

FY 2026

# Workplace Safety Grant Checklist

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
OFFICE OF SAFETY



MASSACHUSETTS DEPARTMENT OF  
**INDUSTRIAL ACCIDENTS**

## Applying for a safety grant ?

**Get started by downloading and completing each document as outlined below. Once the documents are complete, upload for submission. to the Office of Safety.**

- ☐ **Commonwealth of Massachusetts Standard Contract Form (unsigned)** - Please do not sign this document. Signature of the Standard Contract Form will occur after grant award, if any. The Individual signing this form must be an authorized signatory listed on the Contractor Authorized Signatory Listing (CASL) Form on file with the Commonwealth. **(PLEASE FILL OUT THE TOP LEFT PORTION OF THE CONTRACT ONLY- DO NOT SIGN OR DATE)**
- ☐ **Request for Taxpayer Information Number and Certification current (W9) Form**
- ☐ **Contractor Authorized Signatory Listing (CASL)** - The Authorized signatory must be identified on Contractor Authorized Signatory Listing Form.
- ☐ **Electronic Funds Transfer Payments (EFT)** - Please include a copy of a voided check or a letter from the bank verifying the account.
- ☐ **Certificate of Good Standing from the Department of Revenue (DOR)** - The fastest and easiest way to obtain a Certificate is online through [MassTaxConnect](#) and click on the "I Want To" tab. A Certificate of Good Standing less than 6 months old must be provided at the time of submission. A certificate from the Secretary of the Commonwealth will not satisfy this requirement.
- ☐ **A Certificate of Unemployment Insurance Compliance** - The fastest and easiest way to obtain a DUA Certificate of Compliance is to apply online at [Unemployment Services for Employers](#). Self-insured or reimbursable employers can get Certificates of Compliance from DUA via the Unemployment Services for Employers too. After logging in, navigate to the "Additional Services" tab found under the company name and address, then navigate to the box at the bottom of the page labeled "Compliance" and click the link to "Request certificate of compliance".
- ☐ **COMMBUYS Registration** – You need to have a COMMBUYS account to apply for the grant. COMMBUYS is the Commonwealth's state-of-the-art electronic Market Center supporting online commerce between government purchasers and businesses. Register with [COMMBUYS](#) online. If you have questions or need assistance with registration, please refer any questions you may have to the COMMBUYS Helpdesk at 1-888-627-8283. ***If you are already registered with COMMBUYS please skip this step.***

***Incomplete contractual documents will hold up processing and you may be contacted by the Contracts and Procurement.***



## INSTRUCTIONS

The following Instructions, Contractor Certifications and the applicable Commonwealth Terms and Conditions are incorporated by reference into an executed Standard Contract Form. Instructions are provided to assist with completion of the Standard Contract Form. Additional terms are incorporated by reference. Links to legal citations are to unofficial versions and Departments and Contractors should consult with their legal counsel to ensure compliance with all legal requirements. Please note that not all applicable laws have been cited.

### Contractor Legal Name (and D/B/A)

Enter the **Full Legal Name** of the Contractor's business as it appears on the Contractor's Form W-9 or Form W-4 (Contract Employees only) and the applicable Commonwealth Terms and Conditions. If Contractor also has a "doing business as" (d/b/a) name, BOTH the legal name and the "d/b/a" name must appear in this section.

### Contractor Legal Address

Enter the Legal Address of the Contractor as it appears on the Contractor's Form W-9 or Form W-4 (Contract Employees only) which must match the legal address on the 1099I table in MMARS (or the Legal Address in HR/CMS for a Contract Employee).

### Contractor Contract Manager

Enter the authorized Contract Manager who will be responsible for managing the Contract. The Contract Manager should be an Authorized Signatory, or, at a minimum, a person designated by the Contractor to represent the Contractor, receive legal notices and negotiate ongoing Contract issues. The Contract Manager is considered "Key Personnel" and may not be changed without the prior written approval of the Department. If the Contract is posted on COMMBUYS, the name of the Contract Manager must be included in the Contract on COMMBUYS.

### Contractor Email Address/Phone/Fax

Enter the email address, phone and fax number of the Contractor Contract Manager. This information must be kept current by the Contractor to ensure that the Department can contact the Contractor and provide any required legal notices. Notice received by the Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or email address will meet any written legal notice requirements.

### Contractor Vendor Code (only add if known, otherwise leave blank)

The Department must enter the MMARS Vendor Code assigned by the Commonwealth. If a Vendor Code has not yet been assigned, leave this space blank and the Department will complete this section when a Vendor Code has been assigned. The Department is responsible under the [Vendor File and Form W-9s Policy](#) for verifying with authorized signatories of the Contractor, as part of contract execution, that the legal name, address and Federal Tax Identification Number (TIN) in the Contract documents match the state accounting system.

### Vendor Code Address ID

(e.g., "AD001") The Department must enter the MMARS Vendor Code Address ID identifying the payment remittance address for Contract payments, which MUST be set up for Electronic Funds Transfer (EFT) payments PRIOR to the first payment under the Contract in accordance with the [Bill Payments](#) and [Vendor/Customer File and Form W-9](#) Policies.

### Commonwealth Department Name

Enter the full Department name with the authority to obligate funds encumbered for the Contract.

### Commonwealth MMARS Alpha Department Code

Enter the three (3) letter MMARS Code assigned to this Commonwealth Department in the state accounting system.

### Department Business Mailing Address

Enter the address where all formal correspondence to the Department must be sent. Unless otherwise specified in the Contract, legal notice sent or received by the Department's Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or email address for the Contract Manager will meet any requirements for legal notice.

### Department Billing Address

Enter the Billing Address or email address if invoices must be sent to a different location. Billing, confirmation of delivery or performance issues should be resolved through the listed Contract Managers.

### Department Contract Manager



# Commonwealth of Massachusetts

## CONTRACTOR AUTHORIZED SIGNATORY FORM

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

### Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
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**INSTRUCTIONS:** Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents <b>(Complete only in presence of notary)</b>	
Print Signatory's full legal name	Title

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name	Notary Signature (ink on paper)
Date	My commission expires on

**AFFIX NOTARY SEAL/STAMP**

**A copy of this document must be attached to the "record copy" of a contract filed with the department.**



# Commonwealth of Massachusetts

## CONTRACTOR AUTHORIZED SIGNATORY LISTING

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

**Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company  
(must match Form W-9 tax classification)**

Contractor Legal Name	Contractor Vendor/Customer Code <small>(if available, not the Taxpayer Identification Number or Social Security Number)</small>
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**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor’s behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor’s authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver’s licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional “wet signature” (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory’s hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address

***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

I certify that I am a responsible authorized officer of the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor’s employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

**Please note you cannot self-certify your own signature as a single signer listed above.**

Signature	Date
Print Name	Phone Number
Title	Email Address

**A copy of this listing must be attached to the “record copy” of a contract filed with the department.**



# OFFICE OF THE COMPTROLLER

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT FORM

Complete this form to enroll, modify, or terminate an existing Electronic Funds Transfer (EFT) agreement with the Commonwealth of Massachusetts departments.

<b>Part I: Reason for Submission</b>			See Instructions on Page 3
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment	
Document Included			
<input type="checkbox"/> Voided Check	<input type="checkbox"/> Bank Letter		
<b>Part II: Account Holder Information</b>			See Instructions on Page 3
Account Holder Legal Name			
dba Name If different from above			
Legal Address Number, Street, Apartment/Suite Number			
City		State	Zip Code
Account Holder Tax Identification Number 9 digits	Employer Identification Number (EIN)	Social Security Number (SSN)	
<b>Part III: Financial Institution Information</b>			See Instructions on Page 3
Financial Institution Name			
Routing Number Only 9 digits	Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
If this is an Enrollment Modification, you must include your old financial institution information or your request will be returned.			
Old Financial Institution Name			
Old Routing Number Only 9 digits	Old Account Number	Old Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Part IV: Vendor/Customer Information</b>			See Instructions on Page 3
This is the person we will contact for any questions regarding this EFT Authorization			
Contact Person's Name		Contact Person's Title	
Contact Person's Phone		Contact Person's Email	

This completed form should be submitted to the requesting department or the department you are currently doing business with.

(Revised April 2022)



# OFFICE OF THE COMPTROLLER

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT FORM

### Part V: Authorization

See Instructions on Page 3

By signing below, I hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to the account(s) as indicated on this form.

For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

☐

I affirm that payments authorized by this agreement are not to an account that is subject to being transferred to a foreign bank account.

☐

I affirm that payments authorized by this agreement are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

Account Holder Authorized Signature

Print Name

Title

Date

### Part VI: Verification from the Commonwealth Department

See Instructions on Page 3

I hereby certify the Vendor/Customer is an authorized signatory and verified by internal records and verbal confirmation initiated by our department.

VCC/VCM Document ID

Three letter Department Code

Signature

Print Name

Title

Phone Number

Date



# OFFICE OF THE COMPTROLLER

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT FORM

### INSTRUCTIONS

All EFT requests are subject to a 5 (five) day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made.

#### Part I: Reason for Submission

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, a change to your EFT enrollment account information, or cancellation of your EFT enrollment.

#### Part II: Account Holder Information

- **Account Holder Name:** Enter the accounts holder legal name (individual or business name), as reported to the Internal Revenue Service (IRS).
- **d/b/a Name:** Enter the d/b/a name if applicable.
- **Street Address:** Enter the account holder's street address.
- Enter the account holder's city, state, and zip code.
- **Account Holder Tax Identification Number:** Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number (EIN). If enrolling as an individual provide your Social Security Number.

#### Part III: Financial Institution Information

- **Financial Institution Name:** Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds). **NOTE:** The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- **Routing Number:** Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- **Account Number:** Enter the account holder's account number with the financial institution, including applicable leading zeros.
- **Account Type:** Select the account type (Checking or Savings).
- **Old Financial Institution Name:** Enter your Old Financial Institution's name (this is the name of the bank or qualifying depository that has been receiving the funds).
- **Old Routing Number:** Enter the old bank or financial institutional nine-digit routing number, including applicable leading zeros.
- **Old Account Number:** Enter the old account holder's account number with the financial institution, including applicable leading zeros.
- **Account Type:** Enter the old account type (Checking or Savings).

NOTE: Supporting bank documents must be in the account holder legal name only.

#### Part IV: Contact Information

- Enter the name, title, telephone number, and email address of a contact person who can answer questions about the information submitted on this EFT Authorization Form.

#### Part V: Authorization

- By your signature on this form, you are certifying that the account is drawn in the Name of an Individual, or the Legal Business Name of the person or entity who has sole control of the account to which EFT deposits are made.
- The EFT authorization form must be signed and dated by the same account holder name in Part II and include a title and telephone number.
- Submit this form electronically, or mail it with the original signature in black or blue ink to the Commonwealth of Massachusetts Department that you are doing business with.

#### Part VI: Verification from the Commonwealth Department

By your signature on this form, you are certifying that authentication of the vendor/customer's authorized signatory was conducted by review of the Contractor Signatory Authorization Form (CASL) or by another internal verification process, and additional verification was conducted to confirm banking or address change request. Departments should have multiple known vendor contacts to confirm any registration change.



## COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at [macomptroller.org/forms](http://macomptroller.org/forms) or [mass.gov/lists/osd-forms](http://mass.gov/lists/osd-forms).

CONTRACTOR INFORMATION			COMMONWEALTH INFORMATION		
Contractor Legal Name		d/b/a	Department		MMARS Code
Legal Address As entered on Form W-9 or Form W-4			Contract Manager Name		Business Mailing Address
Contract Manager Name			Billing Address If Different		
Phone	Email	Fax	Phone	Email	Fax
Vendor Code VC			MMARS Doc ID(s)		
Vendor Code Address ID AD e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number		
NEW CONTRACT			CONTRACT AMENDMENT		
<b>Procurement or Exception Type (Check one option only)</b> <b>Statewide Contract</b> (OSD or an OSD-designated department.) <b>Collective Purchase</b> (Attach OSD approval, scope, and budget.) <b>Department Procurement</b> - Includes all Grants <a href="#">815 CMR 2.00</a> . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) <b>Emergency Contract</b> (Attach justification for emergency, scope, and budget.) <b>Contract Employee</b> (Attach Employee Status Form, scope, and budget.) <b>Interim Contract with new Contractor</b> (Attach justification for Interim Contract and updated scope/budget.) <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			<b>Current Contract End Date</b> <b>PRIOR to Amendment</b>		
			<b>Amendment Amount</b> Or Enter "No Change"		
			<b>Amendment Type (Check one option only. Attach details of amendment changes.)</b> <b>Amendment to Date, Scope, or Budget</b> (Attach updated scope and budget.) <b>Interim Contract with Current Contractor</b> (Attach justification for Interim Contract and updated scope/budget.) <b>Contract Employee</b> (Attach any updates to scope or budget.) <b>Other Procurement Exception</b> (Attach authorizing language/justification and updated scope/budget.)		
TERMS AND CONDITIONS					
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option): <a href="#">Commonwealth Terms and Conditions</a> <a href="#">Commonwealth Terms and Conditions for Human and Social Services</a> <a href="#">Commonwealth IT Terms and Conditions</a>					
COMPENSATION (Check ONE option.)					
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under <a href="#">815 CMR 9.00</a> . Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):					
PROMPT PAYMENT DISCOUNTS (PPD)					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See <a href="#">Prompt Pay Discounts Policy</a> .					
Contractors requesting <b>accelerated</b> payments must identify a PPD as follows: Payment issued within: 10 days    % PPD. 15 days    % PPD. 20 days    % PPD. 30 days    % PPD.					
If PPD percentages are left blank, identify reason:					
Statutory/legal    Ready Payments ( <a href="#">M.G.L. c. 29, § 23A</a> )    Agree to standard 45-day cycle    Only initial payment					
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT					
Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.					
SUPPLIER DIVERSITY PROGRAM (SDP) PLAN					
Does the Supplier Diversity Program apply? YES    If YES, the Contractor's annual SDP commitment for this Contract is					
NO    If NO, and the department is an Executive Department, enter the appropriate exemption:					
ANTICIPATED START DATE (Complete ONE option only.)					
The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
1. may be incurred as of the Effective Date (latest signature date below) and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date.					
2. may be incurred as of _____, 20____, a date <b>LATER</b> than the Effective Date below and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date.					
3. were incurred as of _____, 20____, a date <b>PRIOR</b> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE					
Contract performance shall terminate as of _____, 20____, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS					
Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR			AUTHORIZING SIGNATURE FOR THE COMMONWEALTH		
Signature and date must be captured at time of signature.			Signature and date must be captured at time of signature.		
Signature		Date	Signature		Date
Print Name		Print Title	Print Name		Print Title



## Request for Taxpayer Identification Number and Certification

Give this Form to the requestor or the department you are doing business with.

► Online instructions at: [macomptroller.org/wp-content/uploads/instructions\\_w-9.pdf](https://macomptroller.org/wp-content/uploads/instructions_w-9.pdf)

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name/dba, if different from above.	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 </div> <div> <input type="checkbox"/> C Corporation                 </div> <div> <input type="checkbox"/> S Corporation                 </div> <div> <input type="checkbox"/> Partnership                 </div> <div> <input type="checkbox"/> Trust/estate                 </div> </div> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do <b>not</b> check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ►	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4):  Exempt payee code (if any): _____  Exemption from FATCA reporting code (if any): _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Legal Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> Remittance Address (if different from Legal Address)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, on Page 5. 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 5.

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

<b>Social security number</b>									
-					-				
or									
<b>Employer identification number</b>									
-									

**DUNS Number**  
Please confirm with the state agency if this is required for vendors receiving federal funds.

**Unique Entity Identifier (SAM)**  
As of April 4, 2022, all vendors that receive federal grant funds must submit their Unique Entity Identifier registered in the System of Awards Management (SAM).

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You check the following box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, on Page 5.

☐ Item 2 does not apply.

5. I am an active Commonwealth of Massachusetts state employee: (check one) ☐ Yes ☐ No

If yes, I certify compliance with the Massachusetts State Ethics Commission requirements at <https://www.mass.gov/ethics>.

**Sign  
Here**

Signature of  
U.S. person ►

Date ►



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MARK E. NUNNELLY, COMMISSIONER  
CHARLENE HANNAFORD, ACTING DEPUTY COMMISSIONER

**SAMPLE CERTIFICATE DO NOT SUBMIT**

**YOU MUST OBTAIN AN ORIGINAL CERTIFICATE FROM THE DEPARTMENT OF REVENUE**

The fastest and easiest way to obtain a Certificate is online through MassTaxConnect [https:// mtc.dor.state.ma.us/mtc](https://mtc.dor.state.ma.us/mtc) and click on the tab (I Want To). A Certificate of Good Standing less than 6 months old must be provided at the time of submission.

**CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE**

The Commissioner of Revenue certifies as of the above date that the above named individual or entity is in compliance with its tax obligations payable under Chapter 62C, including corporation excise, sales and use taxes, sales tax on meals and lodging taxes, room occupancy excise and personal income taxes, with the following exceptions:

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals and lodging taxes, and/or room occupancy taxes related to a sole proprietorship. Persons who are responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a Certificate.

This Certificate does not certify the good standing as to taxes such as unemployment insurance administered by another agency of the Department of Revenue, or taxes under any other provisions of law. Taxpayers who collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C, SECTION 52.

Very truly yours

A handwritten signature in black ink, appearing to read "Charlene Hannaford", is written over a large, light green checkmark graphic.

Charlene Hannaford, Acting Deputy Commissioner



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

July 20, 2016

TO WHOM IT MAY COME

I hereby certify that a [redacted] organization of a Limited Liability Company was  
filed in this office by [redacted]

\*\*\*Redacted\*\*\*

in accordance with the provisions of Massachusetts Laws Chapter 156C on **August 20, 2012.**

I further certify that said Limited Liability Company has filed all annual reports due and  
paid all fees with respect to such reports. [redacted] Limited Liability Company has not filed a  
certificate of cancellation or withdrawal, and that said Limited Liability Company is in good  
standing with this office.

I also certify that [redacted] all managers listed in the most recent filing are: \*\*\*Redacted\*\*\*  
\*\*\*Redacted\*\*\*

I further certify, that [redacted] documents filed with this  
office and listed in the most recent filing are: \*\*\*Redacted\*\*\*  
\*\*\*Redacted\*\*\*

The names of all persons authorized to act with respect to real property listed in the most  
recent filing are: \*\*\*Redacted\*\*\*



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Processed By:bjm