

UConn HEALTH

To Whom It May Concern,

In order to conduct business with UConn Health the attached supplier application must be fully completed and **returned to the requesting department** via facsimile or e-mail (PDF). Please **do not send** directly to Procurement Operations & Contracts. **Failure to return the package fully completed will prevent us from doing business with your organization.** Included in the supplier application are as follows:

- Supplier Information, Purchase Order Distribution, Compliance Certification, Signature Authorization
- W-9 (Please note that your company will be setup according to the Name field on your completed W-9)

If you have any **questions** about completing the new supplier paperwork, please contact our Vendor Management Coordinator Tim Misterka at 860-679-8976 or misterka@uchc.edu.

The links listed below are provided for your convenience. It is your responsibility to ensure that you are compliant with the most current laws, regulations, rules & policies.

Refer to “Guide to the Code of Ethics For Current or Potential State Contractors” at the following website:
<https://www.ct.gov/ethics/cwp/view.asp?a=3488&Q=414974>

Refer to “State of Connecticut Supplier Diversity Program” at the following website:
<https://portal.ct.gov/DAS/Procurement/Supplier-Diversity/SBE-MBE-Program-Certification-Application-Small-or-Minority-Business-Enterprise>



UConn Health - Procurement Department
263 Farmington Avenue, MC4036
Farmington, CT 06030-4036
Phone: 860-679-2408

SUPPLIER APPLICATION

IMPORTANT: Failure to complete all sections of this form may constitute grounds for rejection of your application.

SECTION 1 of 4: SUPPLIER INFORMATION	
COMPLETE LEGAL BUSINESS NAME:	TAXPAYER ID NUMBER (TIN) LAST 4 DIGITS ONLY: PROVIDE COMPLETE TIN ON APPROPRIATE IRS FORM
BUSINESS/TRADE NAME OR D/B/A, IF DIFFERENT FROM ABOVE:	WILL PAYMENTS BE MADE TO THE DBA? PLEASE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST THE TYPES OF PRODUCTS AND/OR SERVICES PROVIDED BY YOUR BUSINESS:	
IS YOUR BUSINESS A HUMAN TISSUE SUPPLIER? PLEASE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	IS IT POSSIBLE THAT WORK WILL BE PERFORMED BY OFFSHORE EMPLOYEES (OUTSIDE OF THE UNITED STATES OR A U.S. TERRITORY)? PLEASE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR BUSINESS CURRENTLY A STATE OF CT CERTIFIED SMALL BUSINESS ENTERPRISE? PLEASE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH A COPY OF THE CERTIFICATE.	IS YOUR BUSINESS CURRENTLY A FEDERALLY CERTIFIED SMALL BUSINESS? PLEASE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH A COPY OF THE CERTIFICATE.
IS YOUR BUSINESS CURRENTLY REGISTERED WITH THE STATE OF CT SECRETARY OF THE STATE'S OFFICE TO DO BUSINESS IN CONNECTICUT? PLEASE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CORPORATE ADDRESS:	
ADDRESS:	PAYMENT REMITTANCE ADDRESS:
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	
SECTION 2 of 4: PURCHASE ORDER DISTRIBUTION	
WHAT IS YOUR PREFERRED METHOD OF PURCHASE ORDER DISTRIBUTION? PLEASE CHECK: <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL	
CONTACT NAME:	
TELEPHONE NUMBER:	
FAX NUMBER:	
E-MAIL ADDRESS:	
SECTION 3 of 4: COMPLIANCE CERTIFICATION	
By submitting this application, Supplier: (a) agrees that it is in compliance with all applicable UConn Health policies and procedures, and federal, state, and local laws and regulations, including, but not limited to, Connecticut General Statutes sections 10a-151b, 4a-60 and 4a-60a; (b) represents and warrants that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any governmental entity in accordance with UConn Health Policy 2001-3 or applicable federal or state laws; and (c) agrees that it shall disclose to UConn Health immediately in writing any debarment, suspension, proposal for debarment, voluntary exclusion or other event that makes it or its principals an "Ineligible Person." An "Ineligible Person" is an individual or entity who: i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs, or ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.	
SECTION 4 of 4: SIGNATURE	
SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED BUSINESS: SIGN HERE	DATE SIGNED:
PRINTED NAME OF AUTHORIZED PERSON:	TITLE OF AUTHORIZED PERSON:

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number												
				-			-					
or												
Employer identification number												
				-								

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.