



## 2017 Grant Guidance

# 2017 Hemophilia Alliance Foundation Grant Guidance

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## **I. History**

The Hemophilia Alliance, a nonprofit corporation, was established in 2006 as a member organization for hemophilia treatment centers. Together they are able to purchase clotting factors and related products more efficiently. From its inception, the Hemophilia Alliance planned to dedicate its discretionary revenue to the bleeding disorders communities.

Toward that end, the Alliance established a grants committee in 2009. Its first task was to establish a process through which the Alliance could channel its discretionary funds to nonprofit organizations that served people with bleeding disorders. A grants process was developed, and the first grants were given out that year. They totaled \$250,000.

In 2013 the grants committee was incorporated as the Hemophilia Alliance Foundation, and the following year it received its IRS 501(c)(3) tax-exempt certification. The total funds available grew; for 2017, a total of \$700,000 is expected to be available to the Foundation for its grants.

Grants are awarded subject to the availability of funds.

## **II. Timeline for 2017 Grant Process**

Call for Applications posted on web site ....	Dec 1, 2016
Applications due .....	Jan 31, 2017
Decisions made by Foundation Board .....	Feb 28, 2017
Award letters and checks sent .....	Mar 15, 2017
Grant-funded year begins .....	Apr 1, 2017
6-Month Progress reports due .....	Oct 15, 2017
Final Report due .....	Apr 30, 2018
Grant Process Survey due .....	Apr 30, 2018

## **III. Purpose of Grants**

The Hemophilia Alliance Foundation offers these funds for two purposes: (1) to enable eligible organizations to build capacity in order to achieve their mission; (2) to support direct consumer financial assistance programs in eligible organizations. See examples on pages 5 and 6.

## **IV. Eligibility**

### **A. Types of Applicant Organizations**

Grant applications currently are accepted from the following federal tax exempt organizations:

1. Local consumer-led organizations serving people with bleeding disorders
2. Treatment centers serving people with bleeding disorders
3. Regional coordinating centers for hemophilia treatment center networks
4. National organizations not already directly funded by the Hemophilia Alliance

### **B. Grant Ceilings for 2017 Applicants**

For applicant organizations as described above:

1. Local consumer-led organizations may apply for up to \$5,000 for projects and \$3,000 for consumer financial assistance funds.
2. Treatment Centers: Up to \$5,000 for projects. [**Not eligible for patient/consumer financial assistance grants, nor for designating project funds to be used as such in a collaboration.**]
3. Regional coordinating centers for treatment center networks: \$8,000
4. National organizations: \$8,000

### **C. Criteria for Consideration**

To be considered for funding, an organization must meet all of the following criteria:

1. It serves people with bleeding disorders, either directly or through its members;
2. It operates under one of these IRS tax exemptions: 501(c)(3) or 170(c)(1) or another code approved in advance and in writing by the Alliance Foundation board;
3. It has submitted an application by the deadline, COMPLETE WITH REQUIRED ATTACHMENTS as itemized in Submission Requirements;
4. The project or service it describes is within the Alliance Foundation's guidelines; and
5. The project or service will be completed in the grant year (April 1, 2017 – March 31, 2018).

## **V. General Guidelines for All Applicants**

### **A. Types of Grants Considered**

Three types of grants will be considered:

1. Grants for projects to strengthen the organization that can be completed in one year,
2. Patient/consumer financial assistance grants, and
3. Regional treatment centers annual meetings

### **B. Examples of Projects that Strengthen an Organization**

1. The following are some examples of project grants that strengthen the organization:
  - a. Strategic planning process to focus staff and volunteer efforts;
  - b. Purchasing office equipment to achieve efficiencies, improved communication;
  - c. Publishing or updating a website to promote awareness of services;
  - d. Purchase of software to achieve efficiencies;

[Examples of Projects that Strengthen an Organization continued]

- e. Entering file data into a new digital database;
- f. Developing or purchasing educational materials to improve consumer or family or staff knowledge. [**Note:** You will be expected to let other eligible organizations copy newly developed materials.]
- g. Professional education to enhance staff knowledge (e.g., costs to attend national conferences, etc.)
- h. Patient/consumer education related to their medical condition, and associated emotional and social support

### **C. Examples of Personnel Costs Allowed**

1. Personnel expenses incurred exclusively for the grant activities will be considered, however the temporary nature of the duties must be made clear in the application. Examples of these expenses may include:
  - a. a data entry person to enter file information into a new digital system
  - b. a consultant to lead a planning process or to develop a web site
  - c. a speaker at a meeting or conference

### **D. Costs Not Allowed**

1. Grant funds will **NOT** be awarded for the following costs:
  - a. Administrative, overhead or indirect costs
  - b. Basic, laboratory, or clinical research or related equipment
  - c. Underwriting or sponsorship of fundraising events
  - d. Recurring costs, such as:
    - i. ongoing salaries of regular staff
    - ii. office rent
    - iii. monthly phone bills for the applicant organization
    - iv. ongoing subscriptions
    - v. routine camp costs

## **VI. Guidelines for Seeking Consumer Financial Assistance Funds**

### **A. Who, and for How Much**

Local consumer-led entities may apply for a project grant totaling up to \$5,000 **and** for a consumer financial assistance grant of \$3,000.

### **B. Flexibility Allowed Between Project And Financial Assistance Funds**

Consumer-led entities may, if they choose, increase their request for consumer financial assistance by up to \$5,000 in additional funding **as long as** their project funding request is reduced by the same amount. **The combined totals for a local consumer-led organization cannot exceed \$8,000.** *The following are some examples:*

1. *The applicant requests \$5,000 in consumer financial assistance funds and \$3,000 for a project.*

2. *The applicant requests \$8,000 in consumer financial assistance funds and submits NO project request.*
3. *The applicant requests \$4,000 for a project grant, and \$4,000 for consumer financial assistance funds.*
4. *The applicant requests \$7,000 in consumer financial assistance funds and \$1,000 for a project.*

### **C. Costs Not Allowed with Financial Assistance Funding**

1. Applicants may NOT Request project support of more than \$5,000, even if they do not request consumer financial assistance funds. The purpose of the flexibility described above is to make more money available for consumer financial assistance funds.
2. Consumer financial assistance funds are intended to address family hardship. Organizations wishing to underwrite consumer attendance at regional and national meetings may use *project* funds, but may not use consumer financial assistance funds.
3. Treatment Centers are not eligible for patient/consumer family financial assistance, nor may they designate to be used as such the project funds for which they are eligible.

## **VII. Guidelines for Collaborations on Projects**

### **A. Collaborations Projects Are Encouraged**

By combining forces, larger projects are possible. If two eligible organizations collaborate on a project, the total available for the project is \$10,000 dollars. If more than two organizations collaborate, the total maximum available is \$5,000 times the number of collaborating organizations. **The organization that submits the grant receives the funds and is responsible for 6-month and final grant reports.**

### **B. Limit on Submitting both a Collaboration and an Individual Project**

Generally speaking, applicants may submit an application as a single entity or in collaboration with another, but not both *if the collaboration uses all the allowable project funds of each partner*. **However**, if the collaboration budget is less than the maximum allowable ( $\$5,000 \times \#$  of partners) , one or more of the partners may submit an application for a smaller project as long as the sum of its part of the collaboration and its solo project does not exceed \$5,000.

*Here's an example: a consumer-led organization and two treatment centers agree on a collaborative project. The total available to the collaboration is \$15,000. If the two centers budget \$5,000 each for their parts of the collaboration, and the consumer-led entity budgets its part of the effort to be \$3,500, then the collaboration budget is \$13,500. The consumer-led entity could submit separately an application for a project that would not exceed \$1,500.*

### **C Additional Requirement for Collaborative Projects**

Applications for collaborative projects must include a letter of support from each collaborating organization. The **letters of support must be specific about the role of each participating organization** and must be signed by the Authorized Official of each organization.

## VIII. Submission Requirements

### A. Format

See outline on page 10

### B. Budget

Expenses in the budget must be itemized. Each item must be briefly described so that the amount listed in the budget is easily understood, and easily related to the narrative describing the project. **Failure to itemize proposed expenses will result in a rejection of the application. See Sample Budget example in Appendix C.**

### C. Length (not counting required attachments)

**Applications may not exceed the following page limits. Brevity is appreciated; please use the fewest words necessary** to describe the organization, the needs, the objectives, the budget.

Applicants who are only requesting project funding – 3 pages;

Applicants who are only requesting patient/consumer assistance funding – 2 pages;

Applicants who are requesting both project and patient/consumer assistance funding - 4 pages.  
Treatment Centers – 3 pages.

Regional Offices and National organizations – 2 pages.

### D. Required Attachments

Applicants must also **include the following attachments with the application**. These attachments will not count against your application page limit. **Applications will not be considered for funding if these required documents are not included:**

1. Copy of the organization's tax-exempt certification from the IRS, also called the IRS Determination letter. This is a document from the federal government, not one from the state. See example in Appendix A.
2. A copy of the organization's most current W-9. See example in Appendix B.
3. If the application reflects a collaboration, a letter from the collaborating partner(s) must be provided stating the role the partner will play in the implementation;
4. For patient/consumer-family financial assistance programs, attach your patient/consumer-family financial assistance criteria or guidelines.

### E. Form of Transmission and Deadline

1. Applications and attachments must be submitted **electronically** to [info@hemophiliaalliancefoundation.org](mailto:info@hemophiliaalliancefoundation.org)
2. Applications must be sent by January 31, 2017, by 11:59 p.m. PST. **Late applications will not be considered.**

### F. Filenames: What and Why

Applicants should name their files for submission to the Hemophilia Alliance Foundation with letters identifying the **applicant organization name** followed by an indicator of the content of

the file. Here are some examples: HFM-app, HFM-IRS exemption, HFM w9; MMGooley app, MMGooley IRS, MMGooley W9; UCSFapp, UCSF IRS, UCSF W9; etc.

*Why, the reader might ask? Generally one names one's files to make them easy to find in one's directory. From the applicant's perspective, "Hemophilia Alliance Foundation" registers as a distinct name. From the Hemophilia Alliance Foundation's perspective, however, this results in a lot of applications named "Hemophilia Alliance Foundation." Think about it. The application (or progress report, or final report) may arrive attached to an email, but the attachments are then separated from the email; they stand alone in a long list of applicant files. **Make your filenames say who you are, as the sender.***

## **G. Authorized Signature**

1. Applications and letters of collaboration must be signed by the organization's authorized official, that is, the person with the authority to incur obligations on behalf of the organization. Such officials are recognized by their authority to:
  - a. sign contracts on behalf of the organization
  - b. approve the organization's budget
  - c. add or subtract staff

**As an example**, in consumer-led entities, the Executive Director would sign (or, in the absence of the Executive Director, the President); for an HTC, the Medical Director, Administrative Director or the authorized official from the grants office of your institution.

## **IX. Causes for Immediate Rejection of Application**

### **A. Failure to submit all required attachments.**

These documents are:

- IRS Certification letter (See example in Appendix A)
- W-9 (See example in Appendix B)
- Patient/Consumer Assistance Guidelines (only if applying for Patient/Consumer assistance funds)

Please note that the Hemophilia Alliance Foundation will not advise applicants that attachments are missing. Incomplete applications will be rejected immediately.

### **B. Failure to itemize budget.**

See sample budget in Appendix C

### **C. Failure to submit application on time.**

## X. 2017 Application Format

1. State applicant organization type: Local Chapter, HTC, Regional Office, or National Organization.
2. Contact information
  - a. Name of applicant organization
  - b. Address
  - c. Name of contact person
  - d. Telephone of contact person
  - e. Email of contact person
3. Amount Requested
  - a. Amount for project\_\_\_\_\_.
  - b. Amount For patient/consumer assistance \_\_\_\_\_.
  - c. For collaboration list partners, and how much is included for each.
4. Name, signature **and email address** of authorized Individual.
5. Organization description: **brief** description of mission, geographic service area, # served.
6. **Brief** description of the project and/or patient/consumer-financial assistance you propose. For patient/consumer-family financial assistance programs, attach your patient/consumer-family financial assistance criteria or guidelines.
7. **Brief** description of the need that the project addresses.
8. Concisely state the specific outcomes or measureable objectives of the project.
9. How will the project strengthen your organization?
10. Itemized Budget - Format

Item Description	\$ Amount
<b>TOTAL</b>	

**See Sample Budget in Appendix C**

## **XI. 6-Month Progress Report**

Grant recipients are required to submit a progress report on the first six months of operation. The report must follow the format below, and must be submitted electronically to [info@hemophiliaalliancefoundation.org](mailto:info@hemophiliaalliancefoundation.org) by October 15, 2017, at 11:59 PDT.

As you will see below, this form also serves as a **vehicle to request project and budget amendments**, and to request a deadline extension. **These requests should not be made lightly.** The Hemophilia Alliance Foundation Board expects projects to be completed in the grant-year timeline. However, we recognize that unanticipated circumstances may arise, and for this reason we will entertain requests for project, budget, and/or deadline changes.

**Failure to submit a 6-month progress report cancels eligibility to be considered for funding the following year.**

### **Progress Report Format [maximum length one page]**

1. Contact information
  - a. Name of organization
  - b. Name of project
  - c. Amount received
  - d. Name of contact person
  - e. Phone and email for contact person
  - f. Authorized Person's signature
2. Briefly describe the progress of your Hemophilia Alliance Foundation grant project and/or patient/consumer financial assistance.
3. Briefly describe any unanticipated hindrances to the project.
4. Briefly describe your expectations for the project's completion.
5. Do you anticipate having any unused funds from this project at its end (March 31, 2018)?
6. Generally, funds remaining at the end of the grant will be returned to the Alliance Foundation. However, if there were hindrances to the project that were out of your control, you may request an extension of up to six months . Are you:
  - a. returning unused funds? If so, roughly how much?
  - b. requesting an extension of up to 6 months on the grant's deadline? If so, what is the rationale for the request, and what is the requested new deadline?

## XII. Final Report

Grant recipients are required to submit a final report the project's completion. The report must follow the outline below, and must be submitted electronically to [info@hemophiliaalliancefoundation.org](mailto:info@hemophiliaalliancefoundation.org) by April 30, 2018, at 11:59 PDT.

**Please note** that copies of receipts and other justification of expenses are not required in this submission, however it is expected that adequate documentation would be available in the event of an audit. The Hemophilia Alliance Foundation Board reserves the right to conduct a program and financial audit of documents and finances associated with this grant.

### Final Report Format [maximum length 2 pages]

1. Contact information
  - a. Name of organization
  - b. Name of contact person
  - c. Phone and email for contact person
  - d. Authorized person's signature
2. Name of project and amount of grant.
3. Objective(s) of the project.
4. Describe how well the proposed objectives were met.
5. Describe how the project strengthened the organization and/or its patients/consumers.
6. Financial report: Please reproduce here the original budget, adding a column showing actual expenses.

Example:

Item	Budgeted	Actual Spent
Consultant for strategic planning \$100/hr for 15 hrs	\$1,500	\$1,500
Laptop computer	750	800
Lunch at strategic planning session for 15 @ \$45 each	675	390
Morning and afternoon snack breaks	0	235
Total	\$2,925	\$2,925

7. Amount, if any, of funds remaining \$ \_\_\_\_\_ .

### XIII. Alliance Foundation Survey

The Hemophilia Alliance Foundation will request your feedback on the materials and processes of the 2016 grant cycle using an online survey. **A link to the survey will be emailed to you at the end of the grant year.** The questions we pose appear below:

	Totally disagree		Totally agree	
	1	2	3	4
1. The 2016 Grant guidance was clear and helpful.				
2. The grant outline is difficult to prepare.				
3. I understood the requirements.				
4. I knew how to get my questions answered.				
5. The timing of the process is good for me.				

- 6. How can we improve the process? [text box for answer]
- 7. For what else might you need support? [text box for answer]
- 8. Overall, how was your experience with this grant process? [text box text box for answer]

## **XIV. Frequently Asked Questions**

1. Q. Do I have to request \$5,000 for a project? Can it be less?  
A. Absolutely yes.
2. Q. We will apply for patient/consumer financial assistance funding. For an objective, can we just estimate how many people will ask for help and how much they might need?  
A. Yes, that's a reasonable measurable objective.
3. Q. We are moving to more efficient space. Would the costs associated with the move be acceptable as a grant request.  
A. Yes. New furniture, better equipment, even the moving van would qualify. The new rent would not.
4. Q. We want to hire a consultant to assess our operations and help us improve. Would that qualify?  
A. Yes; a consultant doing a time-limited assessment would qualify.
5. Q. Can we apply for both project and consumer financial assistance funds?  
A. Yes, as long as you meet the eligibility requirements and follow the guidelines.
6. Q. We didn't use the 2016 dollars we received because it was for a camp improvement and camp was already in progress when we received it. We'd like to do the project this spring when the snow melts. Can we?  
A. You need to complete a report on last year's award and your progress. If the reason you didn't use it is compelling, the board may approve the timing change. If not, you can apply for the same project again, and return last year's funds.
7. Q. We are partnering with our HTC to host a Men's Retreat later this year and they sent me their W-9 and 501c3 letter. The letter is a sales tax exempt letter. Will this suffice?  
A. No, the state sales tax exemption is not the same as the IRS tax-exempt determination letter. In large institutions, you may have to go to the Grants office or another office that serves the whole organization of which the Center is a part.
8. Q. Can we send consumers to national meetings using consumer financial assistance funds?  
A. No; you must use project funds if you wish to subsidize consumer attendance at meetings.

## **XV. Where to Call for Help**

- Q. Where do I call if I have a different question?
- A. You may call or email the Hemophilia Alliance Foundation Board Chair, Joyce Strazzabosco, between 10:00 a.m. and 6:00 p.m. Eastern Time. Here is her contact information:  
315-597-0012 (home)  
315-226-2196 (cell)  
[info@hemophiliaalliancefoundation.org](mailto:info@hemophiliaalliancefoundation.org)

## Appendix A: Sample IRS Determination Letter

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

YOUR NONPROFIT, INC.  
P. O. BOX 123  
MISSION WAY, CA 95050

Employer Identification Number:  
12-3456789  
DLN:  
123456789910  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required  
Yes  
Effective Date of Exemption  
January 3, 2002  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because of this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

*Ms. Mission*

Director, Exempt Organization

Letter 111

This document is a sample for the sole purpose of displaying what an IRS determination letter looks like. This is not an actual determination letter. The use of this document is intended strictly for informational purposes and not any commercial purpose. This document is not for sale.

# Appendix B: Sample W-9 Form

Form <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>	<b>Give form to the                  requester. Do not                  send to the IRS.</b>
Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 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 chart on page 4 for guidelines on whose number to enter.

Social security number : : : : : :	OR Employer identification number : : : : : :
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### 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).

**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 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

## Appendix C: Sample Itemized Budget

Item	\$ Amount
<b>Personnel</b> , for example	
Strategic Planning Consultant @ \$100/hr for 12 hrs	\$1,200.00
Data entry person @ \$15.00/hr for 80 hrs	\$1,200.00
Honorarium for 5 conference speakers @ \$100/speaker	\$500.00
<b>Equipment</b> for example:	
1 desktop HP computer	\$450.00
1 small desk	\$175.00
1 desk secretarial chair	\$125.00
<b>Supplies</b> for example:	
10 10-packs of pocket folders @ 7.50/10-pack	\$75.00
1 5-pack Zapdos 32GB Flash Drive @ \$36.99/5-pack	\$36.99
<b>Travel</b> for example	
Round trip air fare for 4 staff @ \$575 each	\$2,300.00
Mileage reimbursement at \$.55/mile for 330 miles	181.50
Parking for 50 participants at \$15/participant	750.00
<b>Tuition/Registration</b>	
Registration for 2 consumers at \$80/person	\$160.00
Registration for 2 nurses @ 175/person	350.00
<b>Consumer financial assistance</b> for example	
Awards averaging \$100 for up to 30 patient/consumer families	\$3,000.00
<b>Other</b>	
Extended warranty for computer	\$100.00
<b>Total Requested</b>	<b>\$10,603.49</b>