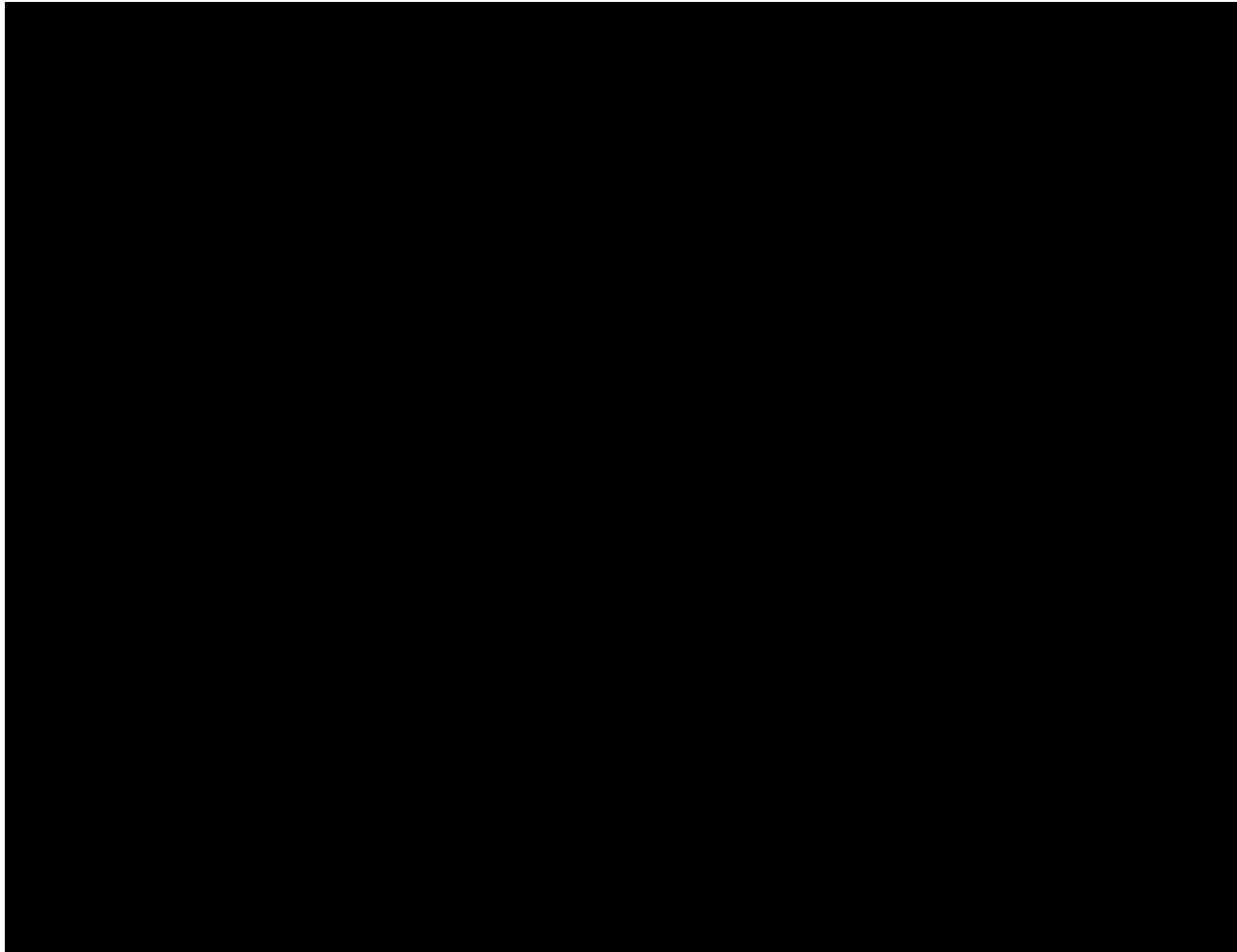


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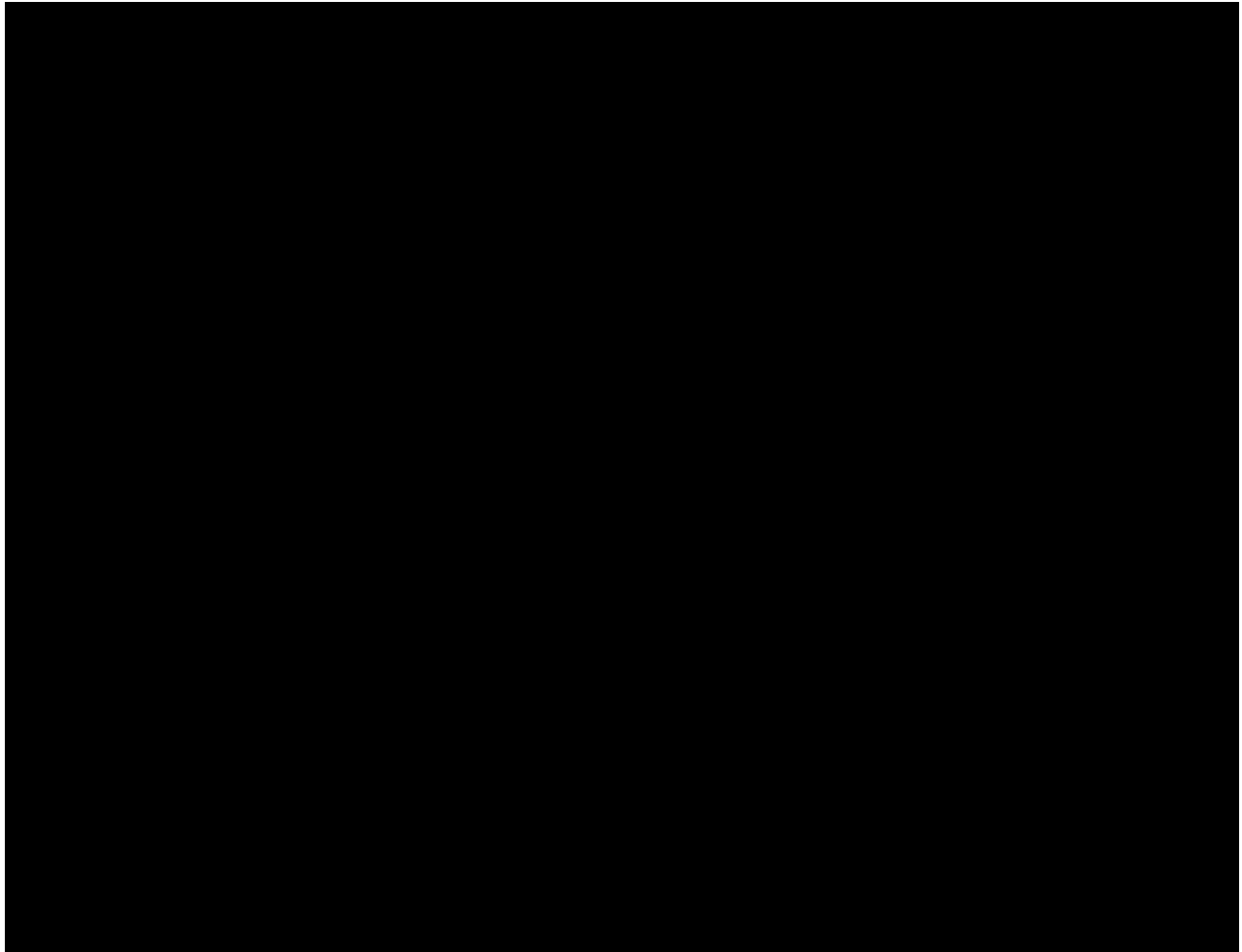


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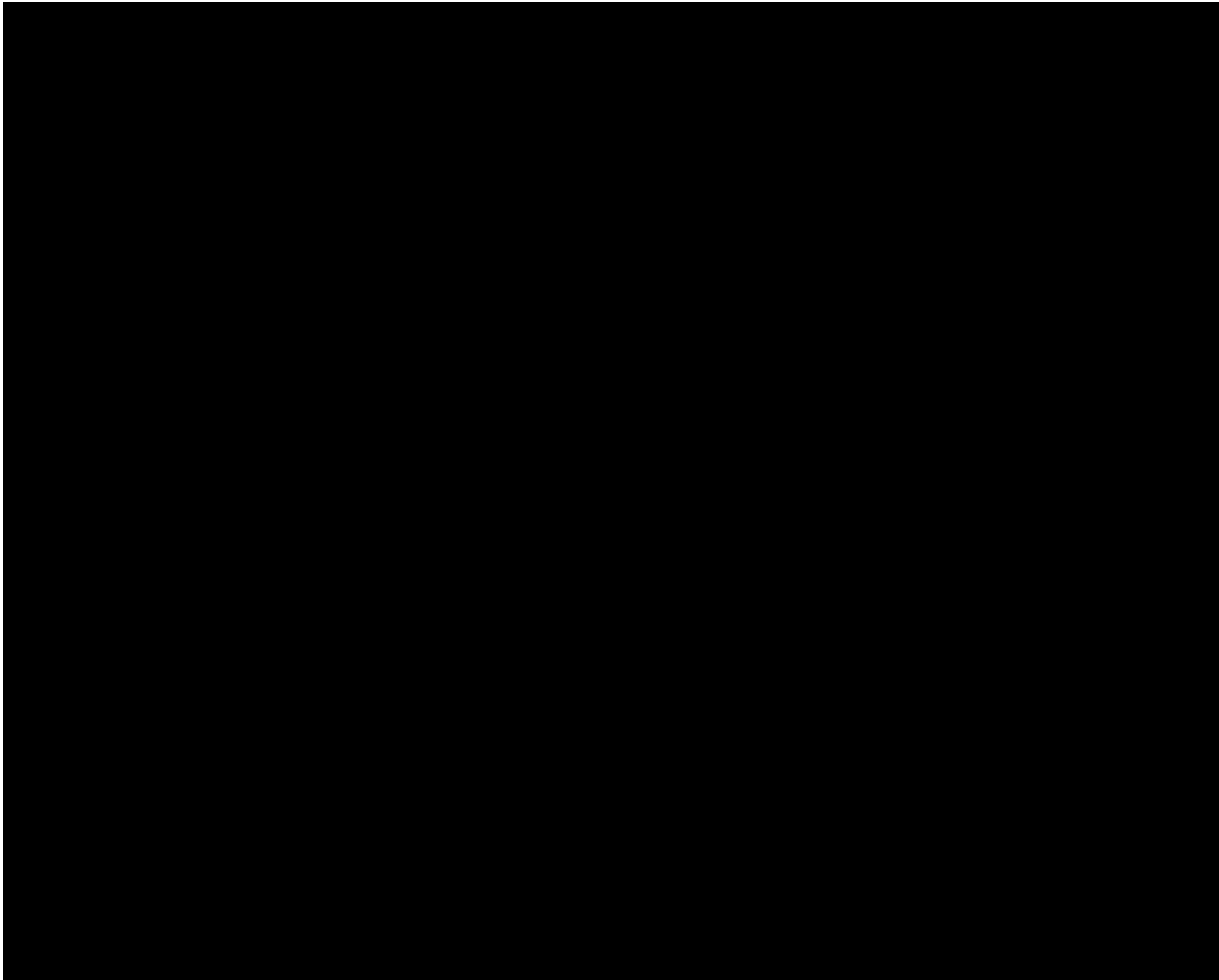
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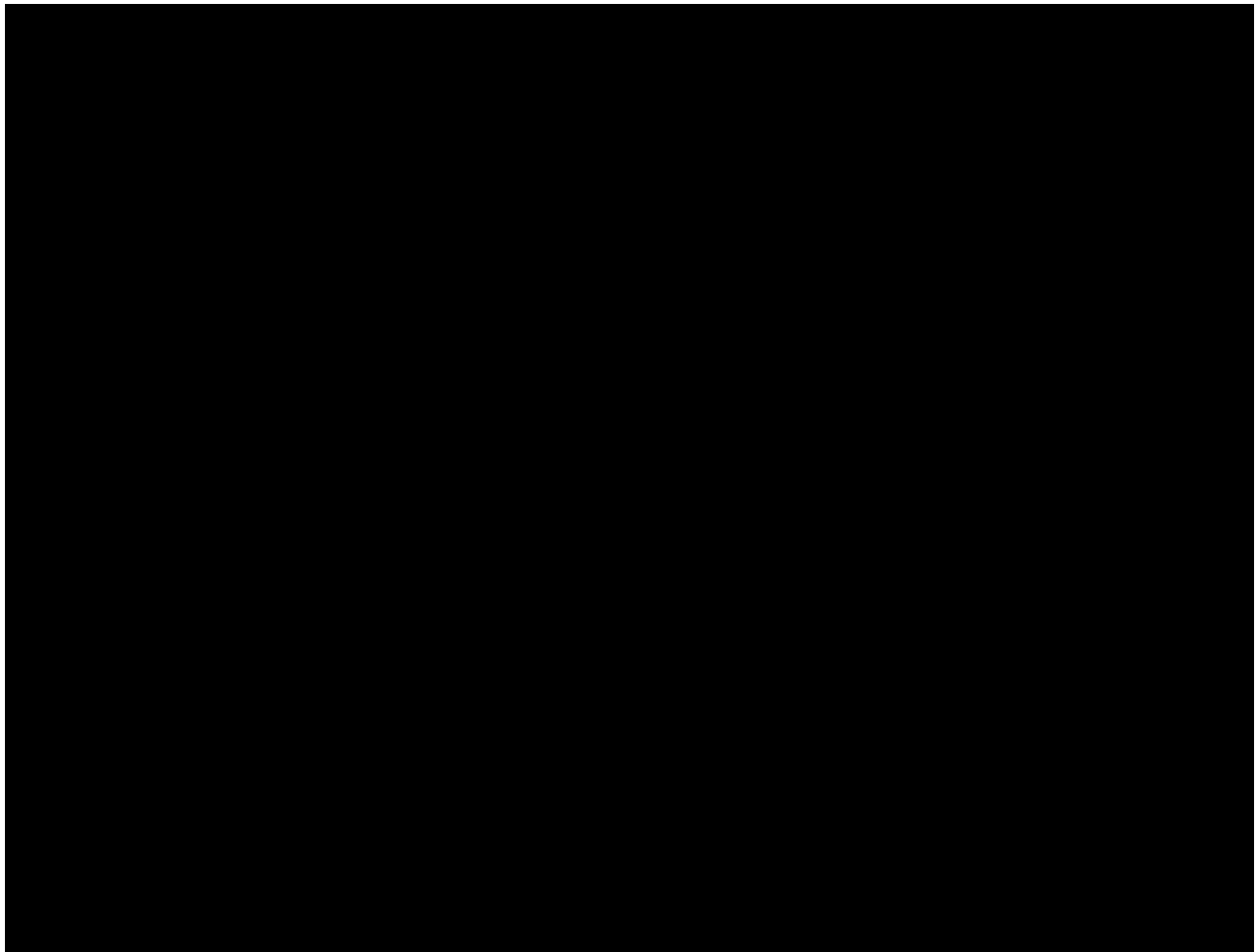
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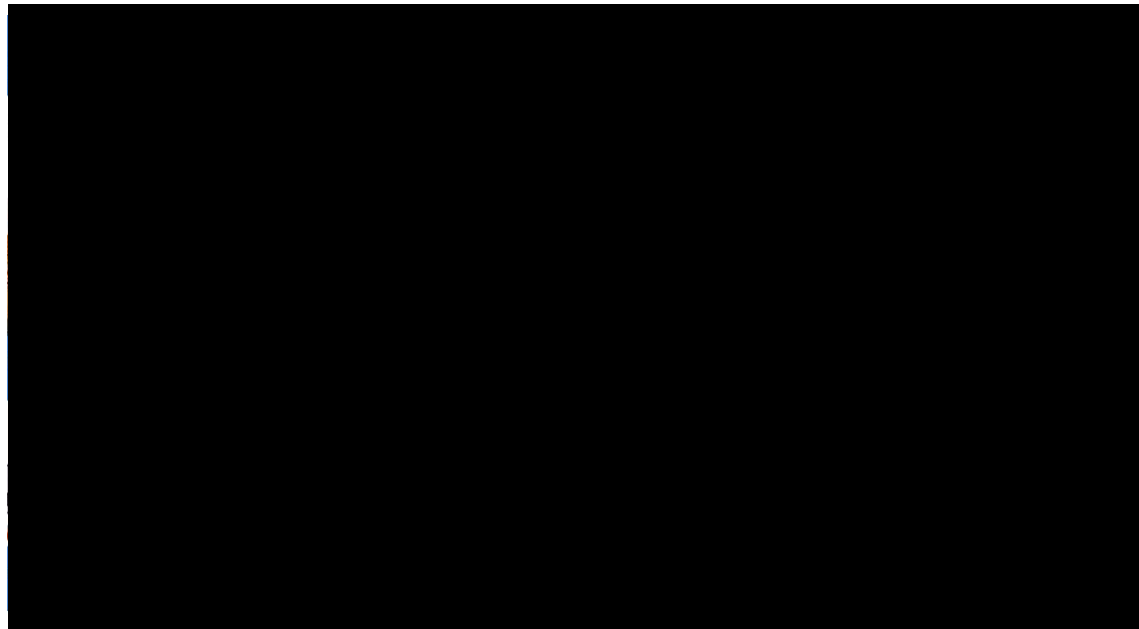
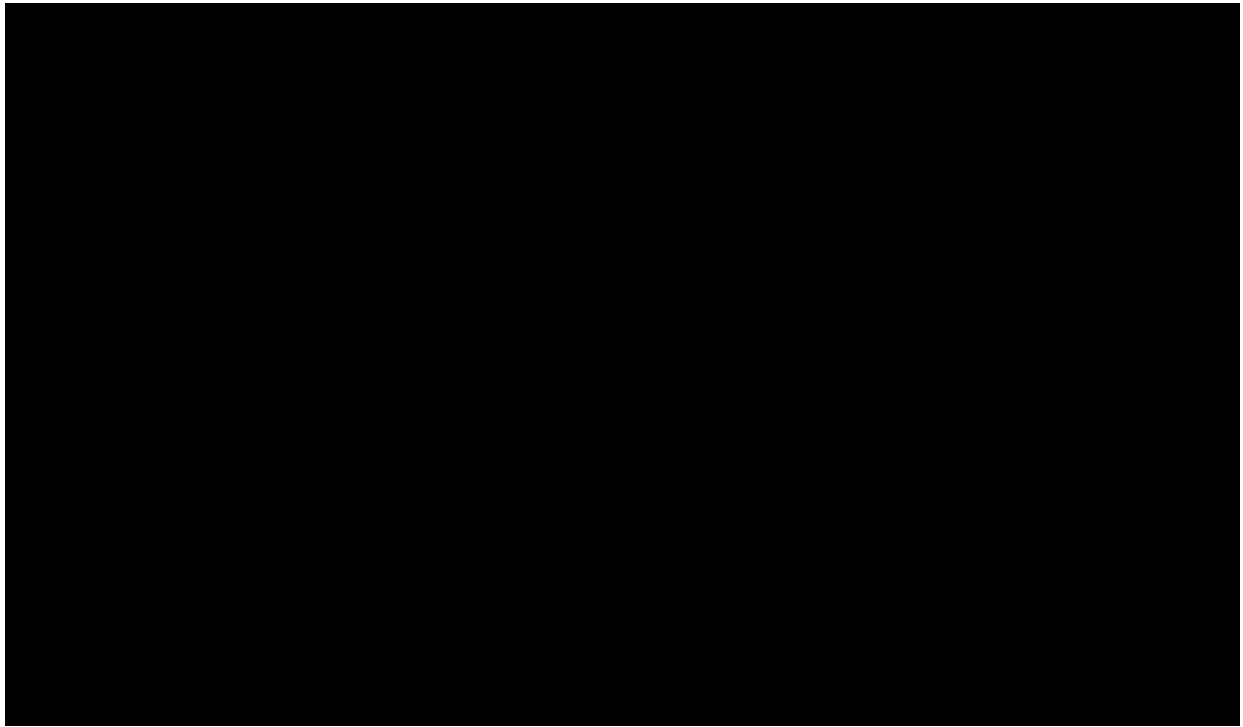
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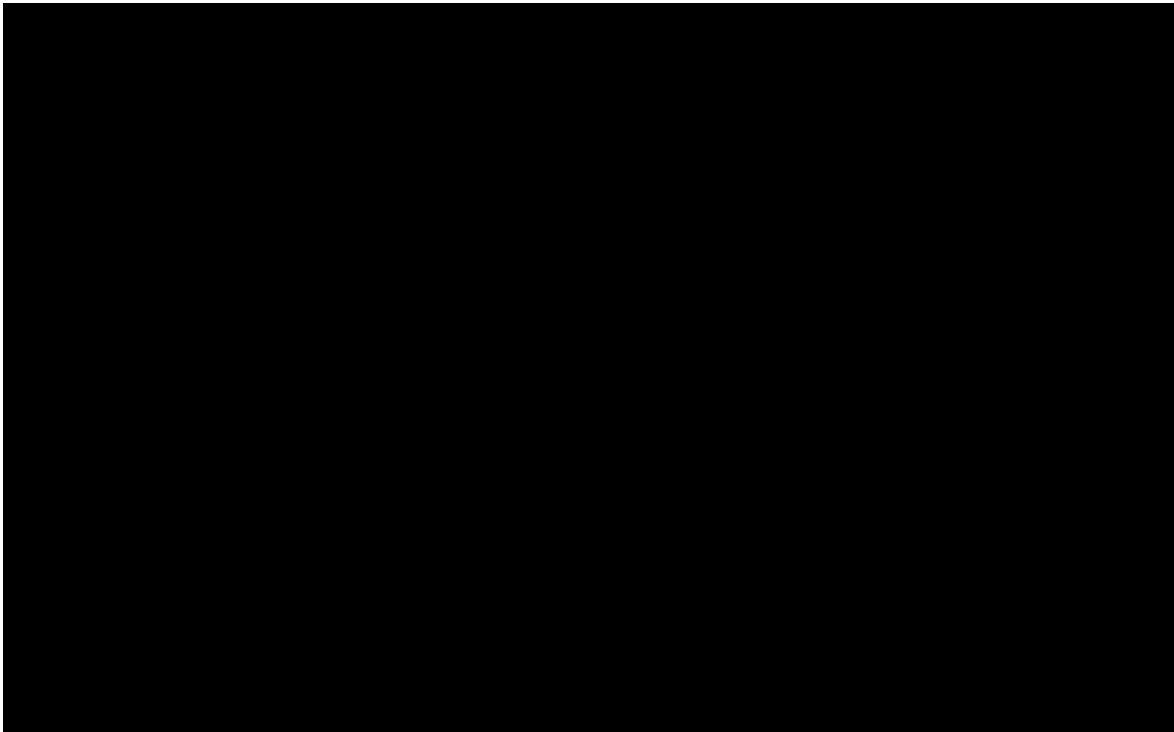
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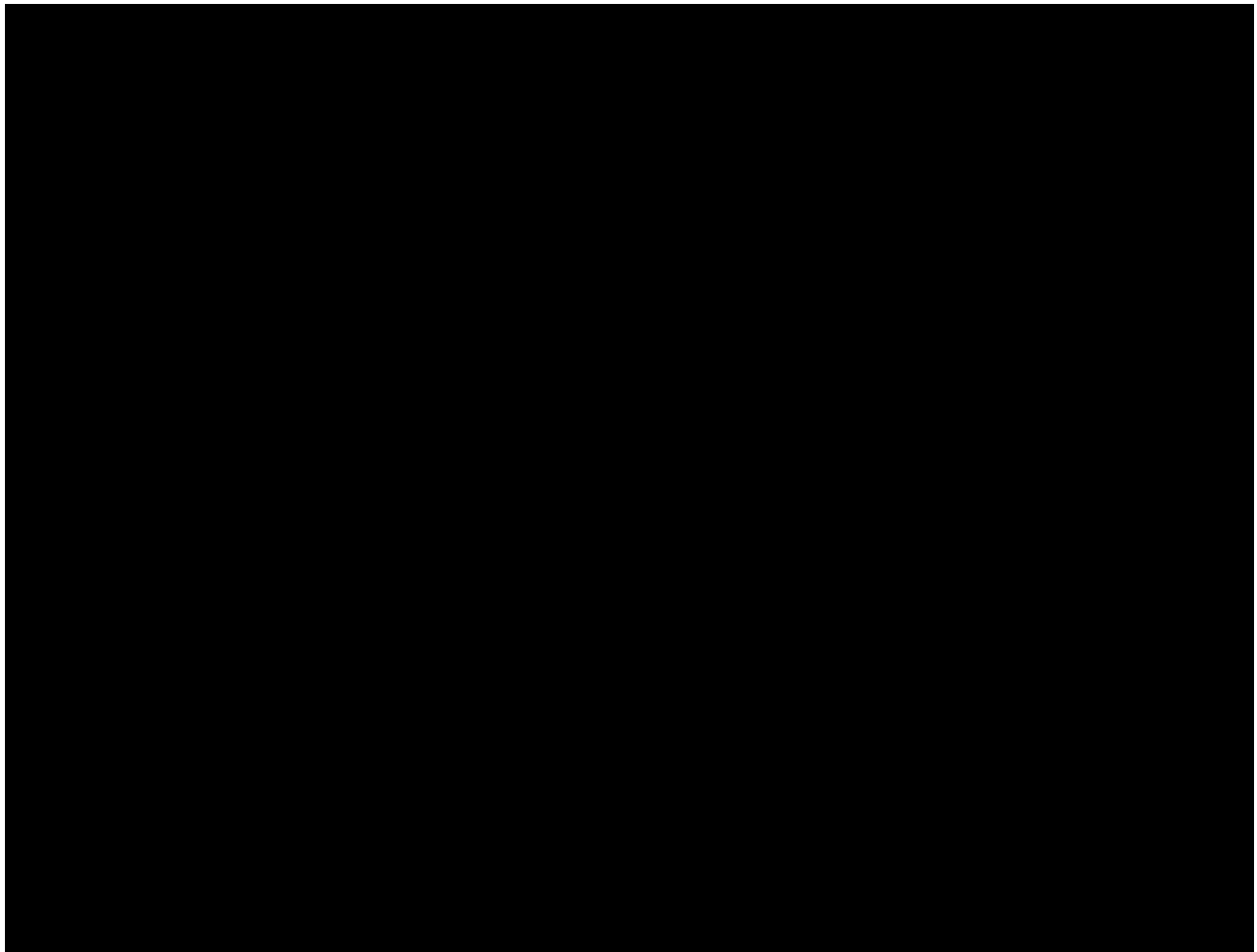
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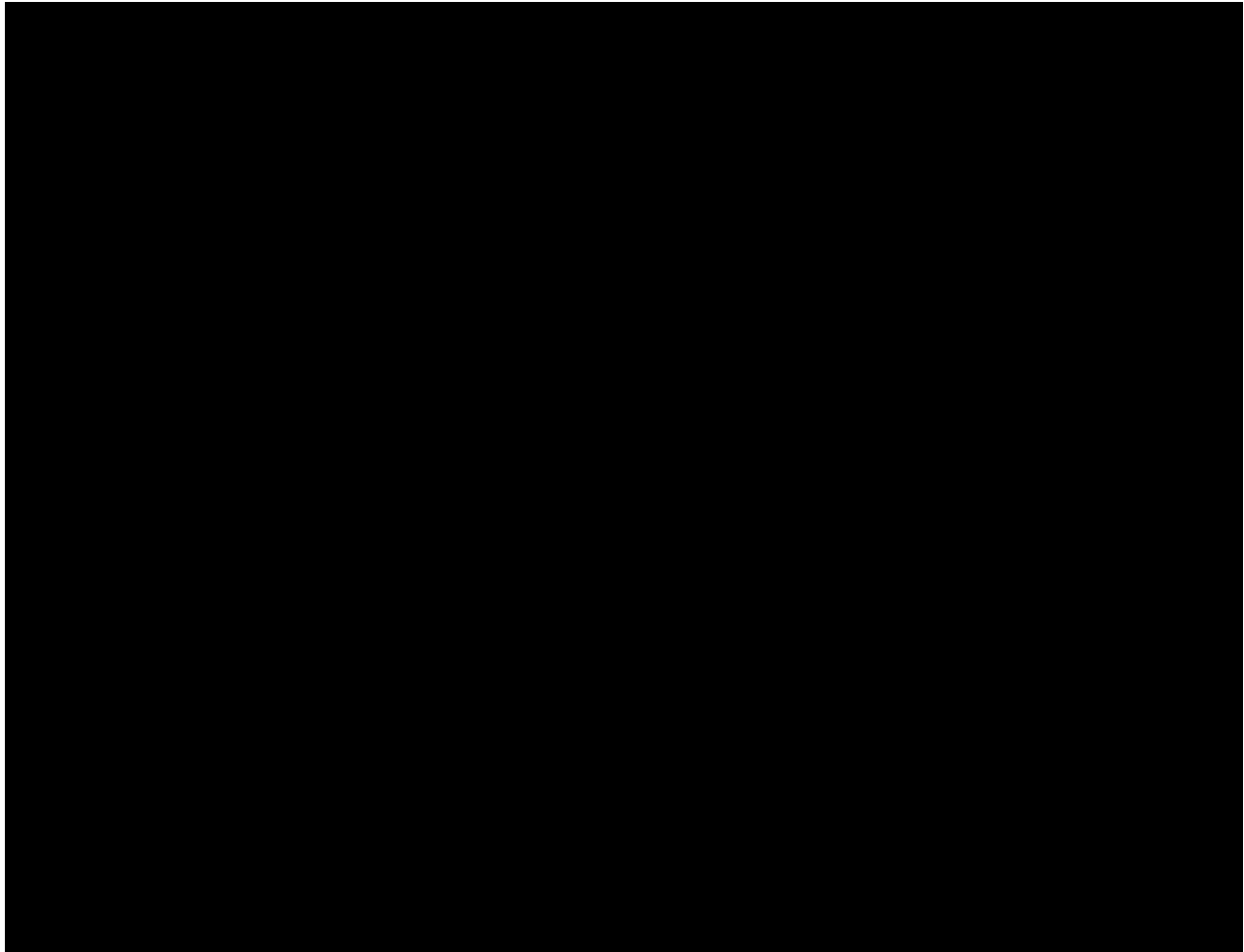
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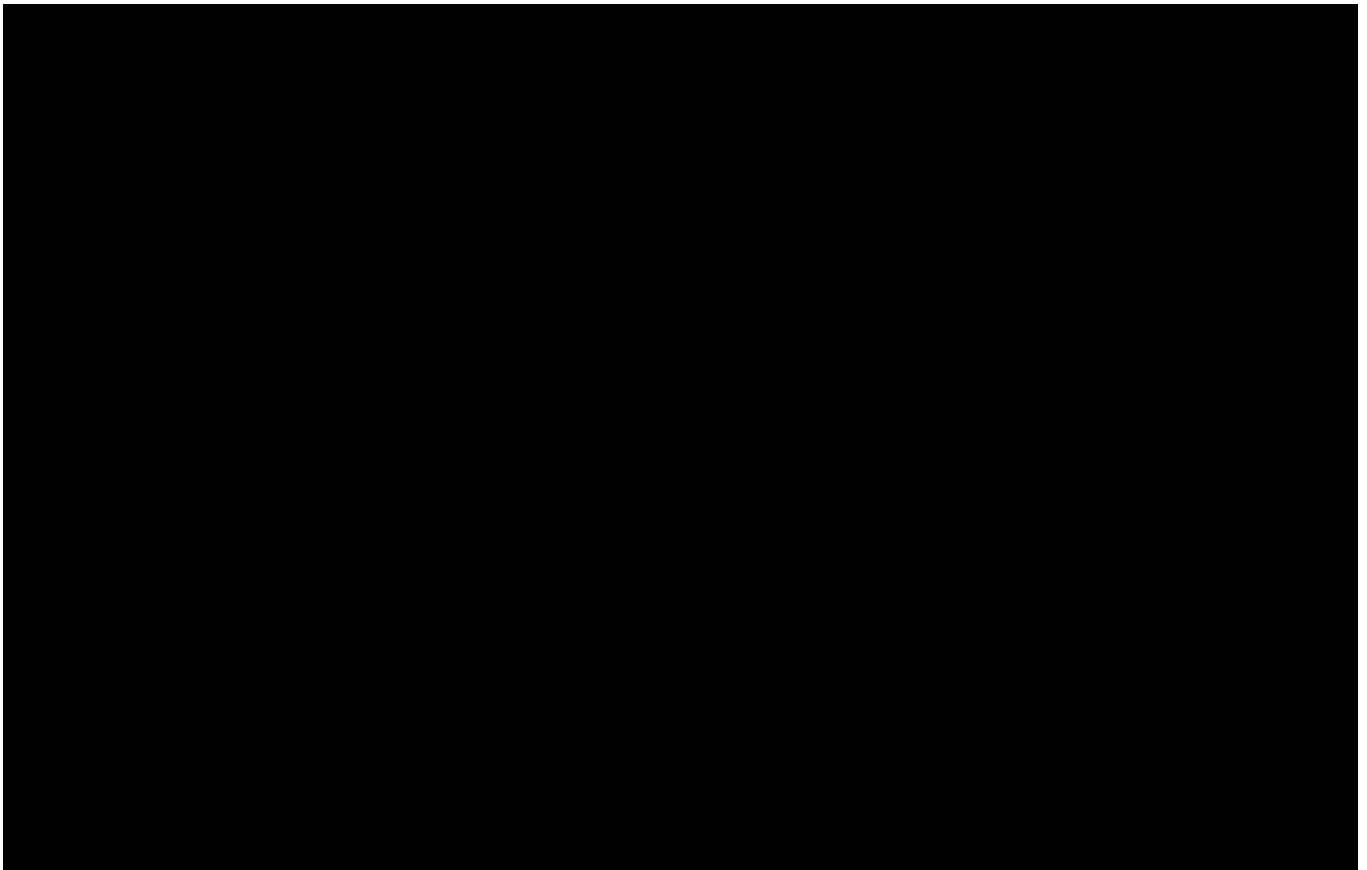
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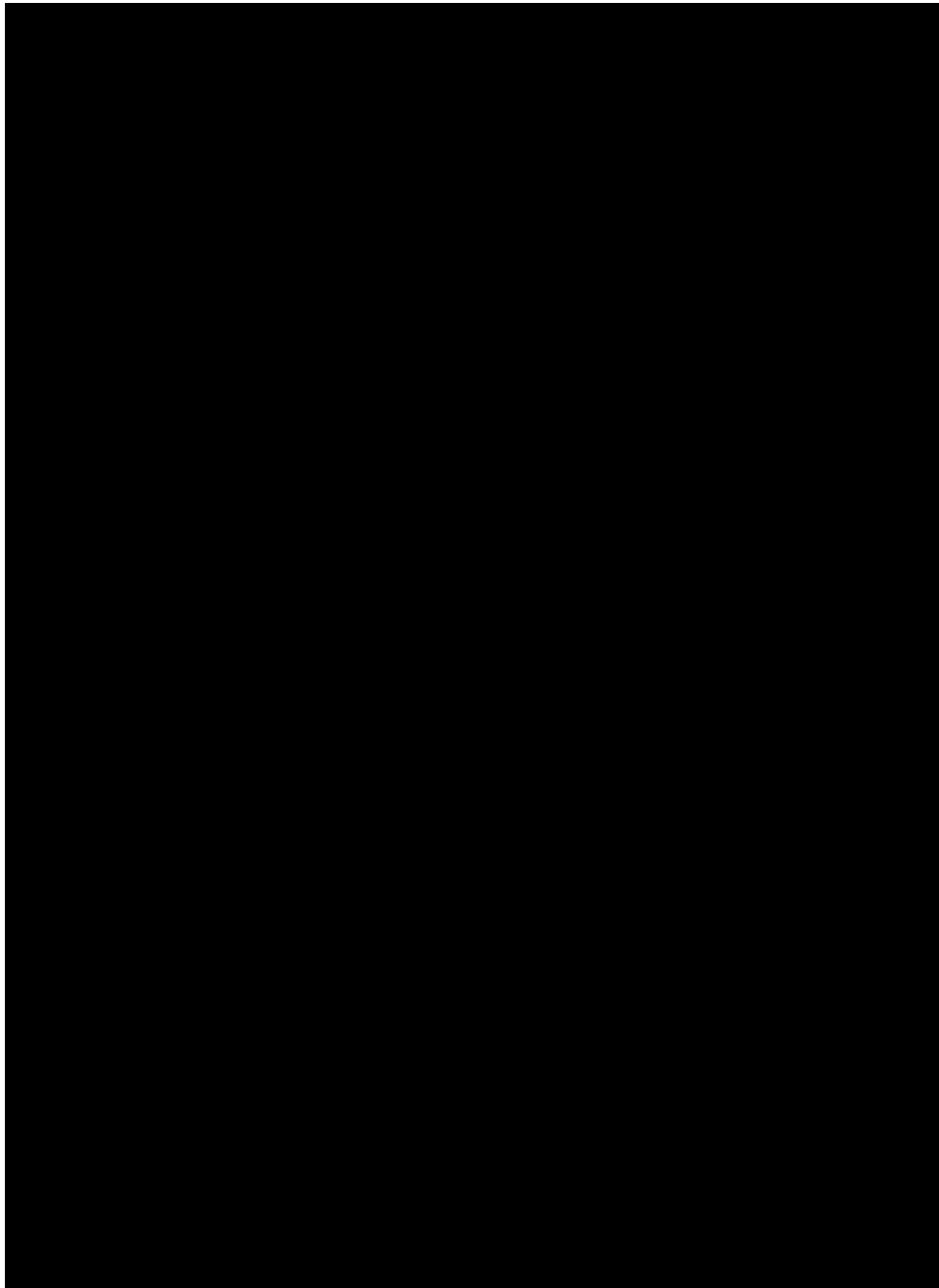
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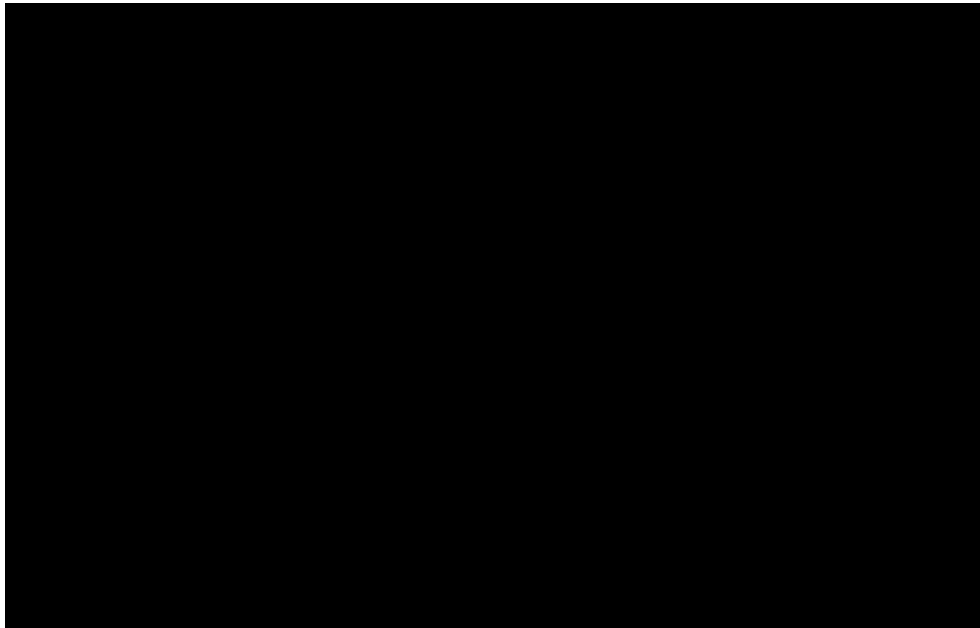
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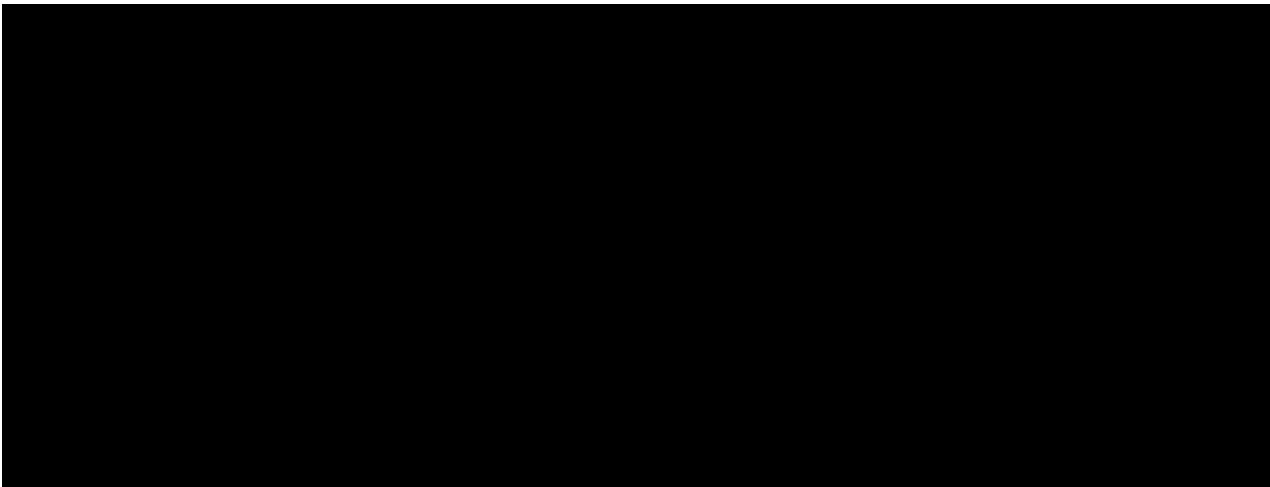
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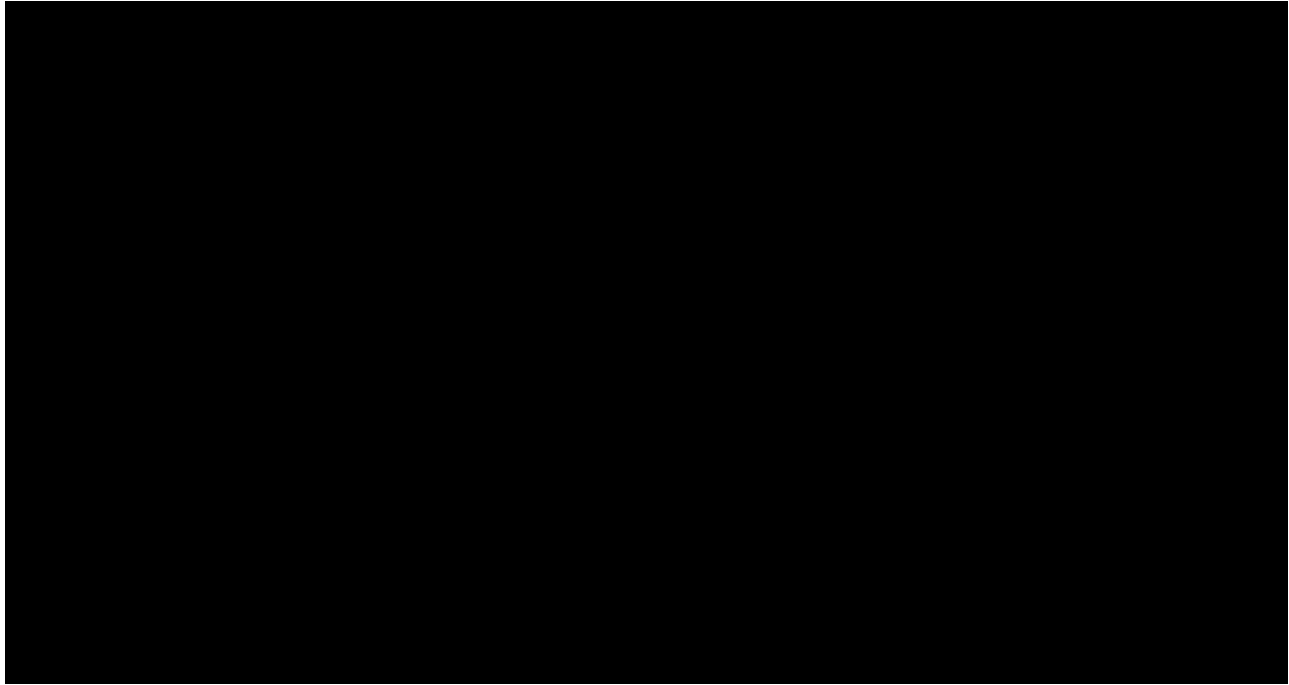
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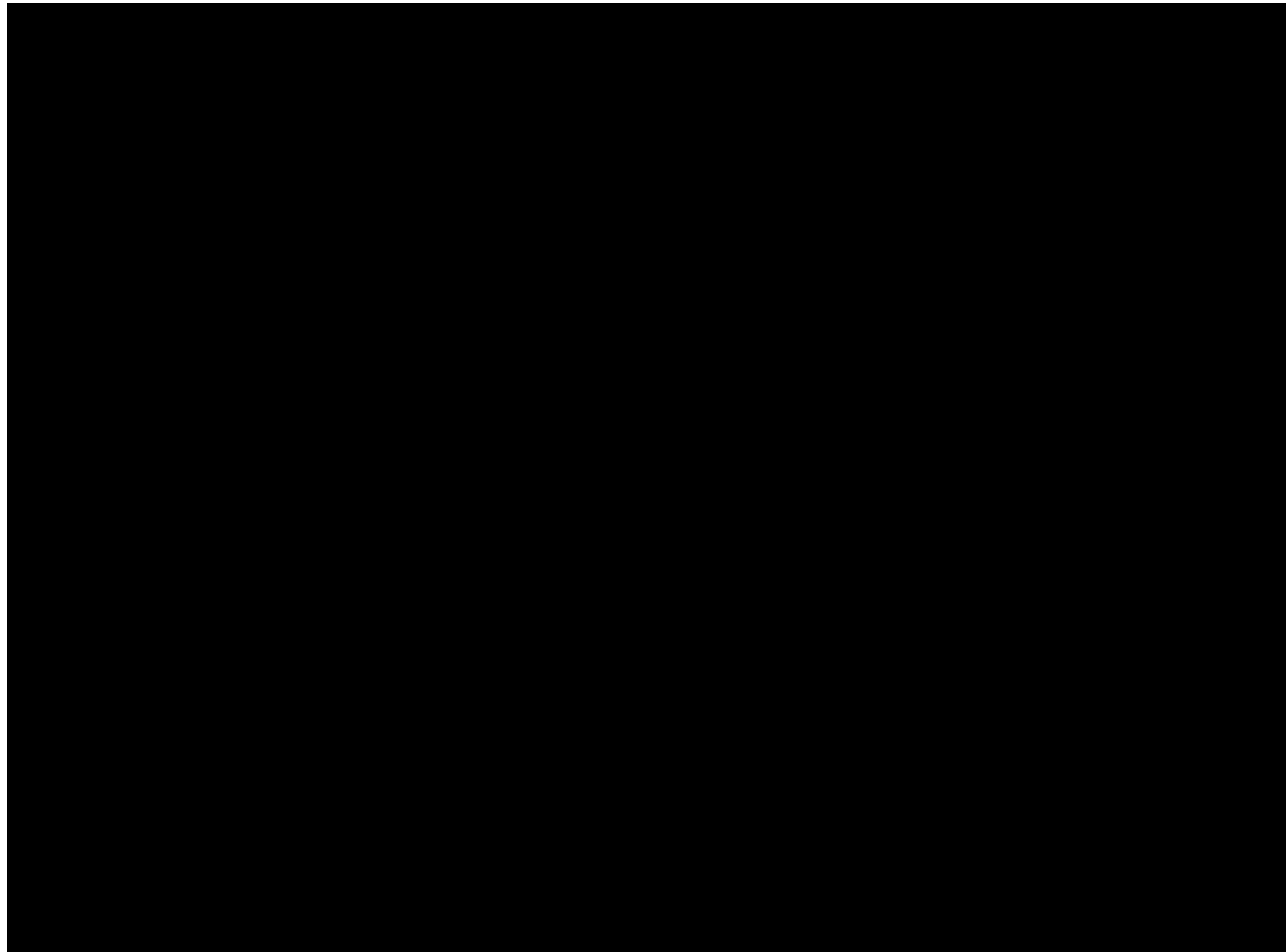
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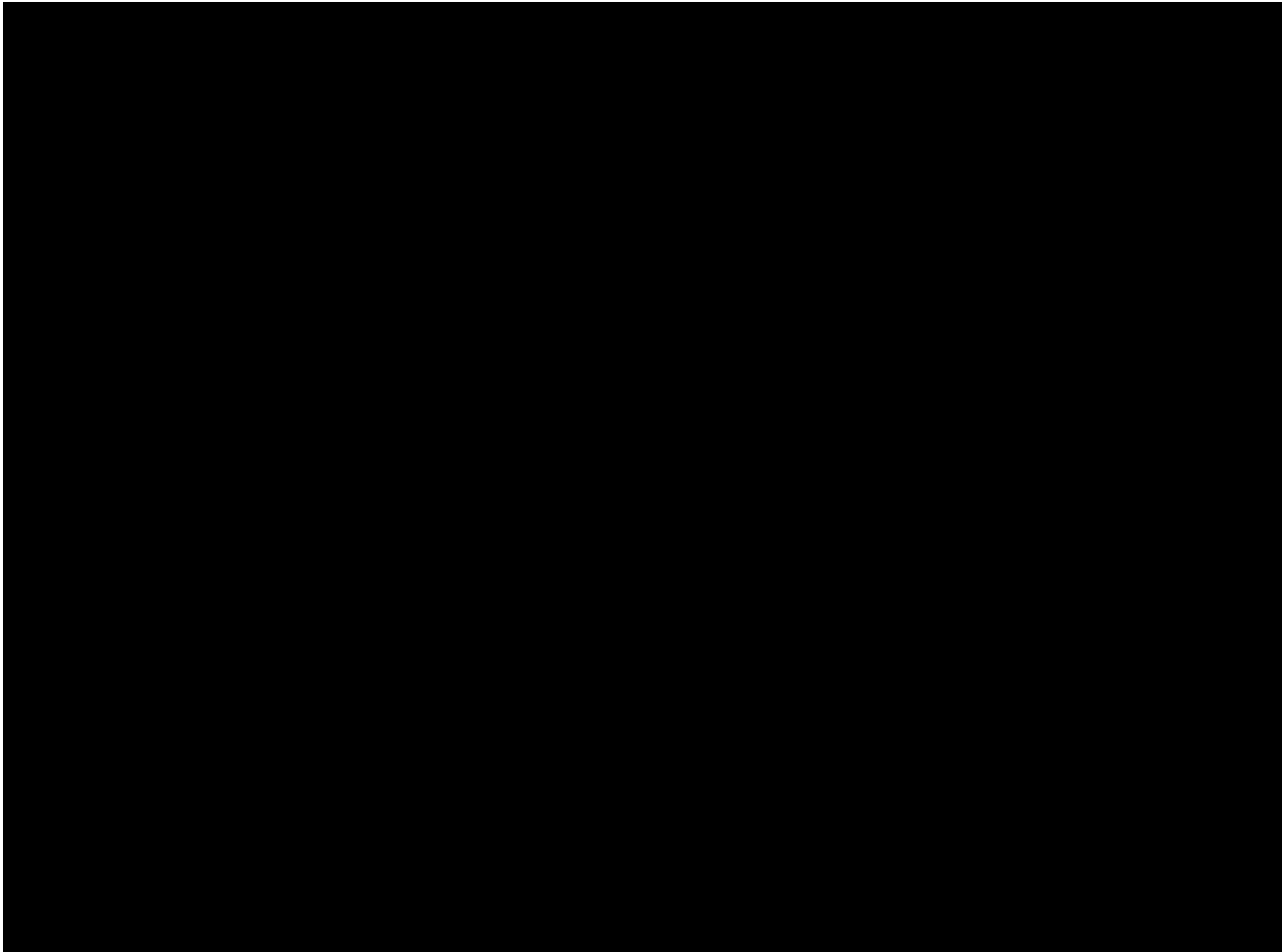
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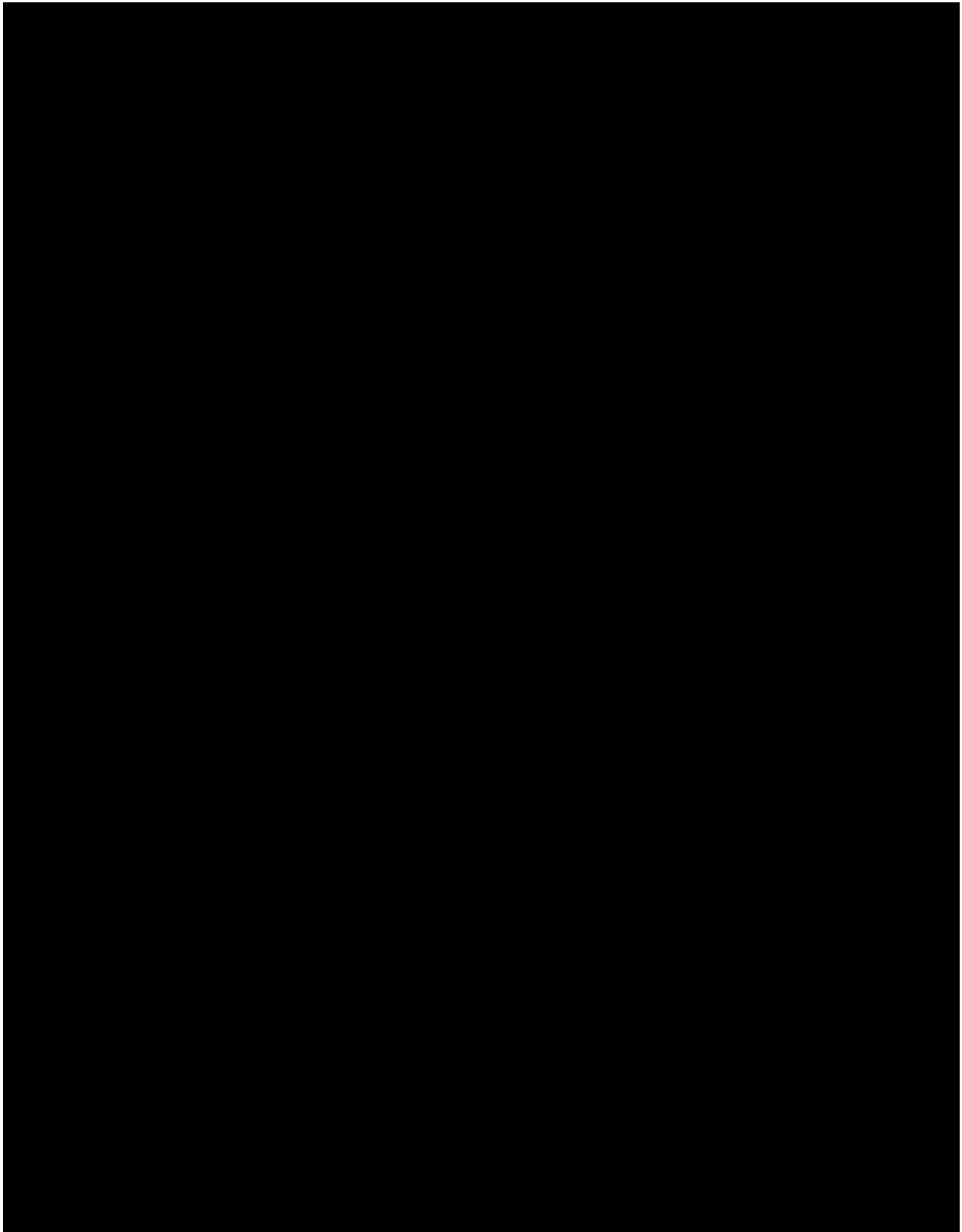
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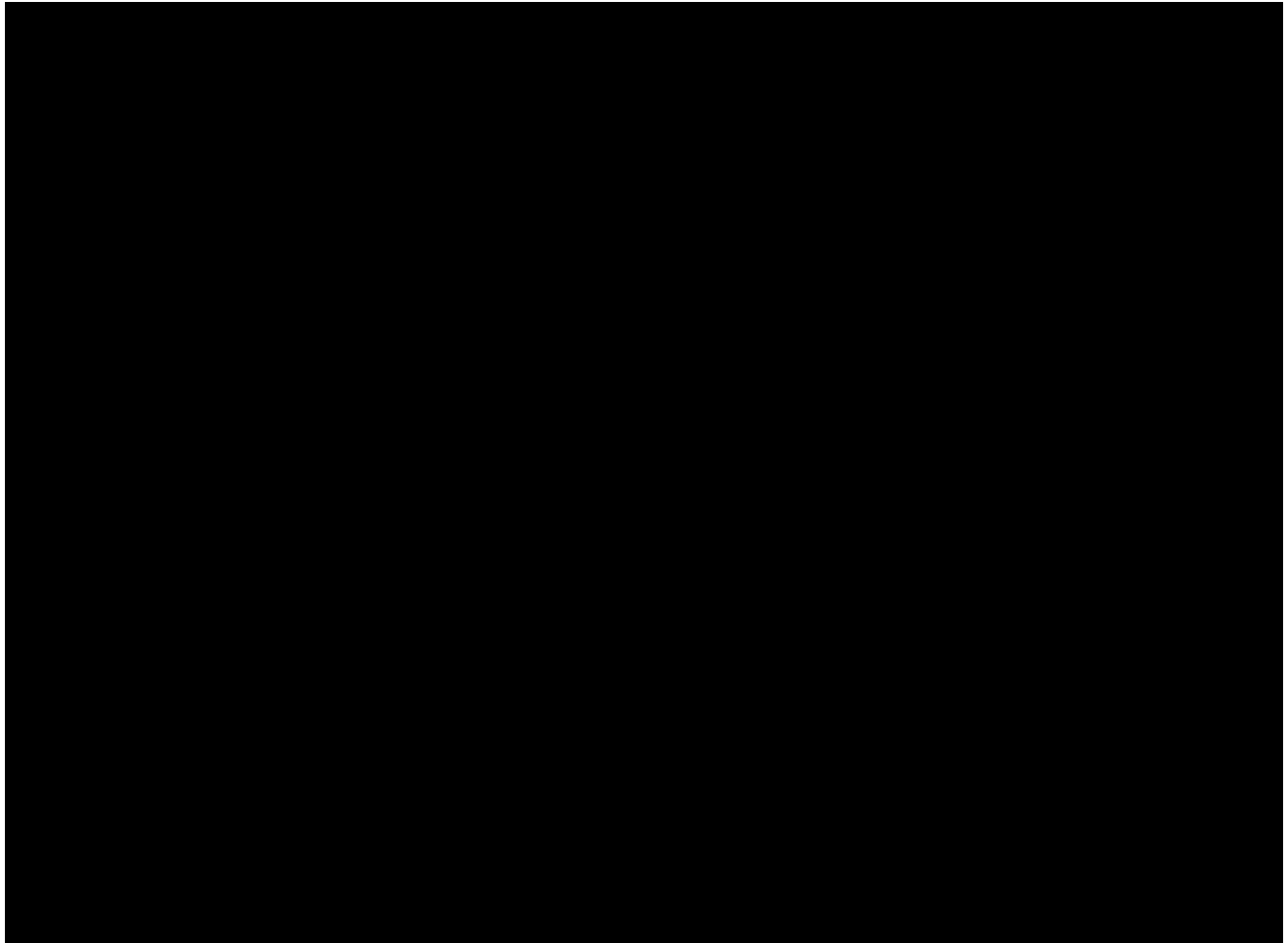
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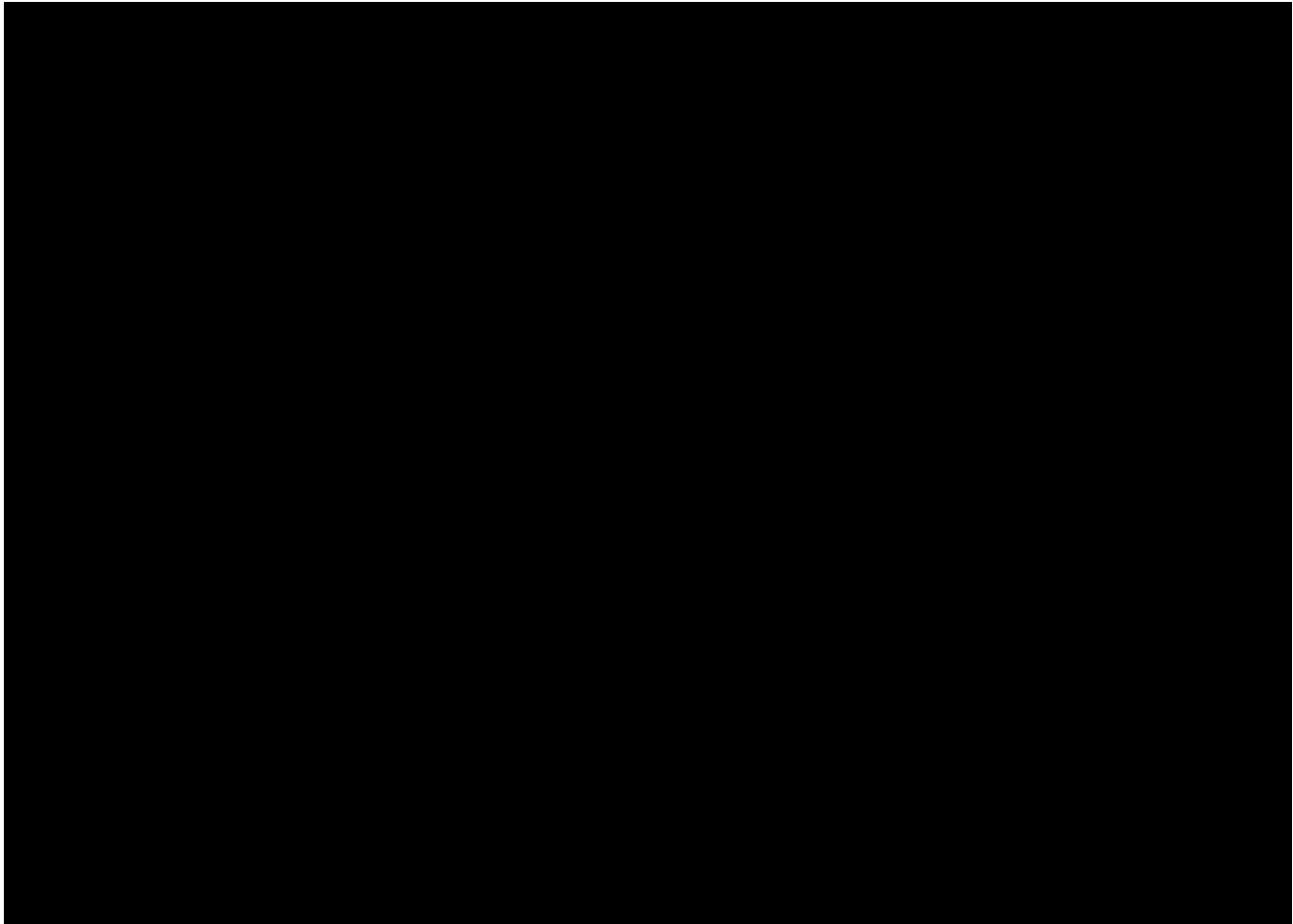
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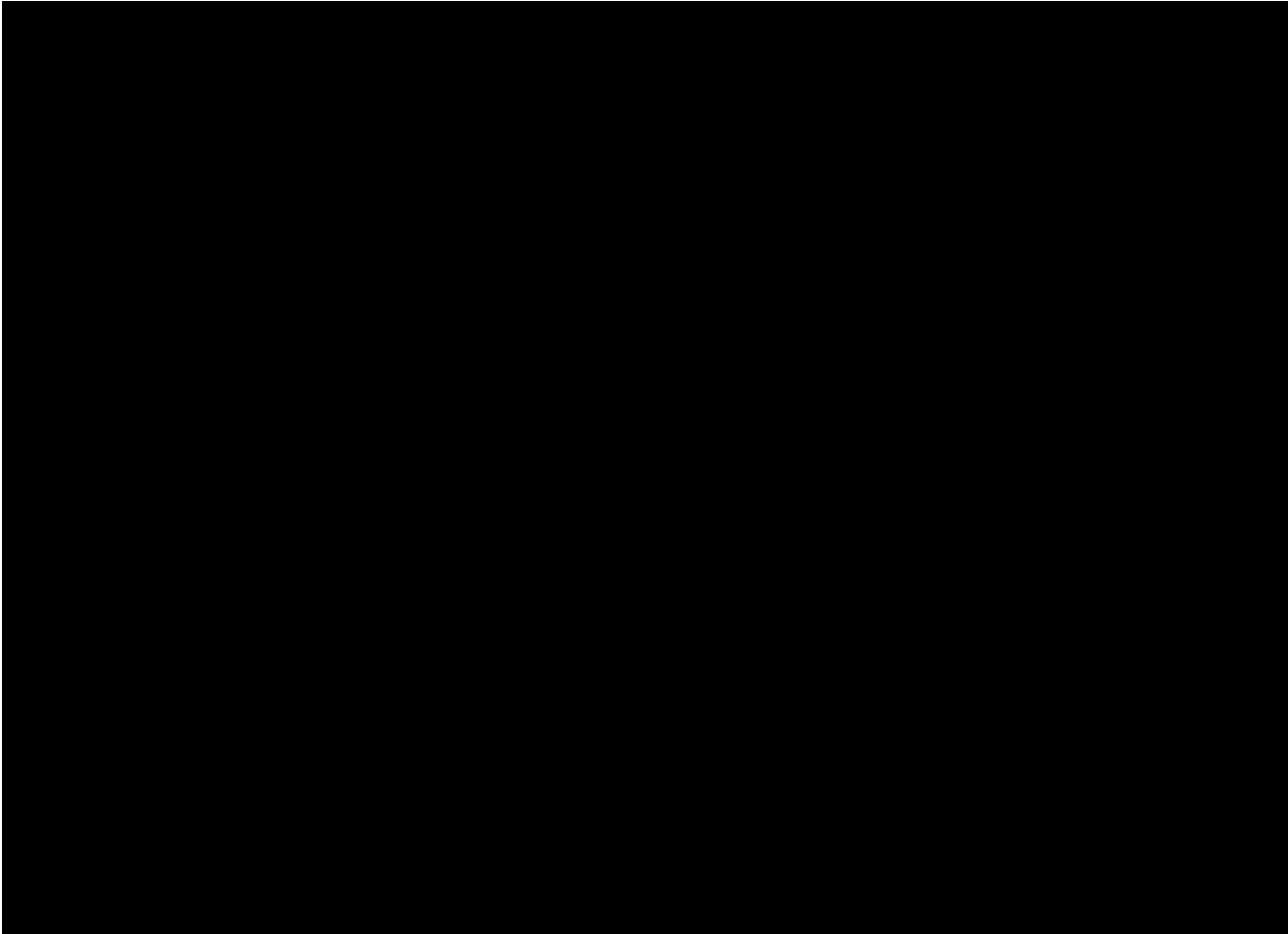
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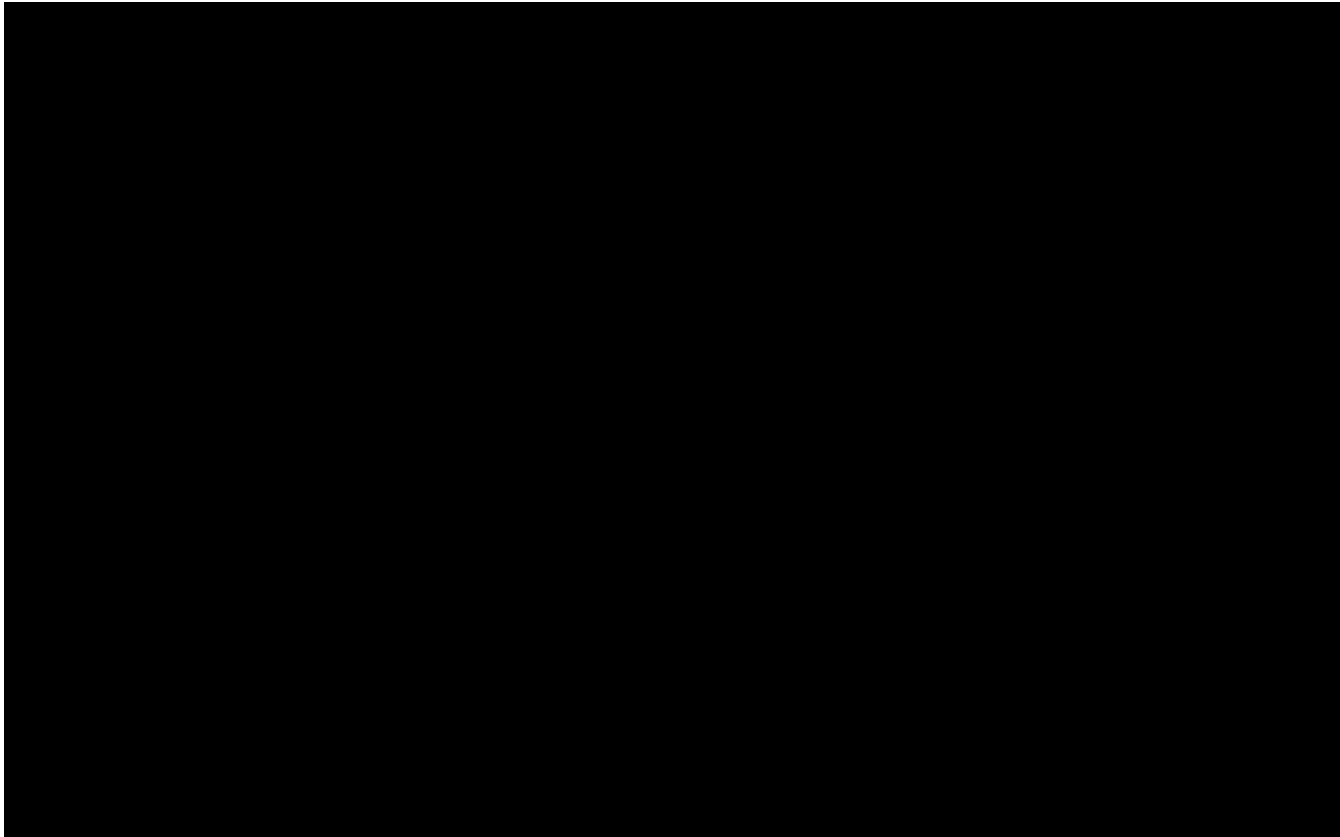
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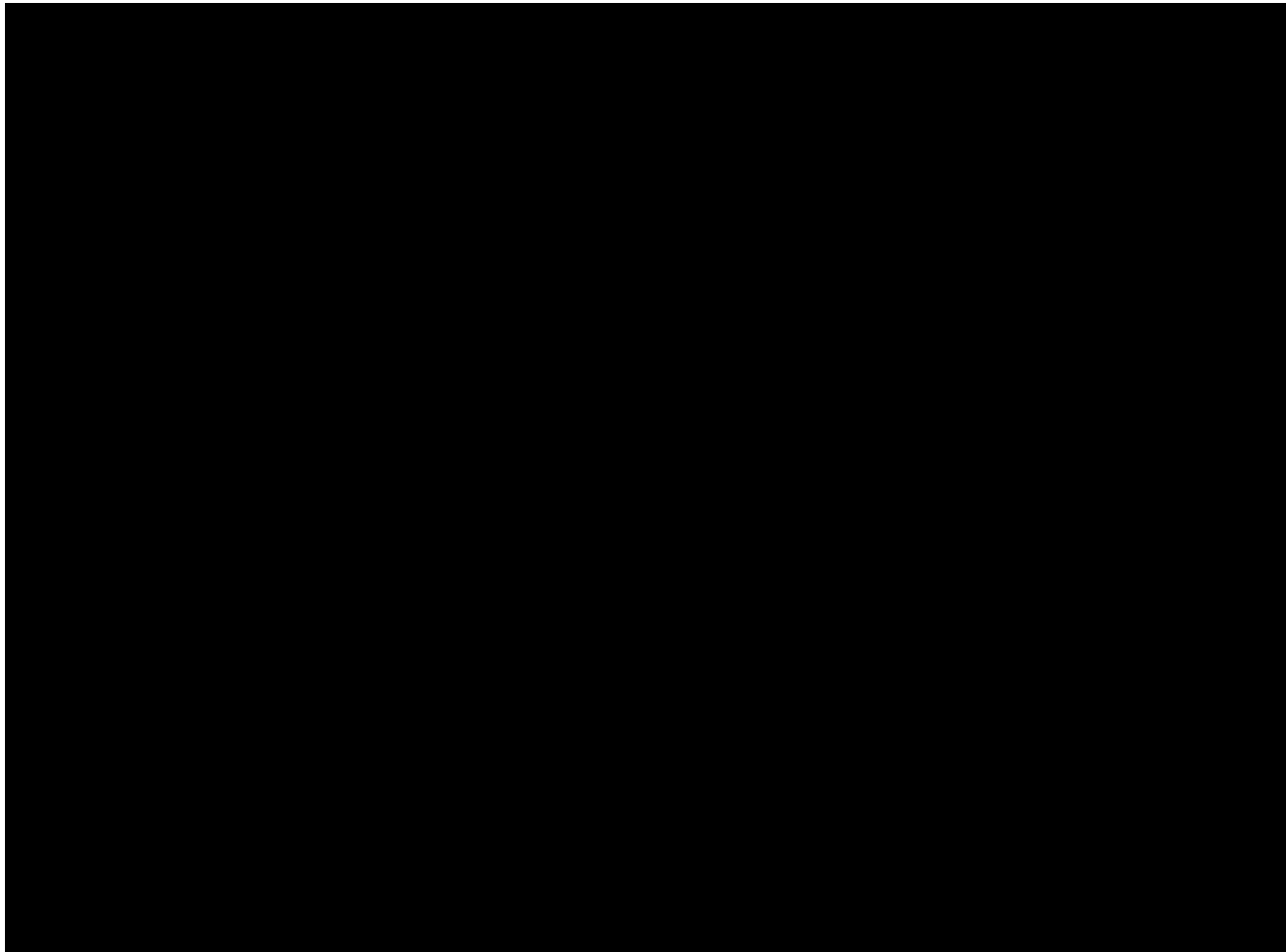




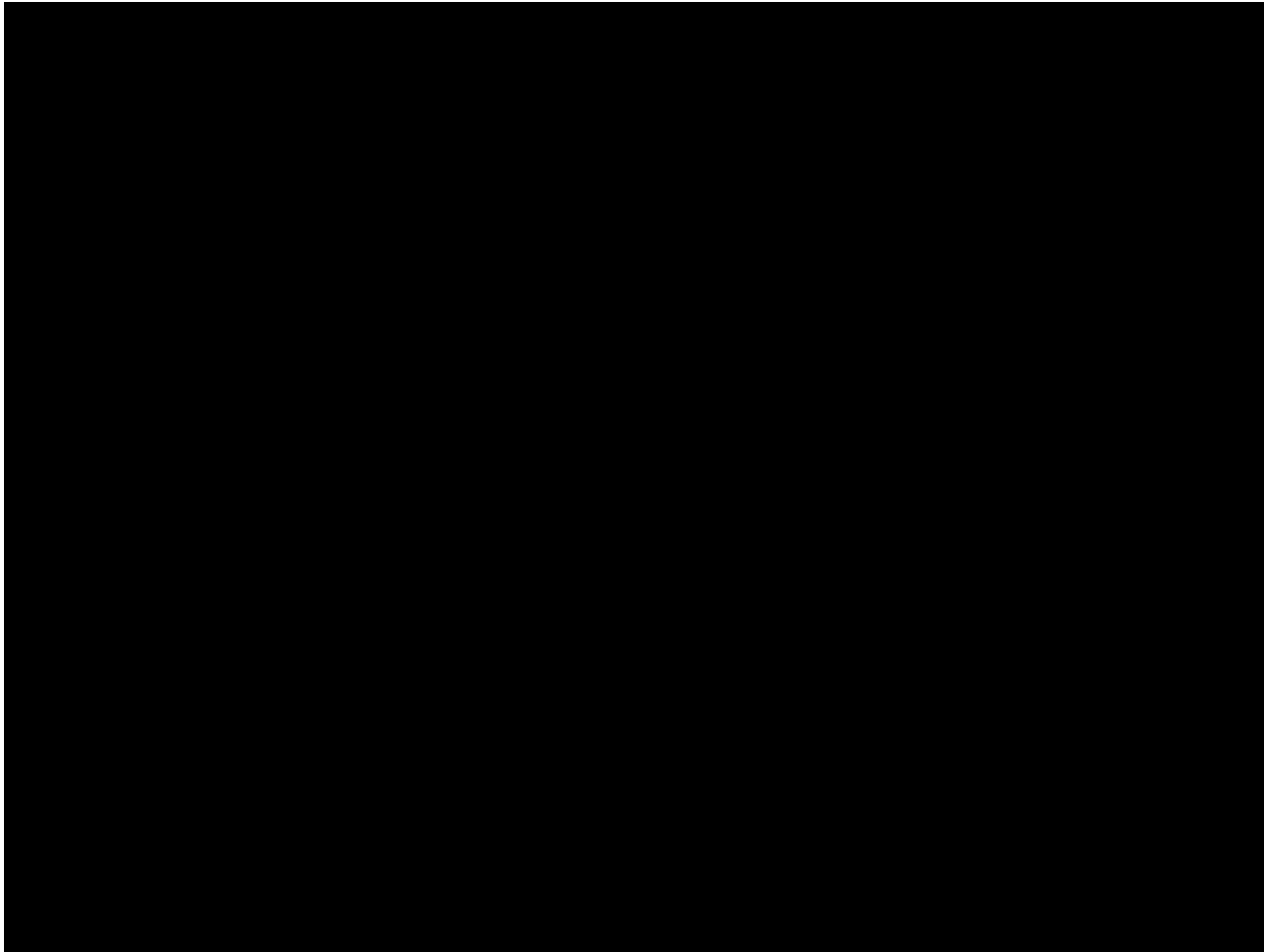
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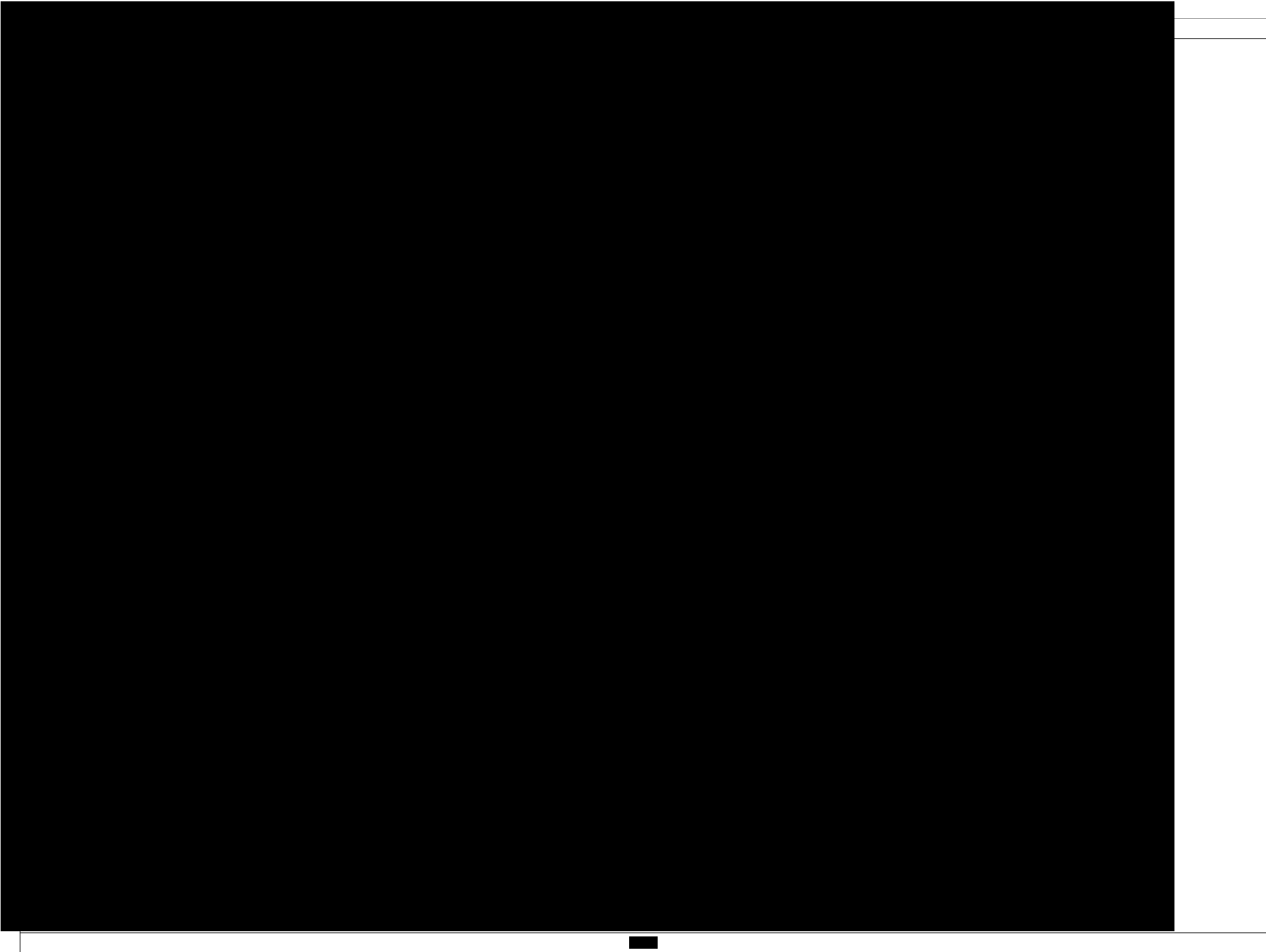
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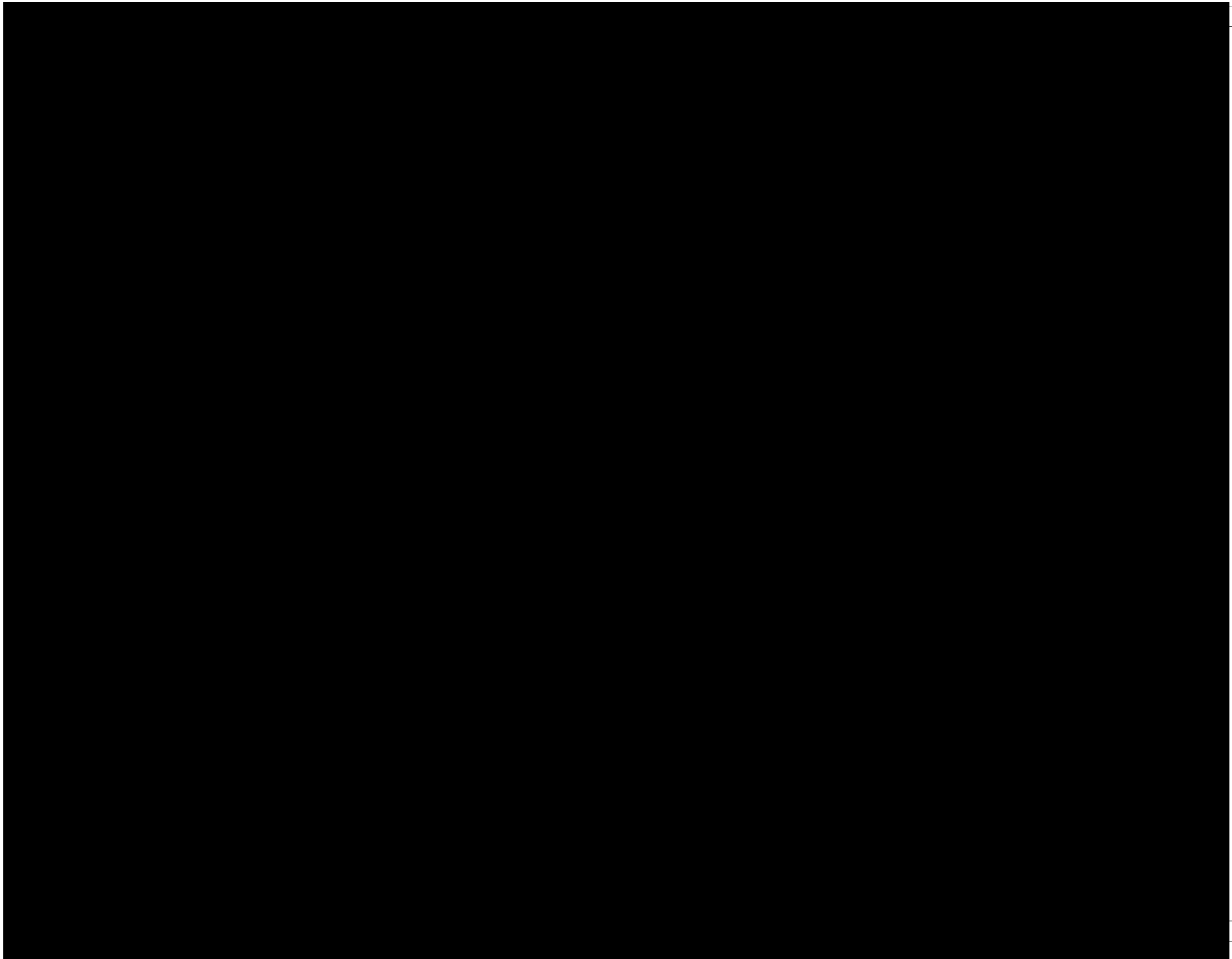
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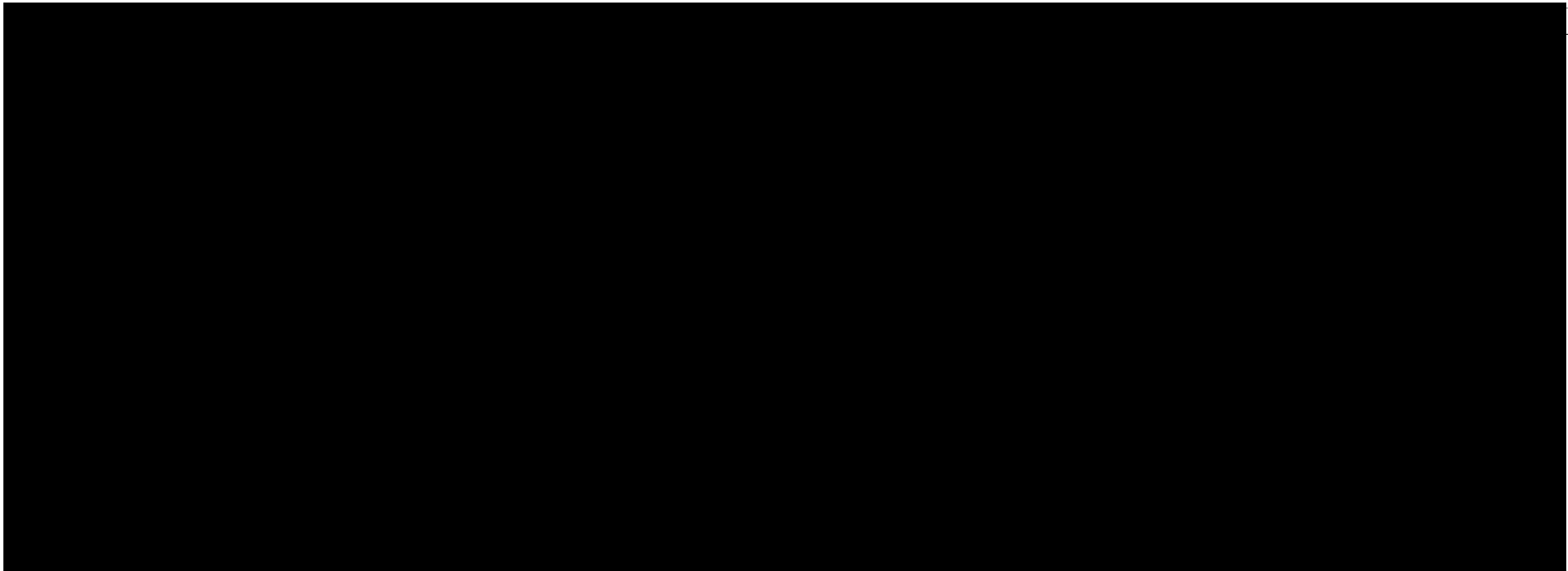
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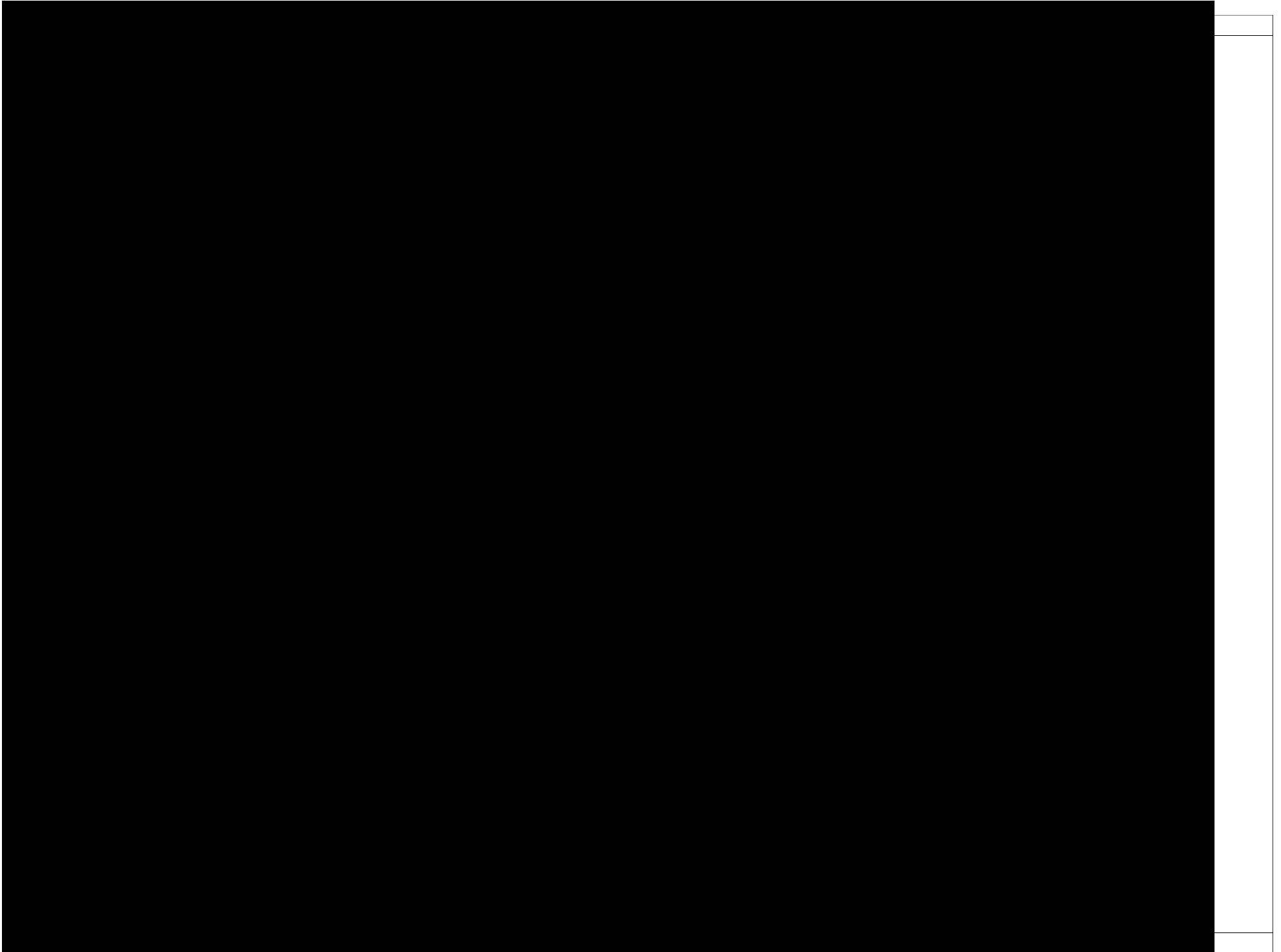
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PROPOSER'S QUALITY CONTROL PLAN (SECTION D)

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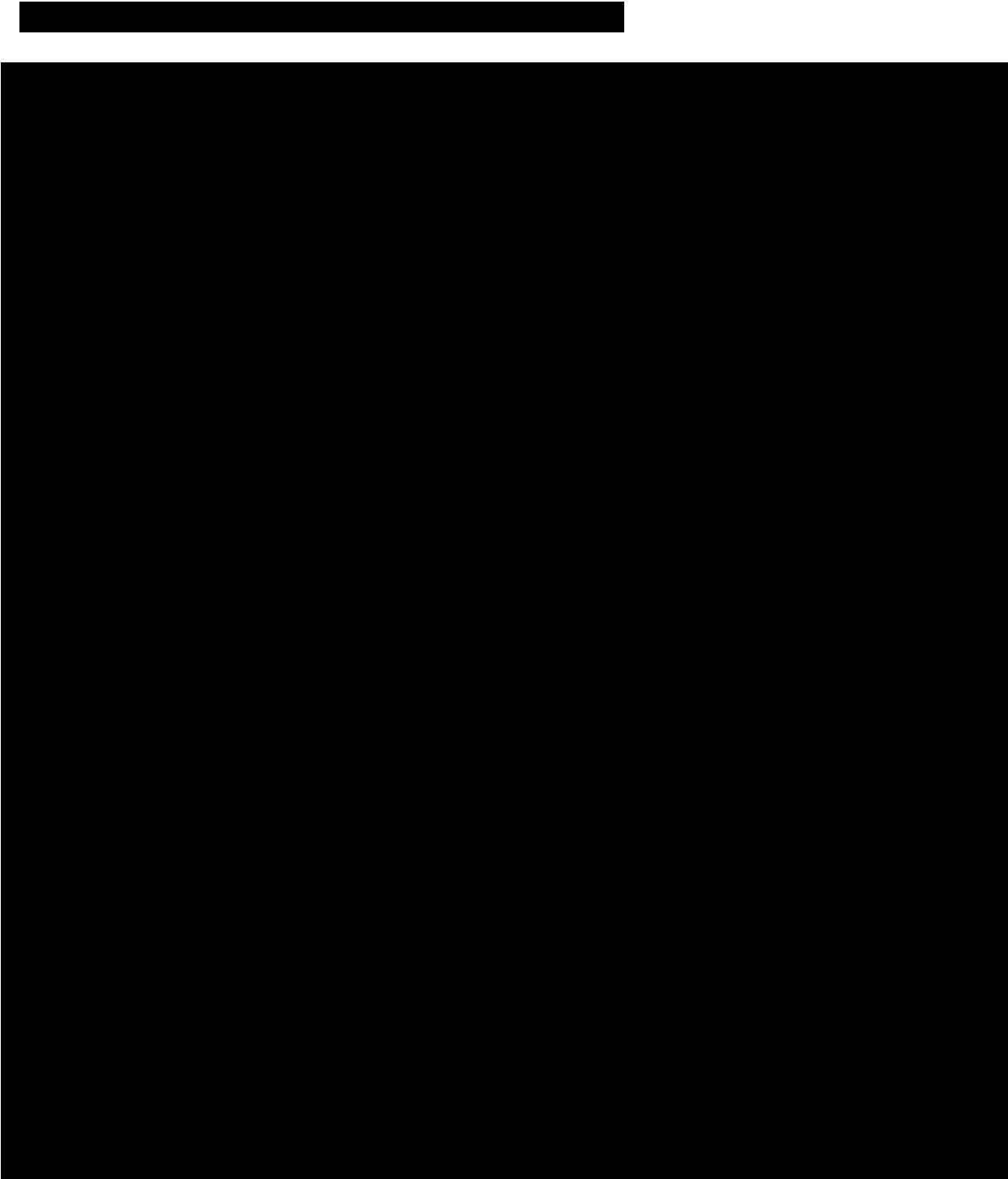
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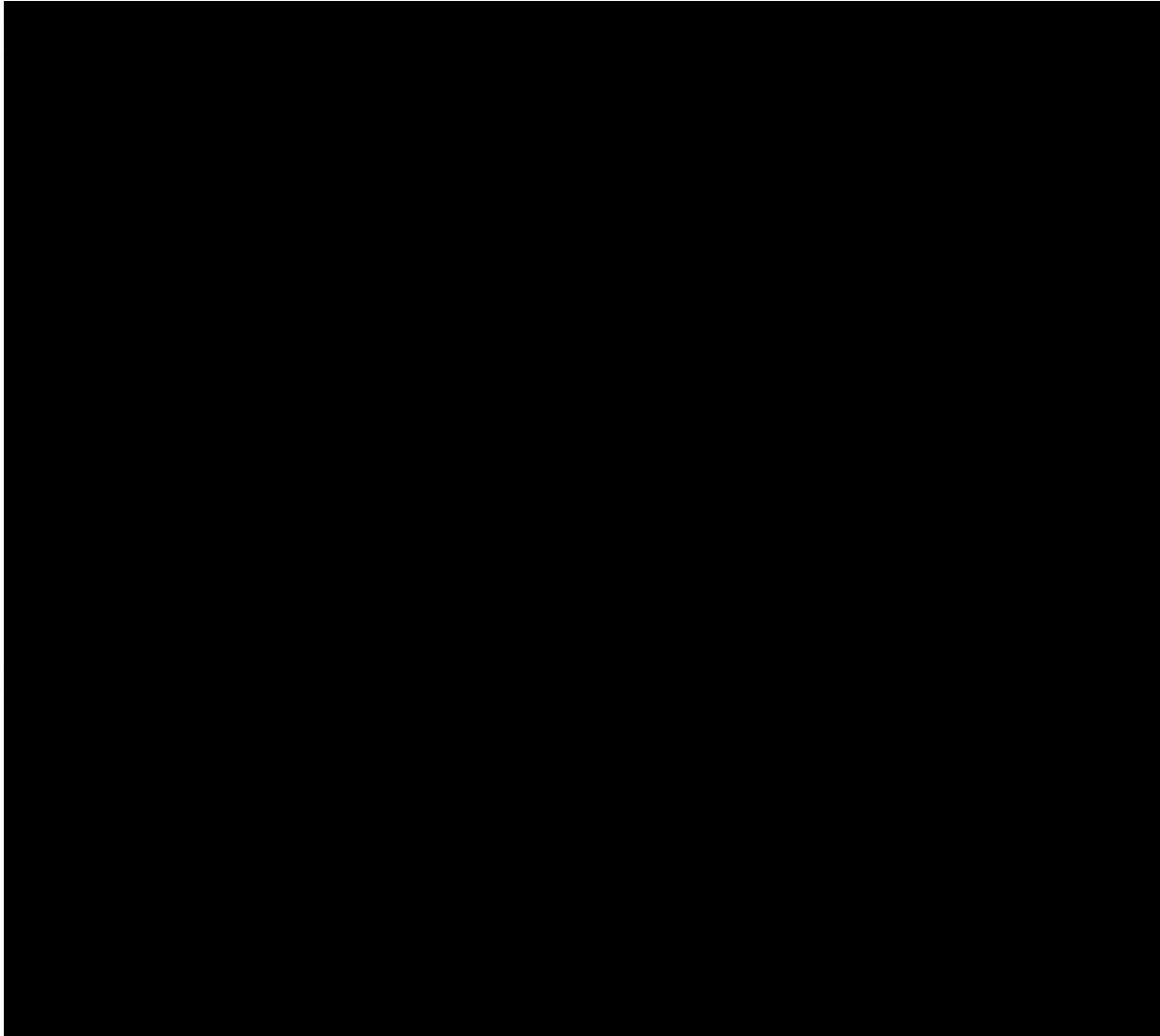
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ACCEPTANCE OF TERMS AND CONDITIONS IN THE REQUIRED CONTRACT, AND REQUIREMENTS OF THE STATEMENT OF WORK (SOW) (SECTION F)

Emphasys accepts the terms and conditions listed in Appendix A – Required Contract, with the exception of the items outlined below under Exceptions, which we would like to negotiate to a mutually acceptable form.

Emphasys accepts all requirements listed in Appendix B – Statement of Work.

Emphasys accepts that the Housing Authority reserves the right to make changes to the Required Contract, the Statement of Work and its appendices and exhibits at its sole discretion, which Emphasys is willing to negotiate. Such changes should be provided to Emphasys for review prior to enforcement.

Contract Exceptions

Note that these exception are listed as items we would like to negotiate to a mutually acceptable final form.

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NOTICE OF SECTION 3 COMMITMENT

Project/Service Name: Public Housing & Section 8 Programs Administration Services
Project/Service No.: CDC 16-067
To: Housing Authority of the County of Los Angeles
(Name of Labor Union, Worker's Representative, etc.)
Address: _____

The undersigned currently holds a contract with the Community Development Commission of the County of Los Angeles involving funds from the U.S. Department of Housing and Urban Development (HUD) or a subcontract with a prime contractor holding such contract.

You are advised that under the provisions of the above contract or subcontract and in accordance with Section 3 of the Housing and Urban Development Act of 1968, the undersigned is obliged to the greatest extent feasible, to give opportunities for training and employment to low- and very low-income persons residing in the service area or neighborhood in which the Section 3 covered project is located, and to award contracts to business concerns that provide economic opportunities for Section residents. Regarding employment opportunities for this project, the minimum number and job titles are: Please see Section 8 Plan attached.

The anticipated date the work will begin is TBD.

Regarding job referrals, request that consideration be given, to the greatest extent feasible, to assignment of persons residing in the service area or neighborhood in which the project is located. For additional information, you may contact Andrea Webb, Project Coordinator, at (800) 968-6884.

This notice is furnished your pursuant to the provisions of the above contract or subcontract and Section 3 of the Housing and Urban Development Act of 1968.

Copies of this notice will be posted by the undersigned in conspicuous places available to employees or applicants for employment.

Emphasys Software
Name of Contractor/Subcontractor

3890 Charlevoix Ave Ste 370, Petoskey, MI 49770
Address

John Wilkens
Print Name

Director of Finance
Title


Signature

6/21/16
Date

**DECLARATION OF INTENT TO COMPLY WITH
SECTION 3 REQUIREMENTS**

As a minimum requirement for consideration of a contract award, the Bidder/Proposer shall be a qualified Section 3 business concern or shall declare his/her intent to comply with Section 3 (24 CFR 135) of the Housing and Urban Development Act of 1968, as amended (Section 3). The Bidder/Proposer is obliged, to the greatest extent feasible, to give opportunities for training and employment to low-income and very low-income persons residing in the service area or neighborhood in which the Section 3 covered project/service is located, and/or to award subcontracts to business concerns that provide economic opportunities for Section 3 residents.

Bidders/Proposers who are not qualified Section 3 business concerns must agree that, prior to recommendation for contract award, he/she will agree to comply with the Section 3 requirements by including the Section 3 Clause in the contract and by submitting a "Section 3 Economic Opportunity Plan." The Section 3 Economic Opportunity Plan shall demonstrate the number of new hires and Section 3 new hires, and/or subcontracts that the Bidder/Proposer establishes to meet the following goals:

- 30% of all new hires will be Section 3 Residents, and/or
- Subcontract(s) will be given to Section 3 Business Concerns.

Failure to submit a Section 3 Economic Opportunity Plan prior to a recommendation to award a contract shall be grounds to determine the Bidder/Proposer non-responsive, and not be considered for contract award.

The Bidder/Proposer shall complete all of the following information, sign where indicated below, and return this form with his/her bid/proposal.

1. The Bidder/Proposer is willing to consider hiring Section 3 Residents for any future employment openings if the Section 3 Resident meets the minimum qualifications for the opening. ("Consider" means that the Bidder/Proposer is willing to interview qualified Section 3 Residents.)

YES NO

AND/OR

2. The Bidder/Proposer will consider subcontracting with Section 3 Business Concerns for this project/service.

YES NO

Emphasys Software
Name of Contractor/Subcontractor

3890 Charlevoix Ave Ste 370, Petoskey, MI 49770
Address

John Wilkens
Print Name

Director of Finance
Title


Signature

6/21/16
Date

BUSINESS PROPOSAL REQUIRED FORMS (SECTION H)

Please review the completed forms that follow:

- Compliance Matrix Form
- Application for Exception and Certification Form for the Jury Service Program
- Charitable Contributions Certification
- Conflict of Interest Certification
- Contingent Fee Representation and Agreement
- Defaulted Property Tax Reduction Program Certification
- EEO Certification
- Federal Lobbyist Requirements Certification
- Payee Registration Package
 - o Payee Registration Form
 - o Organization Information Form
 - o Request for Taxpayer Identification Number and Certification

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Instructions:

Complete the provided Compliance Matrix Form that matches the Housing Authority's requirement with the proposed solution. The matrix will list the requirements and solutions in the same order as they are listed in Appendix B – Statement of Work and be numbered in the same way. The Proposer must describe how the proposed solutions will fulfill each requirement. Columns are provided in the matrix for the Proposer to identify whether the requirement is: a) provided Standard (SD) as part of the Proposer's system already developed; b) will be delivered to Housing Authority as part of the Proposer's solution with Moderate Change (MC) to the standard software; c) will be delivered with a more Significant Customization (SC) effort for changes to the standard software. Proposer must provide an estimate for the level of effort for this customization; d) the requirement will be delivered by or through integration with a Third Party (to be identified by the Proposer as TP); or e) the Proposer will work with the Housing Authority to do Integration (INT) of existing modules with the Proposer's Solution.

Please use the comments field to provide additional effort or information that will help to evaluate any particular line item. If additional space is required, please use additional sheet of paper, the Proposer Name as the header, and labeling the Line Number, SOW Section and the continued comment.

Legend:

SD – Standard	Requirement is standard to application software no modification needed.
MC – Moderate Change	Application software will satisfy this requirement with moderate modification (to be accomplished within two days)
SC – Significant Change	Significant customization (beyond two days) is needed to satisfy the requirement. Estimate included in Comments
TP – Third Party/Partner	Requirement is satisfied with or through integration with Third party provider (to be identified in Comments)
INT - Housing Authority Integration	Integration of existing modules with Proposer's Solution
	Not Applicable

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
Database and Technical Requirements								
1	3.1.1	Microsoft SQL and XML applications such as Internet based waiting list.						
2	3.1.2	Delivered Web services enabling queries for staff and clients (or clients' systems) to retrieve data online.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
3	3.1.3	Clearly defined database layouts and data dictionary with minimal data redundancy.						
4	3.1.4	Clearly defined server, workstation and network resource needs.						
5	3.1.5	Ability to perform data maintenance and system updates quickly with minimal to no impact on users daily activities.						
6	3.1.6	Data archiving utilities for the purpose of keeping large databases performing at optimal levels.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
7	3.1.7	Real-Time Utilities to monitor who's logged into the system, troubleshoot errors and monitor system performance.						
Systems' Integration Requirements - Replace/provide equivalent functional								
8	3.2.1	Applicant Registration Portal for the general public to register, update, and/or view their waiting list application status (online). Furthermore, any changes done by public inquiry via the portal the system must automatically be updated in real-time and to include audit trails regarding any changes done (regardless if changes were done by the public or internal staff).						
9	3.2.2	Green Route System (GRS) which integrates with the Housing Authority PeopleSoft and current Housing System provider to provide smart routes (integrating with and sent to Housing Authority-developed iPad app) for Inspectors - developed by 3rd party provider;						
10	3.2.3	HQS mobile inspections - iPad app developed by the Housing Authority which integrates with current provider						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
11	3.2.4	REAC mobile inspections - Tablet app developed by the Housing Authority which integrates with current provider						
12	3.2.5	Mobile app for Work Orders which is integrated with housing system and mobile inspections						
13	3.2.6	Inspections Dashboard for management and inspectors to track and monitor inspections' operations						
14	3.2.7	System auto creates/batches, and approves code 13 - 50058s (HQS Annual Inspections) to minimize manual intervention. Also, provides a report to capture any exceptions which failed the code 13 batching process and alert the inspections unit via email.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
15	3.2.8	Tenant Portal allows tenants to view and report information online. Functionality includes but is not limited to submitting annual reexamination information, reporting income/family composition changes, viewing their inspection information, rent information, and status. Caseworkers should be able to view, approve or deny all online submissions. Portal should be capable of pushing online submission forms from the portal to Laserfiche Document Management system.						
16	3.2.9	Owner Portal allows owners to report owner information, such as but not limited to address changes, direct deposit banking information, change of ownership, and management company changes. Owners can check inspection status, tenant/Housing Assistance Program (HAP) modifications that affect the owners, abatement status (failed owner inspections due to owner caused deficiencies), owner overpayment notices, and a summary HAP report for owners who have multiple tenants.						
17	3.2.10	Interactive (mobile) check-in system for our clients (e.g., owners, applicants, tenant, and the general public) to inform assigned case worker that the recipient of the scheduled appointment has arrived (to tie in with the assigned case worker as identified in the system based on the tenant, landlord, or applicant identification (system identification/Social Security #/Tax ID #).						
18	3.2.11	PeopleSoft (ERP) Human Capital Management (HCM) - interface all G/L information from Housing System to ERP. Link case workers and inspectors to respective employee information in ERP						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
19	3.2.12	GoSection8 (Rent Comp system) - Provide seamless integration between housing system and the GoSection8 system to eliminate duplicate data entry.						
20	3.2.13	Facilitate integration that allows the system to interface with LaserFiche (Document Management system) to view owner/tenant/other PHA related documents.						
21	3.2.14	Facilitate integration with the Housing Authority's Shortel Phone system that allows respective tenants and owners to route their call to the assigned case manager based on their owner and tenant identification.						
22	3.2.15	Public Housing Portal which enables tenants to view monthly rent statements and make payments online. Portal integrates with financial institution's Payment Collection gateway.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
General Functionality Requirements								
23	3.3.1	Built in Quality Control mechanism with data integrity enforcement including date/time-stamped audit trail logging, history tracking on status changes and processes as defined by the Housing Authority. For example, if a record is deleted, modified, or created, an audit trail should record the transaction information, including the date and time deleted or created, and user who deleted or created it. If a tenant, applicant, or owner status is changed, a log of changes should be kept so that the history of changes can tracked. The Audit Trail should track all changes within each respective module and their fields within the database without affecting system performance.						
24	3.3.2	If the Housing Authority chooses, at some future date, to manage other Public Housing Agencies (PHA), the solution will need to support separate management of these separate agencies and/or Special Programs under the same installation – including the management of separate waiting lists, ACC (Annual Contributions Contract) units, leases, and 50058/50059 processing and submission to HUD under an independent PHA code. Ability to track/process applicants in multiple waiting lists simultaneously with "Applications in process" without disrupting the validity of the data/status for the other active waiting list records or applications in process. Financial Tracking of administrative and HAP expenditures and revenues from multiple sources. Each ACC managed by the Housing Authority would be independent and must be tracked as independent Housing Authorities						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
25	3.3.3	Ability to add user-defined objects, either for delivered system's interface(s) or custom and configurable screens to be added by HACoLA, for other internal PHA tracking needs						
26	3.3.4	Individual and group security features by system function or user/group responsibilities by module, screen, and/or specific fields where needed.						
27	3.3.5	The Solution should enforce staff to clear all fatal and warnings before the 50058 can be approved. Built-in 50058/50059 processes with full PIC/TRACS compatibility including format, validation, and submission. These processes must be in accordance with applicable HUD Technical guidelines. For example, 58 processing must be in compliance with PIC's validations according to the 50058 Instructions Booklet and HUD's Technical Reference Guide Book.						
28	3.3.6	The Solution should have automated forms management/development/generation and tracking capability linked to specific functions. The system should be able to auto-generate and populate forms, driven by data from a user action or a scheduled task.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
29	3.3.7	The Solution should have the capability to allow users to print, view, and/or export reports and forms in various formats.						
30	3.3.8	The Solution must have a built in support function that allows the agency to update their letterheads for all forms within the system. Example, if the agency logo, Executive Director name or Board of Commissioners name change, all letterheads can be updated in mass with one function as oppose to updating each letter.						
31	3.3.9	Help Screens to include glossary for field uses and terminology						
32	3.3.10	Automated scheduler function that allows staff to create "scheduled" reports that can be saved or emailed to the user or distribution of users.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
33	3.3.11	Reports filtering should allow for results based on any range of time.						
34	3.3.12	The Solution should have a function that allows staff to create adhoc reports and should auto track the author, specifications, and store in a central reporting menu set for all other uses to view.						
35	3.3.13	The Solution should have a Report Directory. Directory should include report legend and location of reports. Vendor must also update the Report Directory according to any changes (not only at upgrades).						
36	3.3.14	System Manual (user guides) to include glossary for field uses and terminology. Furthermore, the vendor must also provide updated manuals (as changes occur).						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
37	3.3.15	The Contractor must provide technical and end-user training for implementation. Online courses and webinars should be provided to keep the Housing Authority abreast of compliance or system updates.						
38	3.3.16	The Solution should provide the user with a status on reports, or posting to determine whether a report is running or if a report request was successful.						
Public Housing Requirements								
39	3.4.1	Built in support for Lockbox Rent Collection from Tenants (Public Housing).						
40	3.4.2	Built-in support for Automated Clearing House (ACH) for pre-authorized debits to tenants' bank accounts (rent charge collection) via a debit file creation and ACH credits to prepaid cards issued for Utility Reimbursements (URPs). The Solution should distinguish between URPs via an ACH credit to a prepaid card and payments made to the PHA via an ACH debit to the payors account. The Solution should have the capability to automatically disable the Electronic Funds						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
		Transfer (EFT) payment method for Public Housing (PH) tenants who are no longer eligible for URPs.						
41	3.4.3	The Solution should provide automation to individual sites for the PH monthly rent statements (to include tenant ID, name, unit address, current charge, outstanding balances, and # of day's delinquent).						
42	3.4.4	Provide illustrations and tools which facilitate the audit and approval/denial of monthly scheduled charges at various functional or hierarchical roles by site.						
43	3.4.5	Ability to track and report offline units and HUD expiration or extension submission dates. Goal is to allow public housing staff to pre-identify units that are due for HUD extensions (remain offline).						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
44	3.4.6	The Solution should have the capability to track different stages of the Public Housing Resident Services Program such as but not limited to the interview process, needs assessment, referrals, and action plans. The system should provide statistical and participant progress reports to monitor the different aspects of the program.						
45	3.4.7	The Solution must deliver functionality for Community Service Requirements (CSR) where the Housing Authority can adequately track the community service requirements by adult member living in public housing as mandated by HUD. Tracking includes, community service type, hours, and agency contact (to verify community service hours/type).						
46	3.4.8	Public Housing -Performance Report (mirrors the Public Housing Assessment Systems HUD reporting). System must provide a summary report of the overall PH operations. The report must include the number of inspections completed (tie in with FY calendar), # of work orders and turnaround time to complete (tie in with FY calendar), Vacancy Unit Turn-Around Time (VUTT) by AMPs, # of vacant units (include # of days vacant), # of offline units, and dollar amount Rents Charged/Rents Collected/outstanding Balance (include regular rents, maintenance and other related fees, including fraud collections).						
47	3.4.9	The Solution should have the capability to auto track and report delinquent rent payers (including each historical occurrence). The system should facilitate auto generation of notices based on the delinquencies as well as other legal notices to Public Housing tenants (e.g., 30-day notice, 14-day, 3-day notice, 60-day notice, and notice to appear for counseling). A historical audit trail						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
		should be available for record keeping (potential eviction cases that may result in legal proceedings).						
48	3.4.10	Built-in tracking mechanism that tracks the number of Non Sufficient Fund (NSF) charges and capability to reverse NSF counts when tenant is not at fault (e.g., identity theft, frozen accounts due to deceased tenants, etc.).						
49	3.4.11	Maintenance Work Order system, fully integrated with Inventory Management by site/AMP.						
50	3.4.12	Property/Unit Management must include the tracking of details regarding location of all utility meters (water, gas, and electricity) by site/unit/AMP.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
51	3.4.13	Ability to track construction projects (tracking should include but not be limited to: projects by site, project type, and reports that include the historical costs/scope of work and completed project dates)						
Section 8 Program Requirements								
52	3.5.1	SEMAP Compliance Tracking and Reporting						
53	3.5.2	The Solution must include VMS reporting requirements.						
54	3.5.3	The Solution should have the ability to conduct the Rent Reasonableness test (HUD requirements for lease ups) and create a report on the results. The report should include (the prorated HAP/Tenant Rent, full HAP/tenant Rent, owner and tenant information, including assisted unit address, to name a few). The system should have the ability to run statistical reports on rent reasonableness determinations (e.g., fails and pass).						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
55	3.5.4	The Solution should have a built in function for the 1099 form for landlords and file transmission to IRS. The Solution should have an exception report to identify duplicate records.						
56	3.5.5	The Solution should facilitate Direct Deposit HAP payments to owners						
57	3.5.6	Built in feature to search for existing owner Tax ID or SSN by vendor/landlord to avoid creating duplicate owner cards (minimize duplicates). System should have the capability to block duplicate SSN's or TIN's with an override function. System should also have a Vendor Payment ledger with the ability to subtotal payments per month.						
58	3.5.7	Housing Authority Portal (Portability) for other PHAs to electronically communicate with the Housing Authority by submitting/upload their billing information or voucher absorption changes. System should flag assigned staff to execute changes to ensure HUD compliance (according to portability requirements).						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	Check applicable column					Comments
			SD	MC	SC	TP	INT	
59	3.5.8	System should include a Management Dashboard that provides a daily summary activity (for example but not limited to: # inspection scheduled, inspections/annuals completed/delinquent, # of leased units/vacant units, vouchers issued/outstanding, daily appointments by employee, and case load listing) System should also include an Employee Dashboard that provides a daily summary for staff of their pending assignments and appointments for example but not limited to delinquent Annual re-exams, Voucher Issuance, HQS actions (abatements), proposed terminations, applications.						
60	3.5.9	Functionality to automatically schedule and assign inspections based on next inspection due date (10 months from the last inspection date pass). For example: Automate Inspections batching, scheduling, and inspectors routing for all programs (must include the HUD requirements for the Project Based program as it relates to the annual inspections-20% pass rate). Also dashboard must have the capability to monitor daily progress for scheduled inspections by inspector. Function should also include the ability to generate the Notices regarding scheduled inspections to owners/tenants (for each inspection batching). System should have the capability to alert staff of pending inspections due that have not been scheduled.						
61	3.5.10	System should have ability to detect duplicate unit addresses and should incorporate the United States Postal Coding (USPC) for the validity of the address (e.g., Google maps method). System should block duplicate address entry and unit numbers should not be connected to a program type. Units should not be connected to a program type. Units should be interchangeable between programs.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
62	3.5.11	Portability Reports to monitor all Administered Port-In's and Port-Out's as well as incoming and outgoing ports. Report should include where the portability record is in process (for example but not limited to: voucher issuance, RFTA received, lease up with its respective billing or absorb code). Furthermore, the system should auto generate a 52665 with the billing date/information. System should also have a functionality that allows automatic updates of the Portability Administrative fees as they change.						
Common Requirements for both Assisted Housing and Housing Managem								
63	3.6.1	Built-in tracking that allows management to track all End of Participations (EOP) and/or moves by reason type and specified time frames (Note: 50058 only records EOP but not the reason for EOP). It would be beneficial to internally track the reasons for EOP or moves from one property/unit to another within the Housing Authority programs.						
64	3.6.2	Ability to track unit history (former tenants including user audit trail to track changes done by date/time/user ID).						
65	3.6.3	Ability to track tenant history (moves, transfers to other units/properties), including user audit trail to track changes done by date/time/user ID).						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
66	3.6.4	System should allow management to execute a caseload distribution based on the Housing Authority's criteria, such as zip code, tenant name, property/unit characteristics						
67	3.6.5	Verification of hierarchy tracking module to ensure compliance with HUD recommended levels of verification.						
68	3.6.6	System must include all FSS tracking, including Portability, and reporting requirements to ensure HUD compliance.						
69	3.6.7	System should include a Waiting List Management Dashboard for Section 8, Special Programs, and Public Housing Applicants. The module should include demographic reports on applicants, # of applicants per wait list, PHA preferences (for example but not limited to: homeless, veteran, domestic violence, jurisdiction, and senior status)						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

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			SD	MC	SC	TP	INT	
70	3.6.8	System should allow for waiting list selection based on program rules and be able to track each selection respectively. A selection report should be available to illustrate preferences and other criteria to determine accuracy prior to the official selection from the respective waiting list.						
71	3.6.9	Capability to track applications in process for each selection. Reports to show, for example but not limited to, the total selected, date selected, # of applications cancelled, # leased.						
72	3.6.10	System should enable mass cancellation of Waiting List applicants.						
73	3.6.11	System should auto flag system users for possible duplicate Tenants to avoid duplicate subsidies.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
74	3.6.12	Built-in function that allows staff to transfer an existing tenant from one program to another without affecting or disrupting the original tenant record and historical financial information.						
75	3.6.13	Integration of appointment scheduling with Outlook. For example, if mass or individual appointments are scheduled via the system, each appointment should reflect on the Microsoft Outlook Calendar.						
76	3.6.14	System must include the memo functionality for case notes. Notes should track the date memo entered, user who created the memo and memo type. Staff should not have the capability to back date notes. Also, system should have a Memo Report function that allows staff to print memos within a respective tenant/applicant record by date range or print all memos regardless of date range.						
77	3.6.15	System must have the ability to record/track ADA Reasonable Accommodation requests, reasons for the request, and approvals or denials.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
78	3.6.16	System must have the ability to record/track language preference (LEP requirement)						
79	3.6.17	System should have reports and graphic illustrations in place to capture the tenant and applicant demographics (for example but not limited to gender, age, ethnicity, race, annual income, veteran status, disability status, homeless status), for each individual/households, service area (SPA), AMPs (PH program), including County Supervisorial and Congressional Districts for any specified time frame.						
80	3.6.18	Workflow functionality to ensure various steps are followed for each functional business process, starting from application process through tenant end-of-participation. System should enforce compliance with HUD, the Housing Authority Administrative Plan, and have built-in 50058 and 50059 enforcements/validations throughout a process. System should provide reports to monitor workflow processes that can help management identify bottlenecks.						
81	3.6.19	Ability to configure and distribute assignments with due dates to caseworkers and track status of assignments through completion. System should provide reports to monitor the status of caseload assignments.						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	Check applicable column				Comments
82	3.6.20	System must have the ability to track all Criminal Background checks in process/approved/denied or pending finger printing for each respective applicant and other household members within the family composition, including existing tenants (family add-on for existing tenants). This function must include detailed reports for management to monitor the criminal background checks and related processing fees.					
83	3.6.21	Quality Control dashboard/function for supervisor/management to audit staff's completed files for program compliance. Dashboard should include random sampling for audit purposes (PHAS and SEMAP requirements). Also quality control features should capture errors and translate them into reports to identify training needs and staff evaluations.					
84	3.6.22	Built-in Function that tracks all Tenant Payment Agreements for Public Housing and Section 8 Tenants. Tracking must include reason for payment agreement, payment arrangement amount (for example but not limited to, down payment, monthly payment, full payment). Also, the system must include a monthly auto-generated report to management/division that captures all those who have defaulted on the agreement so the agency can persue legal matters as needed, including program termination					
Financial Management Requirements							
85	3.7.1	Full financial reporting capability, including but not limited to Accounts Receivable, Payables, G/L, Check register					

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
			SD	MC	SC	TP	INT	
86	3.7.2	Aged Receivable report with ability for specific date cut-off						
87	3.7.3	Ability to interface G/L with other systems						
88	3.7.4	Ability to select electronic method of payment						
89	3.7.5	Ability to house two distinct banking instructions for tenants. Example, one for ACH credits/payouts (URP Prepaid cards) and one for ACH debits/Receipts (rent)						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

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Line Number	SOW Section	Requirement Description	<i>Check applicable column</i>					Comments
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90	3.7.6	Enhance existing integration with Laserfiche to enable view of source documents scanned to support Journal entries						
91	3.7.7	Ability to run Tenant Prepay Report for specific cut-off date						
92	3.7.8	Ability to run Portability Statement to 'exclude 0.00 balances'						
93	3.7.9	Landlord overpayment tracking						

**Public Housing & Section 8 Administration Software
Compliance Matrix Form**

Proposers Company Name: _____

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			SD	MC	SC	TP	INT	
94	3.7.10	Financial transactions should include: transaction date, posting date, tenant ID, G/L account. Property ID, landlord ID (HAP).						
95	3.7.11	Users should be able to query or run reports for all financial transaction details within a posting date range, G/L account#, Property #, landlord ID, or any combination of these.						

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Executive Director's sole judgment and his/her judgment shall be final.

Proposer's Name: _____

Proposer's Name Title: _____

Address: _____

E-mail address: _____

Telephone number: _____

On behalf of _____ (Proposer's name), I, _____ (Name of Proposer's authorized representative), certify that the information contained in this Proposer's Compliance Matrix Form is true and correct to the best of my information and belief.

Signature

Date

**COMMUNITY DEVELOPMENT COMMISSION
CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
APPLICATION FOR EXEMPTION AND CERTIFICATION FORM**

The Community Development Commission's (Commission) solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the Commission's Contractor Employee Jury Service Program (Program). All bidders or proposers, whether a contractor or subcontractor, must complete this form to either 1) request an exemption from the Program requirements or 2) certify compliance. Upon review of the submitted form, the Commission will determine, in its sole discretion, whether the bidder or proposer is exempted from the Program.

Company Name: Emphasys Software			
Company Address: 3890 Charlevoix Ave, Suite 370			
City: Petoskey	State: MI	Zip Code: 49770	
Telephone Number: (800) 968-6884			
Solicitation For (Type of Goods or Services): Public Housing & Section 8 Programs Administration Services			

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program Is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more Commission contracts or subcontracts (this exemption is not available if the contract/purchase order itself exceeds \$50,000). I understand that the exemption will be lost and I must comply with the Program if my revenues from the Commission will exceed an aggregate sum of \$50,000 in any 12-month period.

- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, is \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.


- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II - Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name: John Wilkens	Title: Director of Finance
Signature: 	Date: 6/21/16

CHARITABLE CONTRIBUTIONS CERTIFICATION

Emphasys Software

Company Name

3890 Charlevoix Ave, Suite 370, Petoskey, MI 49770

Address

38-2464382

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act, which regulates those receiving and raising charitable contributions.

CERTIFICATION

YES NO

Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a Community Development Commission (CDC) and/or Housing Authority contract, it will timely comply with them and provide the CDC and/or Housing Authority a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

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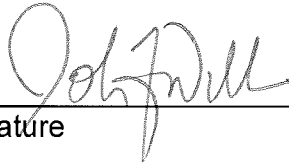
OR

YES NO

Proposer of Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

() ()

Signature



Date

6/21/16

John Wilkens, Director of Finance

Name and Title (please type or print)

CERTIFICATION OF NO CONFLICT OF INTEREST

CONTRACTS PROHIBITED


The Community Development Commission of the County of Los Angeles (Commission), shall not contract with, and shall reject any quote(s), bid(s), or proposal(s) submitted by, the persons or entities specified below, unless the Executive Director finds that special circumstances exist which justify the approval of such contract:

1. Employees of the Commission for which the Commission is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Executive Director for approval shall be accompanied by an assurance by the submitting division that these provisions have not been violated.

John Wilkens

Print Proposer Name


Official's Signature

Director of Finance

Print Proposer Official Title

6/21/16
Date

CONTINGENT FEE REPRESENTATION AND AGREEMENT

The bidder/proposer represents and certifies as part of its bid/ offer that, except for full-time bona fide employees working solely for the bidder/proposer, the bidder/proposer:

(1) has, has not employed or retained any person or company to solicit or obtain this contract; and

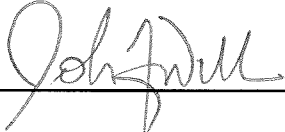
(2) has, has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

If the answer to either (1) or (2) above is affirmative, the bidder/proposer shall make an immediate and full written disclosure to the Procurement Officer.

Any misrepresentation by the bidder/proposer shall give the Community Development Commission of the County of Los Angeles/Housing Authority of the County of Los Angeles the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

Authorized Official:

Name: John Wilkens Title: Director of Finance

Signature:  Date: 6/21/16

**DEFAULTED PROPERTY TAX REDUCTION PROGRAM
CERTIFICATION OF COMPLIANCE**

Company Name: Emphasys Software		
Company Address: 3890 Charlevoix Ave, Suite 370		
City: Petoskey	State: MI	Zip Code: 49770
Telephone Number: (800) 968-6884	Email address: jwilkens@emphasys-software.com	
Solicitation/Contract For <u>RFP No. CDC 16-067</u> Services:		

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County's Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**


To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060. The following exemption applies to my contract:
 - Mandated by federal or state law or a condition of federal or state program;
 - The purchase is made through a state or federal contract;
 - The purchase is made for equipment or supplies for, or by the National Association of Counties,, U.S. Communities Government Purchasing Alliance, or other similar related group purchasing organization;
 - Sole source provider with exclusive and proprietary rights to services or goods;
 - Emergency services provider for services or goods;
 - Provide mission critical goods and/or services and is determined to be exempt by the Board of Commissioners;
 - Required to comply with the laws of the United Sates or California, which are inconsistent with this program.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name: John Wilkens	Title: Director of Finance
Signature: 	Date: 6/21/16

EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION

Emphasys Software

Vendor's Name

3890 Charlevoix Ave, Ste. 370, Petoskey, MI 49770

Address

38-2464382

Internal Revenue Service Employer Identification Number

GENERAL

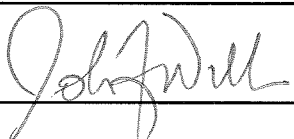
The Contractor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America, the State of California, and all local ordinances. The Contractor further certifies that all subcontractors, suppliers, vendors and distributors with whom the Contractor has a contractual relationship are also in compliance with all applicable federal, state and local anti-discriminatory laws.

VENDOR'S CERTIFICATION

1. The vendor has a written policy statement prohibiting discrimination in all phases of employment.
2. The vendor periodically conducts a self-analysis or utilization analysis of its work force.
3. The vendor has a system for determining if its employment practices are discriminatory against protected groups.
4. Where problem areas are identified in employment practices, the vendor has a system for taking reasonable corrective action, to include establishment of goals of timetables.

Authorized Official:

Name: John Wilkens Title: Director of Finance

Signature:  Date: 6/21/16

**FEDERAL LOBBYIST REQUIREMENTS
CERTIFICATION**

Name of Firm: Emphasys Software Date: _____

Address: 3890 Charlevoix Ave Suite 370, Petoskey


State: MI Zip Code: 49770 Phone No. : (800) 968-6884

Acting on behalf of the above named firm, as its Authorized Official, I make the following Certification to the Department of Housing and Urban Development (HUD) and the Community Development Commission, County of Los Angeles:

- 1) No Federal appropriated funds have been paid, by or on behalf of the above named firm to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of and Federal grant, loan or cooperative agreement, and any extension, continuation, renewal, amendment, or modification thereof, and;
- 2) If any funds other than Federal appropriated funds have paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant loan, or cooperative agreement, the above named firm shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions, and:
- 3) The above name firm shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreement) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into the transaction imposed by Section 1352 Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Authorized Official:

Name: John Wilkens Title: Director of Finance
Signature:  Date: 6/21/06



COMMUNITY DEVELOPMENT COMMISSION OF THE COUNTY OF LOS ANGELES

PAYEE REGISTRATION PACKAGE

The Payee Registration Package contains the following documents:

- **Payee Registration form**
- **Organization Registration form**
- **Request for Taxpayer Identification Number and Certification (form W-9)**
- **Direct Deposit enrollment form**

These forms must be included in solicitation packages under "Required Forms." Vendors must complete and submit these forms as part of their quotes, bids, or proposals.

This is not a Vendor Application Package. Vendors who wish to be included in the Commission's vendor database and be notified of contracting opportunities must register on-line at www.lacdc.org under "Doing Business With Us."



Community Development Commission of the County of Los Angeles

Payee Registration

To ensure accurate and prompt payment, please provide all information and return with the organization information form, authorization for direct deposit form and W-9 form to:

COMMUNITY DEVELOPMENT COMMISSION
ATTN: PROCUREMENT UNIT
700 WEST MAIN ST • ALHAMBRA CA 91801
PHONE: (626) 586-1681 • FAX: (626) 943-3807

New Payee Update of Company's Information

Name of Company: Emphasys Software

Contact Person: John Wilkens Title: Director of Finance

Company Address: 3890 Charlevoix Ave Suite 370 Petoskey MI 49770
(P.O. Box will not be accepted) Street City State Zip + 4

Billing Address/Remit To: P.O. Box 7247-6479 Philadelphia PA 19170-6479
(if different from above) Street City State Zip + 4

Phone Number (800) 968-6884 Fax Number (231) 347-2639 Email: jwilkens@emphasys-software.com

Federal I.D. No. Social Security No. Federal Non-Profit No. (Attach copy of IRS Section 501(c)(3) Non-Profit letter)

Please print Federal I.D., Social Security or Federal Non-Profit No: 38-2464382

TYPE OF OWNERSHIP (check all applicable)
 Sole Proprietorship Partnership Corporation Non-Profit Franchise Limited Liability Company
 Other _____

TYPE OF BUSINESS (check all applicable)
 Manufacturer Distributor Construction Contractor Consultant Broker/Agent Vendor
 Other Software

THE INFORMATION PROVIDED IS HEREBY TRUE AND ACCURATE BASED ON FACTS AVAILABLE AS OF THIS DATE.

Signature *John Wilkens* Title Director of Finance Date 6/21/16

Registration Form is NOT valid unless signed and dated.)

FOR OFFICE USE ONLY

Date Received: _____ Date Entered: _____
Payee #: _____ Entered By: _____

Community Development Commission of the County of Los Angeles

Organization Information Form

I. FIRM/ORGANIZATION INFORMATION Contractors/Vendors are selected without regard to race/ethnicity, color, religion, sex, national origin, age, marital status or disability.

NAME OF FIRM: Emphasys Software

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners): [REDACTED]						
Distribute the above total number of employees into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
African American						
Hispanic American						
Asian American						
Asian Pacific American						
Native American						
Caucasian						
Other _____						

II. MINORITY OR WOMEN-OWNED BUSINESS ENTERPRISE REPRESENTATION

This firm/organization:

is a Minority Business Enterprise.

"Minority Business Enterprise," as used in this provision means an independent business concern which is at least 51 percent owned by one or more minority group members; or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one of more minority group members; and whose management and daily operations are controlled by one or more such individuals.


is a Woman Business Enterprise.

"Woman Business Enterprise," as used in this provision, means an independent business concern which is at least 51 percent owned by one or more women who are U.S. citizens; or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more women; and whose management and daily operations are controlled by one or more women.

is not a Minority or Woman Business Enterprise.

III. DECLARATION

I declare under penalty of perjury under the laws of the state of California that the above information is true and accurate. I understand that the Commission reserves the right to audit the above information at any time and that I will notify the Commission if there are any changes in this firm's ownership from what is stated on this form.

Print Authorized Name John Wilkens	Authorized Signature 	Title Director of Finance	Date 6/21/16
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**COMMUNITY DEVELOPMENT COMMISSION
of the County of Los Angeles**

700 W. Main Street • Alhambra, CA 91801
Tel: 626.262.4511 • TDD: 626.943.3898 • www.lacdc.org

Hilda L. Solis
Mark Ridley-Thomas
Sheila Kuehl
Don Knabe
Michael D. Antonovich
Commissioners

Sean Rogan
Executive Director

**DIRECT DEPOSIT PAYMENTS NOW AVAILABLE FROM
COMMISSION AND HOUSING AUTHORITY**

REGISTER NOW WITH THIS FORM

The Community Development Commission of the County of Los Angeles (Commission) and Housing Authority of the County of Los Angeles (Housing Authority) have implemented **Electronic Funds Transfers (EFT Direct Deposit)** for our vendors.

We hope you'll like the advantages this payment method offers:

- ✓ **Secure payments** – EFT payments are deposited directly into your bank account and cannot be lost or stolen like mailed checks.
- ✓ **Faster delivery** – EFT payments are deposited into your account within two days of the issuance of a payment.
- ✓ **Immediate availability** – EFT payments are normally available as soon as they are deposited to your account.

We'll still be sending a detailed payment summary in the mail and can also provide further assistance if you contact us at accountspayable@lacdc.org or (626) 586-1888, (626) 586-1887, (626) 586-1886.

Registering for this payment method is quick and easy. Please complete and return the **"Authorization Agreement for Direct Deposit"** form on the reverse side of this notice along with one of the following items:

- **Checking Accounts** – For deposits to a checking account please write "VOID" across a blank check from that account and include the voided check with your form.
- **Savings Account** – For deposits to a savings account please include a blank, pre-printed deposit slip for the savings account along with your form.

Send your completed form and the voided check or deposit slip to the Procurement Department at the address below or e-mail to: DirectDepositProgram@lacdc.org. You can also reach Accounts Payable at (626) 586-1888 or accountspayable@lacdc.org if you have any questions about our EFT program.

Community Development Commission of the County of Los Angeles
Administrative Services Division / Procurement Department
700 West Main Street
Alhambra, CA 91801

We Build Better Lives
& Better Neighborhoods





**COMMUNITY DEVELOPMENT COMMISSION
of the County of Los Angeles**

700 W. Main Street • Alhambra, CA 91801
Tel: 626.262.4511 • TDD: 626.943.3898 • www.lacdc.org

**Hilda L. Solis
Mark Ridley-Thomas
Sheila Kuehl
Don Knabe
Michael D. Antonovich**
Commissioners

Sean Rogan
Executive Director

**COMMUNITY DEVELOPMENT COMMISSION AND
HOUSING AUTHORITY OF THE COUNTY OF LOS ANGELES
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
AUTOMATED CLEARING HOUSE CREDITS (ACH)**

Vendor Name	Emphasys Software
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I (we) hereby authorize Community Development Commission of the County of Los Angeles, hereinafter called "Commission" to initiate credit entries and if necessary, credit reversals for any credit entries in error to my (our) account indicated below, at the depository Financial Institution named below and credit such same account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of the United States law.

Financial Institution Name	[REDACTED]
Checking Account or	Savings Account
Routing Number	[REDACTED]
Bank Account Number	[REDACTED]

This authorization is to remain in full force and effect until the Commission and your depository Financial Institution have had all reasonable opportunity to act upon a written request for cancellation

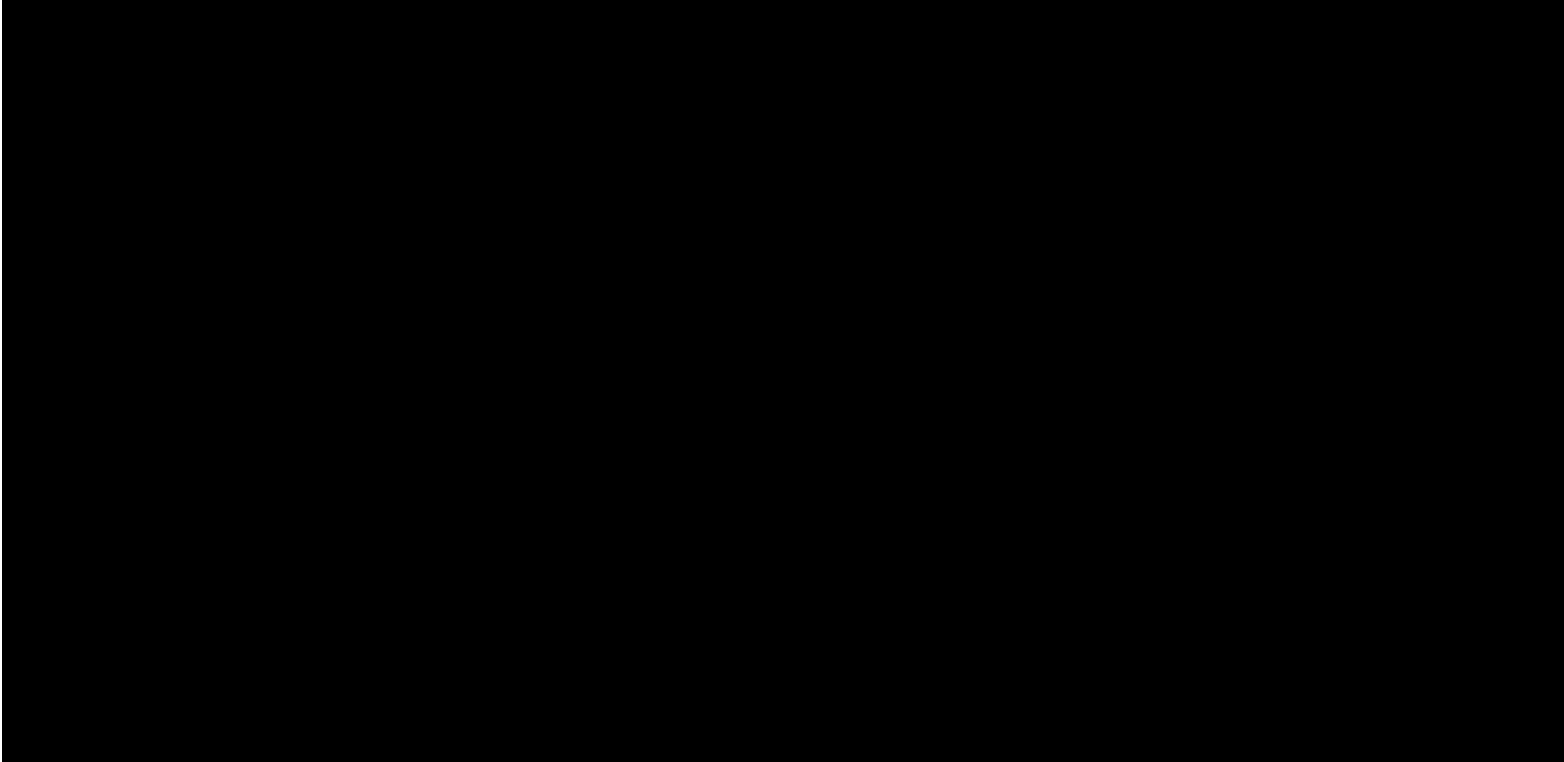
Name	JORD E. WILKENS	Title	DIRECTOR OF FINANCE
Signature	<i>[Handwritten Signature]</i>	Date	6/21/16
Email Address	JWILKENS@EMPHASYS-SOFTWARE.COM	Phone	305-599-2531

Name		Title	
Signature		Date	
Email Address		Phone	

Please return this completed form with your voided check for a checking account, or deposit slip for a savings account to:

Community Development Commission of the County of Los Angeles
Administrative Services Division / Procurement Department
700 West Main Street
Alhambra, CA 91801
DirectDepositProgram@lacdc.org





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. Emphasys Computer Solutions, Inc.	
	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) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	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>	
	5 Address (number, street, and apt. or suite no.) 3890 Charlevoix Ave Suite 370	Requester's name and address (optional)
	6 City, state, and ZIP code Petoskey, MI 49770	
	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	
[] [] [] - [] [] - [] [] [] []	or
Employer identification number	
3 8 - 2 4 6 4 3 8 2	

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 6/21/16
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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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.