



# County of Allegheny

RICH FITZGERALD  
COUNTY EXECUTIVE

## Department of Human Services

### REQUEST FOR PROPOSAL

### TO DESIGN AND IMPLEMENT DECISION SUPPORT TOOLS AND PREDICTIVE ANALYTICS IN HUMAN SERVICES

Activity	Target Date
County Issues RFP	2/26/2014
Questions in advance by email	Ongoing until seven days prior to proposal due date
Publish Q & A <a href="http://www.alleghenycounty.us/dhs/rfp.aspx">http://www.alleghenycounty.us/dhs/rfp.aspx</a>	Ongoing until seven days prior to proposal due date
Proposal Due	4/18/2014
RFP Evaluation Period	5/1/2014 through 06/02/2014
Recommendation of Provider (s)	6/15/2014
Contract Begin Date	9/1/2014

**This Request for Proposal contains requirements for proposers to assist the County in meeting M/W/DBE goals. Therefore, proposers must document their plan or good faith efforts to meet those goals. The M/W/DBE Participation Statement is required with proposal submission.**

Allegheny County Department of Human Services

**REQUEST FOR PROPOSAL**

Design and Implement  
Decision Support Tools and Predictive Analytics  
In Human Services

**CONTENTS**

<b>Section</b>	<b>Page</b>
A General Instruction and Information	3
B Introduction	4
C Background	5
D Proposal Instructions and Evaluation Criteria	8
E Technical Proposal Requirements	9
F Selection Process	10
G Contract Terms	11
Resources	14
<b>Appendices</b>	
A. Proposal Authentication Form	16
B. Abbreviated Application	17
C. Internal Revenue Service W-9	19
D. Vendor Creation Form	23

## **A. General Instructions and Information**

### **About this Document:**

This document is a Request for Proposal (RFP). It differs from an invitation to bid in that the County is not seeking a quotation meeting from specifications for the lowest price. Rather, the County is requesting the submission of proposals emphasizing the nature of a product or services, of which design, development and implementation of decision support/predictive analytic tools may be the overriding factors. The evaluation criteria process should be viewed as a standard that measures how well a proposal meets the desired requirements and needs of the County. The criteria that the County will use in evaluating the proposals and making an award of a contract(s) are set forth herein in the RFP Evaluation Criteria. The contract(s) shall be awarded to a qualified responsible entity(ies) submitting the best proposal. The County reserves the right to select, and subsequently recommend for an award, the proposal or proposals which best meet its required needs, quality levels, and other constraints.

**The issuance of the RFP does not obligate the County to enter into a contract for any services. The County reserves the right to reject any and all proposals submitted.**

### **Examination of Documents and Requirements:**

Proposer shall carefully examine all RFP documents and thoroughly familiarize themselves with all requirements prior to submitting a proposal to ensure that the proposal meets the intent of this RFP. Before submitting a proposal, each proposer shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and requirements effecting the requirements of this RFP. Failure to make such investigations and examinations shall not relieve the provider from an obligation to comply, in every detail, with all provisions and requirements of the RFP.

### **Minority, Women or Disadvantaged Business Enterprise (M/W/DBE) Requirements:**

M/W/DBEs shall receive equal opportunities to submit proposals and shall not be discriminated against on the grounds of race, color, sex, disability, or national origin in consideration of an award. A MWDBE is defined as a small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals. Socially and economically disadvantaged include Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans. A listing of MWDBE's certified by the County and the Pennsylvania Unified Certification Program can be found at [www.county.allegheny.pa.us/mwdb](http://www.county.allegheny.pa.us/mwdb) or the Resource document page 14.

**This Request for Proposal contains requirements for Proposers to assist the County in meeting its M/W/DBE goals. Therefore, Proposers must document their plan or good faith efforts to meet those goals. The M/W/DBE Participation Statement is required with proposal submission. See Appendix A of this RFP.**

## **Proposal Preparation Costs:**

Issuance of this RFP does not commit the County, in any way, to pay any costs incurred in the preparation and submission of a proposal. All costs related to the preparation and submission of a proposal shall be paid by the proposer.

## **B. Introduction**

The Allegheny County Department of Human Services (DHS) seeks to improve the delivery of services to its consumers by using data to improve decision making. Specifically, DHS is interested in ways in which workers can use data (currently collected) as a tool in making service decisions that best address the needs of consumers. In order to accomplish this goal, up to \$1 million will be available to design and implement a system of decision-support tools and predictive analytics for human services. This work is being supported through a public/private partnership. DHS expects to make one to five awards as a result of this solicitation.

Innovative solutions are being sought from a diverse array of entities, including government organizations, educational institutions, non-profit or for-profit organizations and individuals. These partners may assist in the development, design and possible implementation of decision support tools and predictive models that will improve decision-making and therefore service delivery.

## **Eligibility**

All entities are eligible for this solicitation, including government organizations, education organizations, non-profit organizations, for-profit organizations, small businesses and individuals<sup>1</sup>.

Organizations do not need to have an existing contract with Allegheny County but must meet all of Allegheny County's contractual requirements (available at: <http://www.alleghenycounty.us/dhs/contracting.aspx> and have the programmatic, financial and staffing capability to conduct this activity.

Collaborative proposals are encouraged but not required. Entities may participate in more than one collaborative proposal.

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<sup>1</sup> For more information about eligibility, please see: <http://www.grants.gov/web/grants/applicants/grant-eligibility.html;jsessionid=LbfrS11LkPRNxIzIVyfWTTvHpvjr1vdGCFW87LnMstCPNpBCWX2N>

## **C. Background**

### **About the Allegheny County Department of Human Services**

The Allegheny County Department of Human Services (DHS) was created in 1997 to consolidate the provision of human services across Allegheny County. In addition to the Executive Office, DHS consists of five program and three support offices that together serve approximately 20 percent of Allegheny County's residents.

DHS is responsible for providing and administering publicly-funded human services to Allegheny County residents. DHS is dedicated to meeting these human service needs, most particularly for the county's vulnerable populations, through an extensive range of information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including services for older adults; mental health and drug and alcohol services (includes 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with intellectual and/or developmental disabilities.

The Allegheny County Department of Human Services provides services to eligible individuals without regard to race, color, sex, gender identity or expression, sexual orientation, age, religion, national origin, political affiliation, disability, familial status, military service, or religious, community or social affiliations.

### **About the DHS Data Infrastructure**

DHS's Data Infrastructure (the Data Warehouse), consists of a central repository of social services data from 19 sources (10 internal and nine external) representing 29 different human service program areas. The Data Warehouse contains more than 640 million records for about 1,000,000 distinct clients. It allows DHS to track and report client demographic and service data across its program offices and beyond. The Data Warehouse includes data on aging services, child welfare services, mental health services, drug and alcohol services, intellectual disability services, hunger and housing supports, family support centers, juvenile justice involvement, Jail involvement, assisted housing (public housing and Section 8), public benefits, and enrollment and outcome information from the largest local public school systems.

In addition, DHS has numerous data collections systems. More information on these systems is available upon request.

### **Recent Experience Developing Decision Support Tools**

DHS, with funding from a federal grant, set out to build a tool that maximizes the use of data to support "best match" child welfare placement decisions. After first conducting an exploratory process and finding that no other jurisdictions had developed this type of tool, DHS spent six months on planning and design, only to discover that two (there are probably others) other jurisdictions were working on

solving the same problem. While there were differences in the ways in which the issue was being addressed, it was striking to see the similarities in the thinking/design of all of these tools. This experience provided some important lessons:

- Solutions exist but it's difficult to find them
- Other jurisdictions are trying to solve similar problems; these solutions can be replicated with minimal customization
- It's easier (and more cost effective) to start with something than to develop an idea from scratch

### **Current Landscape**

While decision support systems have been in use since the early 1990s, the field of human services is still at the early stages of fully utilizing these concepts. What currently exists is disjointed and presents a number of challenges. Specifically:

- There are a number of small companies working directly with human services organizations who have developed specific decision support systems. These companies (and non-profit organizations) offer close to off-the-shelf solutions at lower cost than the large IT companies, but their products may be difficult to integrate into existing systems – and integration is key to effective use.
- The leading IT firms don't understand case practice well, nor do they translate research well. They can code/architect whatever is requested, but the modeling and analytic work must be driven by government analysts. However, once built, the model integrates well and becomes seamless to the users.
- Academics have answered many of the questions raised by practice but aren't necessarily interested in the commercial solutions/tools required by the public sector.

Given these challenges, government analysts all over the country are translating research into the type of tools required by their human services workforce. However, because there is no central clearinghouse for these tools, work is being duplicated unnecessarily and shared in a haphazard fashion.

### **Key Questions/Opportunities for Decision Support Tools/Predictive Models**

Proposals may address one or more of the critical decision support issues/questions identified below. DHS is also willing to consider other questions, if tools are already available/in development. In addition, DHS is open to proposals that only address a part of the solution. For example, an applicant can propose to work with DHS to develop and design solutions without actually implementing them.

DHS is seeking creative solutions to developing predictive analytics and decision support capacity, and therefore is open to a variety of proposals. Some examples might include the following, individually or in combination:

- Producing an analytic model to identify the most significant predictors of one of the key questions listed below
- Designing a decision support tool: identify the inputs, outputs, process for decision-making and the visual display that will best support staff in making data-informed decisions

- Developing a decision support tool: both design and build the application that would be integrated into one of our existing data systems

DHS is willing to consider applications that don't specifically address any of the issues below, but instead, propose a process by which they can work with DHS to quickly develop solutions/tools to issues similar to the ones identified below. DHS is also open to proposals that suggest an entirely new construct for how DHS thinks about the design, development and implementation of decision support/predictive analytics tools. DHS is particularly interested in the development of tools to support better decision making in child welfare, homeless services, behavioral health, aging, and criminal justice services. Clearly, we are also interested in using all available data to improve prediction. Tools built for the child welfare system can take advantage of behavioral health, housing, and criminal justice system data, if they improve prediction. Below are some of the relevant questions.

- What's the best way to prioritize child welfare intake cases for response?
- Which child welfare placements are most likely to disrupt?
- How can we predict which child welfare reunifications are most likely to disrupt?
- Which child welfare clients are at risk of *crossing over* into the juvenile justice system?
- In which child welfare cases has risk of future harm been sufficiently reduced to close the case?
- Which elder (child) abuse cases are at highest risk of future harm?
- Which seniors receiving services in their homes are at risk of requiring nursing home care or hospitalization?
- How do we organize our prescription drug payment data to alert workers when a client (child or adult) may be on counter-indicating medications (for example, when children are receiving multiple psychotropic medications and no therapy)?
- Which clients receiving behavioral services may not be receiving services at the appropriate level of care?
- Which transition-aged youth are at highest risk of losing their housing/housing instability?
- How can we assist workers to use the data collected on client (family) risks, strengths and needs to target interventions (including specific evidenced-based interventions)?
- How does DHS use its data to link individuals to one another (e.g., in a family, household, system of supports)?
- How does DHS use its data, particularly its qualitative data, to flag cases for (safety, overdose, permanency, closure, etc.) case review?

The answers to these questions, translated into tools our workers can use, will greatly improve the human services field. And, because these tools will be built in the public domain, DHS will share the results with other organizations seeking to address the same problem.

Because analytics and decision support tools can and should evolve to reflect the dynamic environment in which we work, we are also interested in identifying ways to maintain their applicability and relevance. Please include your approach for both maintaining and enhancing these tools over the next five years.

## D. Proposal Instructions and Evaluation Criteria

Proposals are limited to a total of 25 narrative pages, plus executive summary, budget, budget narrative, résumés and attachments. No additional attachments, other than those specified, will be accepted. Please submit only proposals with 1-inch margins, 12 point font and numbered pages. Single spacing is permissible. Proposals will be rated on a 100-point scale. Please organize your application so that it addresses each of the following areas:

1. Executive Summary [in Microsoft Word and PDF]
2. Narrative [In Microsoft Word and PDF]
3. Budget [In Excel and PDF] and budget description [in Microsoft Word and PDF]

### 1. Executive Summary:

The Executive Summary should not exceed one page and should include:

- Applicant information, including key staff and a description of organizational capacity to address the issues
- Information about any proposed partnerships or collaborative arrangements
- A brief description of the decision support issue(s)/question(s) to be addressed
- A brief description of the proposed solution(s)
- Funding request

### 2. Narrative (80 points)

- **Organization(s) description (30 points)**

- 1) Describe your organization(s)' history and experience conducting research, translating research into practice, developing/validating tools built on research, developing and implementing predictive models.
- 2) Describe relevant experience in working with human services practitioners (including government analysts, clinicians, social workers, leaders).
- 3) Describe any collaborative projects on which your organization worked, naming partner organizations.
- 4) Describe the way your organization or collaboration would manage the process of working with DHS to design and implement decision support tools and predictive analytics.
- 5) Describe experience or approach to working with an existing IT vendor to implement/integrate solutions.

- **Project description: (30 points)**

- 1) Identify project goals and objectives.
- 2) Describe in detail the service(s)/consultation to be provided.
- 3) Describe how the program will be integrated with other information technology and tools.



- 4) Provide a timeline for design and development.
- 5) Provide examples of tools/systems already developed. (include in appendix, does not count against the 25-page limit)
- 6) Describe the staffing plan:
  - List staff, their roles and each of their qualifications.
  - Attach copies of the résumés of staff that will be providing services. (include in appendix, does not count against the 25-page limit)

- **References (20 points)**

1. Include name, affiliation and contact information for three references.
2. References should be able to address experience with your organization that is relevant to the proposed project.

### **3. Budget and Budget Description (20 points)**

Please provide a budget that shows the cost per line item, any matching funds, total expenses and total revenues. Include a budget narrative that explains the purpose of each line item and how amounts were calculated. The budget should clearly relate to the Narrative.

## **E. Technical Proposal Requirements**

### **Issuing Office**

The County's Department of Human Services (DHS) is serving as the "Issuing Office" for this RFP. The Issuing Office is the sole point of contact in the County with regard to all aspects of this RFP. Please refer all inquiries about the RFP in writing and email to:

[DHS-RFP\\_DecisionSupportTools@alleghenycounty.us](mailto:DHS-RFP_DecisionSupportTools@alleghenycounty.us)

All requests for additional information or clarification concerning this RFP must be submitted in writing no later than seven (7) day prior to the proposal due date, and email to:

[DHS-RFP\\_DecisionSupportTools@alleghenycounty.us](mailto:DHS-RFP_DecisionSupportTools@alleghenycounty.us)

### **Addendum and Modifications**

Any changes, additions, deletions, or clarifications to the RFP are made by written document called an addendum. Any Proposer in doubt as to any part of the RFP may request an interpretation or clarification from the Issuing Office. At the request of the Proposer, or in the event the Issuing Office deems the interpretation to be substantive, the interpretation shall be made by addendum issued by the Issuing Office. Such addendum issued by the Issuing Office shall become part of the proposal package having the same binding effect as provisions of the original RFP. No verbal explanations or interpretations shall be binding. In order to have a request for interpretation considered, the request must be submitted in writing and must be received by the Issuing Office no later than seven (7) days prior to the proposal due date. Addendums shall be posted to the following website

<http://www.alleghenycounty.us/dhs/rfp.aspx>

## **Submission**

Proposals should be submitted electronically in Word/Excel and PDF. To be considered, the proposal must respond to all requirements in the RFP. The contents of this RFP and your proposal shall become part of any contract(s).

In addition to the electronic copy, proposers may submit hard copy submissions via US mail to the address below, postmarked on or before the RFP due date April 18, 2014. All submissions must be clearly identified as "Decision Support Tools and Predictive Analytics in Human Services."

### **Electronic**

[DHS-RFP\\_DecisionSupportTools@alleghenycounty.us](mailto:DHS-RFP_DecisionSupportTools@alleghenycounty.us)

### **US Mail:**

Allegheny County Department of Human Services  
Attn: Leslie Lewis-Pollard  
One Smithfield St. 5th Floor  
Pittsburgh, PA 15222

The County, through the Issuing Office, may make such investigation as it sees fit to determine the ability of the Proposer to perform the work, and the Proposer shall furnish the County all such information and data for this purpose as requested by the County. The County reserves the right to reject any proposal if the evidence submitted by, or investigation of, such Proposer fails to satisfy the County that such Proposer is properly qualified to carry out the obligations of the contract and to satisfactorily perform the work specified.

### **Final Award Process**

After discussions and negotiations, the Evaluation Committee will tabulate and submit award recommendation to the Director of DHS and the County's Purchasing Division. The award of any contract must be approved by the County Manager.

## **F. Selection Process**

The County uses the concept of "Best Value" in evaluating proposals. "Best Value" means the overall combination of quality, price and various elements of required services that in total are optimal relative to the County's needs and most advantageous.

The County will use a formal evaluation process to select the successful respondent(s). The County will consider capabilities or advantages that are clearly described in the proposal. The County reserves the right to contact individuals, entities, or organizations that have had dealings with the respondent or proposed staff, whether or not identified in the proposal. Evaluation will be carried out in the following manner:

The County will designate an appropriate committee for the review and evaluation of all proposals submitted in response to this RFP. The team representatives may be:

- In the employ of the County
- Recruited from local funding partners
- Recruited from local educational institutions for subject matter expertise
- Others as determined by the County.

The County's evaluation committee will establish an appropriate evaluation method, such as a matrix, to analyze the proposer's qualifications. The County may, at its discretion, request additional information or clarification from proposers and/or conduct interviews with proposers as deemed necessary.

### **Oral Presentations and Site Visits**

The County may request oral presentations, site visits, and/or demonstrations from one or more respondents. The County will notify selected respondents of the time and location for these activities, and may supply agendas or topics for discussion. The County reserves the right to ask additional questions during oral presentations, site visits, and or demonstrations to clarify the scope and content of the written proposal. The respondent's oral presentation, site visit, and/or demonstration must substantially represent material included in the written proposal, and should not introduce new concepts or offers unless specifically requested by the County.

### **Discussions with Respondents**

The County may, but is not required to, conduct discussions with all, some, or none of the respondents for the purpose of obtaining the best value for the County. It may conduct discussions for the purpose of:

- Obtaining clarification of proposal ambiguities;
- Requesting modifications to a proposal; and/or
- Obtaining a best and final offer.

### **G. Contract Terms**

This Request for Proposals (RFP) provides interested, qualified applicants with information to submit proposals for consideration by DHS for delivery to design and implement Decision Support Tools and Predictive Analytics in Human Services through an agreement with DHS.

It is the intent of DHS to contract with a sufficient number of providers to assure the provision of adequate services throughout the term of the agreement as determined by DHS's sole discretion.

## **1. Contract Type**

This RFP will employ a reasonable selection process to identify the most advantageous and appropriate proposals to meet the DHS's needs in terms of service quality, provider experience and other evaluative factors.

Under no circumstances should this RFP be construed as a commitment by DHS to award a contract to any applicant(s). Funding is contingent upon availability of sufficient funds. Since a contract may be awarded on a received proposal without further negotiations or revisions, proposals should present the most favorable terms from a service delivery standpoint. Incomplete or incorrectly completed proposals may be rejected outright.

## **2. Contract Period**

When a contract is awarded from this RFP, the term of the contract will be 12 months. The contract may at the sole discretion of DHS be renewed annually.

The selected applicants will be responsible for and begin to provide all services on September 1, 2014. DHS must be notified of potential or actual ownership changes and/or relocation during negotiations or the contract year at least two (2) weeks prior to any such changes.

DHS may adjust the amount or rate of reimbursement during the contract term at its discretion, based on availability of funds, provider performance, utilization reviews, associated costs and priorities of the overall program.

## **3. Compliance Review**

The successful bidder must submit, if necessary, upon request of the DHS Compliance Unit financial statements, audits, policy and procedure documents or other additional documentation. In addition the successful bidder shall permit the DHS Compliance Unit to visit the prospective provider, if necessary, to review supporting documentation and accounting records and verify sufficient internal controls are in place.

## **4. Contract Terms and Conditions**

The standard DHS contract, including all insurance requirements can be found on the DHS website at <http://www.alleghenycounty.us/dhs/contracting.aspx>

The selected applicant must at the time of contract execution provide an insurance ACORD certificate meeting all of the minimum insurance requirements stated in Exhibit C of the Contract. Costs associated with the purchase of such insurance are the sole responsibility of the provider.

## **5. HIPAA Compliance**

DHS is a covered entity with regard to the Health Information Portability and Accountability Act (HIPAA). The selected provider must be prepared to comply with any applicable HIPAA requirements and appoint a HIPAA Compliance Officer.

## **6. CYBER Security**

A significant portion of the DHS business activities and related billing carried out under this RFP are done through information management systems or tools, including email. Proposers should meet the minimum computer specifications in the DHS Contract Specifications Manual available on the DHS website and should make sure their computers, laptops, and other electronic devices have sufficient security software and settings to minimize the risk of a breach of information. In addition the proposer should have policies and procedures in place to assure their electronic devices are physically secure when not in use (i.e. locked in a vehicle trunk, password protected, etc.).

## **7. Conflict of Interest**

The proposer shall not accept gifts or anything of value nor enter into any business arrangement with any employee, official or agent of the County.

By signing their proposal, the proposer certifies and represents to the County that the proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

## **8. Equal Employment Opportunity/Non-Discrimination**

Proposer shall not discriminate against any employee, applicant for employment, independent contractor, consumer or any other person on the basis of race; color; religion; national origin or ancestry; sex; gender identity or expression; sexual orientation; disability; marital status; familial status; age (40 or over); or use of a guide or support animal because of blindness, deafness or physical disability of any individual or independent contractor or because of the disability of an individual with whom the person is known to have an association; or on any other basis prohibited by federal, state or local law. See Resources page 14

## **9. Contract Specifications**

The successful proposer will enter into a contract with the Allegheny County Department of Human Services for performance of the work specified in this request for proposal and as may be further defined in the proposer's qualifications. Contracting with DHS (terms and conditions) can be found on the DHS website at:

<http://www.alleghenycounty.us/dhs/contracting.aspx>.

## Resources

### [Equal Employment Opportunity \(EEO\)](#)



Equal Employment  
Opportunity.pdf

### [M/W/DBE Participation Form – REQUIRED WITH PROPOSAL SUBMISSION](#)



MWDBE Participation  
Statement.docx

### [M/W/DBE Utilization Affirmative Action Requirements for Proposers](#)



MWDBE Utilization  
Affirmative Action Req

### [M/W/DBE Participation Waiver Request](#)



MWDBE Participation  
Waiver Request.docx

### [M/W/DBE Contracts Specifications Manual](#)



MWDBE Contracts  
Specifications Manual.

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## **APPENDICES**

APPENDIX A  
PROPOSAL AUTHENTICATION FORM

**TITLE:** Decision Support Tools and Predictive Analytics in Human Services

**DUE DATE:** APRIL 18, 2014

The undersigned hereby offers to furnish and deliver the services as specified in strict accordance with the RFP and scope of proposal, all of which are made a part of this request. This offer is not subject to withdrawal without permission of the County of Allegheny Department of Human Services Director.
<b>FULL LEGAL COMPANY NAME:</b> _____
<b>DOING BUSINESS AS:</b> _____
<b>STREET ADDRESS:</b> _____
<b>CITY, STATE AND ZIP CODE:</b> _____
<b>AUTHORIZED SIGNATURE:</b> _____
<b>PRINT NAME:</b> _____
<b>TITLE OF AUTHORIZED SIGNER:</b> _____
<b>TELEPHONE #:</b> _____ <b>FAX #:</b> _____
<b>WEBSITE URL:</b> _____
<b>E-MAIL ADDRESS:</b> _____

**Chapter 2**  
**COMPANY INFORMATION**

(This information is for tracking purposes only and has no role in the determination of the responsible proposer.)

- Check here if your firm is registered with the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprises
  
- Check here if your firm is a "Minority Business Enterprise" or "MBE" as defined in the Small Business Act, 15 USC
  
- Check here if your firm is a "Women Business Enterprise" or "WBE" as defined in the Small Business Act, 15 USC
  
- Check here if your firm is a "Small Business" as defined by the Small Business Administration (13 C.F.R. 121.201, in most cases, this means a business with 500 or fewer employees)

**NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR PROPOSAL. ALL PAGES REQUIRES A LIVE SIGNATURE SIGNED IN BLUE INK.**



APPENDIX B  
ABBREVIATED APPLICATION

1. Primary Contacts

	Chief Executive	Chief Information Officer	Chief Financial Officer	Contract Processing Contact
Name				
Email				
Phone				

Note: If you are an individual applying, you may identify yourself for all of the above roles.

2. I/we certify that this I/we/this organization is not currently under suspension or debarment by the Commonwealth of Pennsylvania, any other state, county or the federal government.

So certified

3. Have you ever obtained or been denied a performance or fidelity bond, or has your bond ever been revoked?

Yes  No

If yes, explain:

4. Has an application to be an Allegheny County provider/vendor been denied in the past?

Yes  No

If yes, explain:

5. Have you ever filed for bankruptcy?

Yes  No

If yes, explain:

6. Have you paid all taxes for the past years, including but not limited to real estate tax, employer taxes, employee withheld taxes, personal income tax (if individual)?

Yes  No

If yes, explain:

7. Do you have the capability to do electronic billing if required?

Yes  No

If yes, explain:

8. Do you currently carry the insurance (see contract on DHS website) required to enter into a contract with DHS?

Yes  No

If yes, explain:

9. Do you/your staff have valid Pennsylvania driver licenses?

Yes  No

If yes, explain:

As an authorized signatory for \_\_\_\_\_ I hereby certify to the best of my knowledge and belief that the information in this proposal and application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

**APPENDIX C INTERNAL REVENUE SERVICE W-9**  
 A fill-in version of this form can be obtained at the IRS website.

Form <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
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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 : : : : : : : : :

**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 ▶
------------------	----------------------------	--------

**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,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.  
<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup>List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup>Circle the minor's name and furnish the minor's SSN.

<sup>3</sup>You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup>List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# Allegheny County

Vendor Creation Form

Controller's use only: Supplier No. _____ 1099 Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Add       Change      Supplier No. \_\_\_\_\_

Company Information:

Federal Tax ID (TIN)

**Company Name** (Please type or print)

**Original W-9 must be attached**

**Required information**  
Type of Service Provided

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Independent Contractor        | <input type="checkbox"/> Rent       |
| <input type="checkbox"/> Maintenance/Service Agreement | <input type="checkbox"/> Care Giver |
| <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Legal      |
| <input type="checkbox"/> Personal Reimbursement        | <input type="checkbox"/> Medical    |
| <input type="checkbox"/> Other (please list)           |                                     |

<p align="center"><b><u>Type of Commodity Provided</u></b> (please describe below)</p>

**Required Information**

**Minority Or Women Owned**  Yes  No

If yes select ethnicity and gender of the vendor below:

- Asian Pacific American
- Black American
- Hispanic American
- Native American
- Subcontinent Asian American
- Non-Minority Woman
- Other

If Yes  Male  Female

Certified By:  PAUCP       PADGS       Non PA Certification

(attach copy of certification)

**Non-Profits including Faith Based Organizations**

- Faith Based Non-Minority
- Faith Based Minority
- African American Non-Profit
- Other Non-Profit

**Outreach Manager Interface**  Yes  No

APPENDIX D

**Industry Classification by NAICS Code**

Primary Industry \_\_\_\_\_

Secondary Industry (if applicable) \_\_\_\_\_

\*If code is not known go to <http://www.census.gov/epcd/naics02/naicod02.htm> and select the correct code.

**Supplier Information (Search Type "P")** – (Where PO should be sent to place order)

Please type or print

~~Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address Line 1 \_\_\_\_\_ Fax Number \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
ZIP Code \_\_\_\_\_~~

**Required Information**

**Supplier/Remit To Information (Search Type "V")** – (Where check will be mailed for payment. Check must be made payable to exact name listed under TIN provided or check cannot be processed.)

**Please print or type**

Supplier/Payee Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
ZIP Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

\*If the "remit to" information provided on form does not match invoices submitted for payment, the Controller's Office MUST contact supplier to verify address information before payments are processed. Thank you for your cooperation.



APPENDIX D

If the Allegheny County Department with which you do business is known, providing the information below will help in the processing of your payments. **Failure to include the information may result in processing delays.**

---

**Allegheny County  
Departmental Contact**

Name            Leslie Lewis-Pollard  
\_\_\_\_\_  
Telephone  
No.            412-350-5663  
\_\_\_\_\_  
Fax No.            412-350-3414  
\_\_\_\_\_  
EMail  
Address:        Lewis-  
                      pollard@alleghenycounty.us  
\_\_\_\_\_

**Supplier/Payee Contact Name**

Name            \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.    \_\_\_\_\_  
\_\_\_\_\_  
Fax No.            \_\_\_\_\_  
\_\_\_\_\_  
Email Address:    \_\_\_\_\_  
\_\_\_\_\_

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