

LOW INCOME HOME ENERGY ASSISTACNCE PROGRAM (LIHEAP)

Wood Vendor / Energy Supplier Agreement Letter

All Wood Vendors must agree to the following written requirements:

- Any Wood Vendor or Energy Supplier receiving payment from the Yurok Tribe agrees not to discriminate, either in the cost of wood or the services provided against the eligible household on whose behalf the wood is supplied.
- ➤ Wood being supplied is obtained legally and if requested, verification must be provided.
- > Copy current Driver's License will be provided.
- ➤ Completed W-9 form will be provided.
- Each wood allocation must be ½ seasoned. The amount of wood per eligible household will be one cord.
- Wood for Elders or Disabled adults will be chopped to 6" in diameter and stacked. If you cannot stack the wood yourself, you must have an abled bodied person with you to do so.
- ➤ All names and household information given to Wood Vendors must remain confidential. Any violation in this regard will result in immediate termination of the current Wood Vendor / Energy Supplier Contract.
- ➤ Delivery must be completed within 10 days of receipt/notification.
- ➤ Completed wood receipts returned within 3 business days (faxed or post marked) from date of delivery.

By signing below, I verify that I understand and agree to the requirements listed above.

□ Verbal Authorization Given	
Wood Vendor / Energy Supplier Signature	Date
YHHS Staff Signature	Date

Approved: Revised: 1/2021

Yurok Health & Human Service <u>ՎԱՐՎԱՐՎԱՐՎԱՐՎԱՐՎԱՐՎԱՐՎԱՐ</u>ՎԱՐՎԱՐ

LOW INCOME HOME ENERGY ASSISTACNCE PROGRAM (LIHEAP)

Wood Vendor / Energy Supplier Vendor Agreement

I (company or private party),	, have read and fully
understand terms and conditions stated in the	Yurok Tribe LIHEAP Agreement Letter. I agree to
comply all terms and conditions stated in the	Agreement Letter.
□ Verbal Authorization Given	
Printed Name	
Wood Vendor / Energy Supplier Signature	Date
Address	Phone
Service Area:	
□ North□ South□ East	

Approved: Revised: 1/2021

Yurok Health & Human Service <u>դարդարդարդարդարդար</u>

I. have read the V	, have read the Wood Vendor / Energy Supplier						
Agreement Letter and Vendor Agreement and will comply will Policies in order to be a Wood Vendor / Energy Supplier in the County.	th the Yurok Tribe	LIHEAP					
I understand that I will be paid \$500.00 per cord of wood deli \$550.00 per cord of wood delivered outside of my service are North, South, and East.	•						
I have been informed that no other member of my household from Yurok Tribe LIHEAP as I am being paid for my service. Supplier from the Yurok Tribe LIHEAP.							
Please list all members of your household:							
Name	Age]					
1. 2.							
3.							
<u>4.</u> <u>5.</u>		_					
6.							
7.							
8.							
	•	_					
I understand that if it is discovered that a member of my hous Yurok Tribe LIHEAP, I will have broken my contract and will Vendor / Energy Supplier by Yurok Tribe LIHEAP. Verbal Authorization Given							
Wood Vendor / Energy Supplier Signature	Date						
Address	Phone						
Social Security Number							

Approved: Revised: 1/2021

(Rev. December 2014)

Request for Taxpayer **Identification Number and Certification** Department of the Treasury Internal Revenue Service

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

				2000						
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
ige 2.	2 Business name/disregarded entity name, if different from above									
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►			e cer	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)					
Print or type	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.		21	Exemption from FATCA reporting code (if any)						
P S	☐ Other (see instructions) ►			(Applies to accounts maintained outside the U.S.)						
ċŧ	5 Address (number, street, and apt. or suite no.)	Request	er's nar	ne and a	address (d	option	al)			
e Spe	City state and ZID code			k Tribe ox 1027						
Š		Klamat		-	8					
Pai	7 List account number(s) here (optional) Taxpayer Identification Number (TIN)									
			Casial	a a a unit					_	
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		ora [Social security number							
reside entitie	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>				-					
TIN o	n page 3.	(or							
Note.	. If the account is in more than one name, see the instructions for line 1 and the chart on page	4 for	Emplo	yer ider	ntificatio	n num	ber			
guidelines on whose number to enter.] -[
Par	t II Certification									
Unde	r penalties of perjury, I certify that:								-	
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to b	e issue	d to me)	; and				
2. I a	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (bervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have i	not be	en notif	ied by tl	he Inte	ernal Re fied me	venue that I	am	
3. la	m a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is corr	ect.							
becau	fication instructions. You must cross out item 2 above if you have been notified by the IRS the use you have failed to report all interest and dividends on your tax return. For real estate trans ast paid, acquisition or abandonment of secured property, cancellation of debt, contributions to rally, payments other than interest and dividends, you are not required to sign the certification.	actions, i o an indi	tem 2 vidual	does n	ot apply	. For	mortgag	je) and	•	

General Instructions

Signature of

U.S. person ▶

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

instructions on page 3.

Sign

Here

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:

Date ▶

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