

Drug-Free Safety Program SafetyGRANT\$ Procedural Guide



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Why you should apply for Drug-Free Safety Program (DFSP) SafetyGRANT\$

SafetyGRANT\$ are intended to help you design a workplace free of alcohol and other drugs, using proven safety processes. By adopting a drug-free environment, you can make a difference in the lives of your employees, their families and the community.

DFSP grant program

Limited start-up grants are available to offset the costs involved in implementing a compliant DFSP in your workplace. Ohio state-fund private or public employers, participating in the DFSP, may apply for start-up grant money from BWC within their first two years of DFSP participation. These reimbursements do not cover the program's full costs and are available on a first come, first served basis while funding is available.

Employers eligible for DFSP start-up grants must either be in their first or second year of DFSP participation at the Basic or Advanced level, without a gap in participation. If an employer does not participate in DFSP in the program year following its initial year, the employer is not eligible for a second year of grant reimbursement.

Employers participating in a comparable drug-free program (not DFSP) may bid on or work state construction projects. However, they are not eligible for DFSP start-up grant funds.

DFSP grant program guidelines

New grant guidelines for employers participating in DFSP are effective July 1, 2010. These guidelines differ from the previous drug-free grant program covering the Drug-Free Workplace Program and the Drug-Free EZ Program that will be unavailable after Nov. 30, 2010.

Participating DFSP employers may use grant dollars to meet the following requirements. All DFSP employers may receive up to two consecutive years of grant support in terms of employee education and supervi-

sor training, as well as one-time-only development of a written DFSP policy which also undergoes a review from appropriate external, non-corporate legal counsel.

Eligibility requirements

To be eligible for a DFSP safety grant, an employer must:

- Be a state-fund employer;
- Be current on all monies owed BWC;
- Maintain active coverage;
- Participate in BWC's DFSP even if the employer is not eligible for DFSP Basic-or Advanced-level rebates due to participating concurrently in another BWC-rating program;
- Be in the initial DFSP participation year or the next consecutive program year following the initial program year.

Grant program requirements

The DFSP start-up grant is a reimbursement funding tool. Recipients must provide documentation of expenses related to implementing a DFSP. This documentation may include, but is not limited to, itemized service invoices and proof of payment that verify the reimbursement is for services rendered. BWC is not able to reimburse bundled charges, therefore all requests for reimbursement must be itemized.

Employer responsibilities

BWC requires proof of spending for consideration of grant-funded reimbursement. Acceptable documentation is the employer's paid invoice(s) and copies of canceled check(s) or other form(s) of payment to verify the expenditure.

Employers should submit to BWC the itemized service invoice(s) for written DFSP policy development. They must also provide invoices for required external legal review, employee education and/or supervisor training. They must include a copy of the canceled check



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or other form of payment verification that proves they received the service(s) for which they are requesting reimbursement. We recommend that employers keep copies of all documents submitted.

Employers participating in the DFSP are eligible for grant-funded reimbursement up to the maximum amount stated below for each covered service. Participants may use these funds in support of meeting the following DFSP requirements:

- Developing a written DFSP policy ONLY in conjunction with legal review by external counsel, one time only for an initial review, within the first year of an employer's DFSP participation;
- Educating employees using direct services from a qualified substance professional, including a Webinar;
- Educating employees using an online/Web-based approach with the content being developed by a qualified substance professional and the requirement that employees pass a quiz;
- Educating employees using a train-the-trainer course of at least three hours designed by a qualified substance professional;
- Training supervisors using direct services from a qualified substance professional;
- Training supervisors using an online/Web-based approach for refresher training only, with the content developed by a qualified substance professional and with a quiz required;
- Training supervisors using a Webinar provided by a qualified substance professional for refresher training only.

Reimbursement rates

BWC will reimburse employers at the following rates, assuming all required documents are submitted and there is available grant funding:

Written DFSP policy

- Actual cost of developing the company's initial DFSP policy in conjunction with a one-time only external policy legal review, up to \$750 for properly documented services resulting in an actual product (written DFSP policy as long as the policy is written and the review occurs within the first year of an employer's DFSP participation).

Employee education

- Actual cost up to \$250 per hour for one hour for each of the two years of start up with multiple sessions considered for multiple shifts and/or multiple locations for employee education using direct services from a qualified substance professional, including a Webinar.
- Actual cost up to \$25 per employee with a maximum total of \$1,000 yearly during the two years of start up for employee education using an online/Web-based approach with the content developed by a qualified substance professional and the requirement that employees pass a quiz and the content meets BWC's specified requirements.
- Actual cost of employee education via a train-the-trainer course designed by a qualified substance professional up to \$250 per hour for up to three hours (\$750 maximum reimbursement), one time only with the stipulation that the managers who attend are employees of the DFSP employer and not consultants.

The DFSP Summary Chart found on the following page summarizes the DFSP components and lists the services that BWC will reimburse.

Drug-Free Safety Program grant summary chart

Drug-Free Safety Program (DFSP) component	What BWC will reimburse*
<p>Written DFSP policy in conjunction with legal review</p> <ul style="list-style-type: none"> - One time only with review from external, non-corporate licensed attorney 	<p>Actual cost of developing company's initial DFSP start-up policy only in conjunction with external legal review of the policy up to a total of \$750 for properly documented services resulting in developing a written DFSP policy</p>
<p>Employee education</p> <ul style="list-style-type: none"> - Direct service offered by qualified substance professional, including a Webinar 	<p>Actual cost up to a maximum of \$250 per hour for one hour for each of the two years of start up; multiple sessions will be considered for multiple shifts and/or multiple location employers</p>
<p>Employee education</p> <ul style="list-style-type: none"> - Online/Web-based with requirement that employees pass a quiz 	<p>Actual cost up to a maximum of \$25 per employee with a maximum total of \$1,000 per year during the two years of start up</p>
<p>Employee education</p> <ul style="list-style-type: none"> - Train the trainer from a qualified substance professional 	<p>Actual cost up to a maximum of \$250 per hour for up to three hours (\$750 maximum), one time only, for up to two managers who are employees of the DFSP employer (not consultants)</p>
<p>Supervisor training</p> <ul style="list-style-type: none"> - Direct service with substance professional involved 	<p>For each supervisor training class that includes a supervisor who has not yet had at least two hours of training, actual cost up to a maximum of \$300 per hour for two hours (\$600 maximum)</p> <p>For each supervisor training class that includes a supervisor who has had at least two hours of training, actual cost up to a maximum of \$300 per hour for one hour of refresher training (\$300 maximum)</p>
<p>Supervisor training</p> <ul style="list-style-type: none"> - Online training with a quiz is reimbursable, refresher only 	<p>Actual cost up to a maximum of \$30 per supervisor with a maximum total of \$1,200 during the second year only</p>
<p>Supervisor training</p> <ul style="list-style-type: none"> - Webinar provided by a qualified substance professional, refresher only 	<p>Actual cost up to a maximum of \$300 for one hour</p>

* BWC will reimburse the actual cost up to the amount specified for each of the above properly documented services.





Supervisor training

- For each supervisor who has not had at least two hours of supervisor training previously, actual cost up to a maximum of \$300 per hour for two hours (\$600 maximum) and, for each supervisor who has had at least two hours of supervisor training, actual cost up to \$300 per hour for one hour of refresher supervisor training (\$300 maximum) using direct services from a qualified substance professional/trainer;
- Actual costs up to a maximum of \$30 per supervisor with a maximum total of \$1,200 during the second year of start up for supervisor training using an online/Web-based approach for refresher training only with content developed by a qualified substance professional and with a quiz required;
- Actual costs up to a maximum of \$300 for one hour of supervisor training using a Webinar provided by a qualified substance professional for refresher training only.

Employers participating in DFSP while concurrently participating in another BWC rating program are eligible for DFSP grants. Construction-industry employers choosing to operate a Comparable Program under the reduced drug-free requirements specified under Section 153.03 of the Ohio Revised Code are not eligible.

DFSP Safety Grant policy

Participating DFSP employers, both private and public, are eligible for grants as detailed below. Only DFSP employers at the Basic or Advanced level and not employers operating a Comparable program are eligible for these funds.

Applying for grant reimbursement

Employers may apply for grant money more than once. We consider this process re-applying. We will require a new application and agreement, but not a new W-9 or a Vendor Information Form.

Grant restrictions

We will hold a company responsible for using the grant in the intended manner. A company may face civil and/or criminal sanctions if it misappropriates and/or misuses grant funds or misrepresents information when submitting a request for grant funds or any documents submitted for the purpose of securing grant funds.

Unapproved purchases

Employers are not permitted to use DFSP grant funds to pay for the following. The list below may not be all-inclusive.

- In-house training staff
- Consultant/broker/third-party administrator or consortium participation fees
- Substance testing
- Salaries or wages
- Charges for education and/or training such as duplicating costs, room rental, equipment rental or purchase, or food
- Employee-assistance expenses related to assessment and/or treatment services
- Duplication of the written DFSP policy
- Supervisor train-the-trainer classes

In addition, drug-free service vendors are not eligible for coverage of expenses for their own companies.



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Reimbursement limitations within DFSP SafetyGRANT\$ for specific drug-free services

We expressly reserve the right to limit the amount of reimbursements and to set caps on such reimbursements for each and every specific reimbursable drug-free service and to limit which drug-free services are eligible for reimbursement.

Information

For more personalized information, call 1-800-OHIOBWC, and listen to the options. BWC's customer contact center staff members are available for live support from 7:30 a.m. to 5:30 p.m., Monday through Friday, to answer your questions or refer you to your local safety consultant or employer services specialist. You may also e-mail your questions to dfsp@ohiobwc.com.

Additional information

As a grant recipient the state considers you a state vendor. This means you must complete the following three forms and send them to Ohio Shared Services.

- **Vendor Information Form (OBM-5657-Rev.11/1/2011)**
Verify all fields are complete and the form is signed. We do not accept electronic signatures. Also, verify information contained on the W-9 matches that provided on the Vendor Information Form - specifically, legal business name, taxpayer ID # (TIN), and business type/business entity.
- **RS Form W-9 Request for Taxpayer Identification Number & Certification**
Complete all applicable sections of the document, including taxpayer type, a valid tax identification number and responsible party's signature. We do not accept electronic signatures. The information you provide must match how you're registered with the IRS. You can find instructions for completing the form on the IRS website. Should you require additional assistance, contact the IRS at 1-800-829-1040.

- **Authorization Agreement for Direct Deposit of EFT Payments (OBM-4310-Rev.11/1/2011)**
The preferred method of payment for the State of Ohio is electronic funds transfer (EFT); complete this form and include a current voided check or bank letter. The agreement contains instructions.

Send the completed forms to:

Vendor Maintenance
Ohio Shared Services
Email: vendor@ohio.gov
Fax: 614-485-1052
Mail: P.O. Box 182880
Columbus, Ohio 43218-2880

If you have questions, contact Ohio Shared Services at 1-877-OHIOSS1 (1-877-644-6771) or 614-338-4781.

Steps to apply

Applying for a DFSP safety grant is easy. Simply complete the application that follows, providing all the information requested.

Note: BWC will only process complete applications for DFSP SafetyGRANT\$. Applications must include the required forms and sections (Section I – Employer information, Section II, Application for DFSP Safety grant, Section III, the Agreement, service invoices and payment verification). Incomplete applications will be returned.

Mail the completed application and supporting documentation to:

Ohio Bureau of Workers' Compensation Employer Management Services

30 W. Spring St., 22nd Floor
Columbus, OH 43215

Drug-Free Safety Program SafetyGRANT\$ Application

Instructions

Please type or print clearly. Please complete Sections I, II, III, the attached W-9 and the Vendor Information Form for funding consideration. The information you provide will allow us to add your company to the state accounting system. Also include spending verification used to support your DFSP. Acceptable verification includes an original paid invoice and copies of canceled check(s) or a redacted credit-card invoice. Failure to provide required documentation could result in BWC not processing your grant request.

Section I: Employer information

Employer name: _____

Doing business as (DBA) name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

County: _____

Employer BWC policy number: Federal tax ID number:

Employer contact name: _____

Title: _____

Telephone number: - - Ext.

Fax number: - -

E-mail address: _____

Section II: Application for DFSP safety grant

DFSP safety grants are available only to employers participating in BWC's DFSP at the Basic or Advanced level. Employers with a comparable drug-free program are not eligible to receive grant funding. For more information or to enroll in BWC's DFSP, please visit ohiobwc.com.

Name of person or firm providing covered services: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Reimbursement will be in accordance with grant policy as outlined in the guidebook under Reimbursement rates on page 4 and summarized in the grant chart on page 5.



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Disqualification — BWC may disqualify an employer participating in DFSP grant program if for any reason he or she fails to satisfy the requirements enumerated in the Task Description and OAC 4123-17-58, including, but not limited to, the requirement of maintaining active coverage and timely payments thereof.

Disqualification will result in the termination of BWC’s obligations under this agreement. BWC reserves the right to recover the misappropriated grant monies by the following methods: billing the employer for the grant money received; forwarding the employer’s information to the Ohio Attorney General for collection; by set-off, recoupment or other administrative, civil and/or legal remedy.

Ohio elections law:

Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13.

Conflicts of interest and ethics compliance certification:

Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract, shall likewise advise the Bureau in the event it acquires such interest during the course of this Contract.

Grantee agrees to adhere to all ethics laws contained in Chapters 102 and

2921 of the Ohio Revised Code governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with the Bureau; and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to the Bureau or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this Agreement or otherwise, including, but not limited to a finder’s fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

In accordance with Executive Order 2007-01S, Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

Non-discrimination and Equal Employment Opportunity:

The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including Ohio Revised Code Section 125.111 and all related Executive Orders.

The State encourages the Grantee to purchase goods and services from Minority Business Enterprise (MBE) and Encouraging Diversity, Growth and Equity (EDGE) vendors.

By my signature, I agree to fully comply with the terms and conditions of the program and use all monies solely for the purposes intended. I further understand that I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or fraudulent statements made and/or if funds are misappropriated and/or utilized for purchases and/or services that are not associated with the program. I fully understand that attempting to bundle or otherwise hide other non-reimbursable services in the invoices submitted to request drug-free safety grant funds will be construed as an attempt to fraudulently secure funds to which I am not entitled.

Modifications: The parties may, in writing and by mutual agreement, amend, modify, supplement or rescind the terms of this agreement.

In witness whereof, the parties hereunto affix their signatures this _____ Day _____ Month _____, 20____ Year

Employer’s full legal name _____

Federal tax I.D. _____

Title _____

Name (Please print.) _____

Signature _____

State of Ohio, Bureau of Workers’ Compensation,
SafetyGRANT\$, DFSP 2010

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

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"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
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.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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.)

Sign Here

Signature of
U.S. person ▶

Date ▶

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.

U.S. person. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- 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,



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION												
<input type="checkbox"/> NEW <u>(W-9 OR W-8ECI FORM ATTACHED)</u> <input type="checkbox"/> CHANGE OF CONTACT PERSON/INFORMATON												
<input type="checkbox"/> ADDITIONAL ADDRESS – <u>(A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)</u>												
<input type="checkbox"/> CHANGE OF ADDRESS – <u>(PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)</u>												
<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 5px;"> ADDRESS TO BE REPLACED: </div>												
<input type="checkbox"/> CHANGE OF TIN <u>(W-9 & LETTER OF CLARIFICATION OF CHANGE, WHICH INCLUDES NEW & OLD TIN IS REQUIRED)</u>												
<input type="checkbox"/> CHANGE OF NAME <u>(W-9 & LETTER OF CLARIFICATION OF CHANGE, MUST INCLUDES NEW & OLD NAME IS REQUIRED)</u>												
<input type="checkbox"/> CHANGE OF PAY TERMS <input type="checkbox"/> CHANGE OF PO DISPATCH METHOD <input type="checkbox"/> OTHER _____												
SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION												
LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)												
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)												
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS												
ADDRESS:	COUNTY:											
CITY:	STATE:	ZIP CODE:										
SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)												
ADDRESS:	COUNTY:											
CITY:	STATE:	ZIP CODE:										

SECTION 5 – CONTACT INFORMATION & PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE: FAX: EMAIL:

PREFERRED METHOD OF BEING CONTACTED: (CHECK ONE) PHONE EMAIL

SECTION 6 – INDIVIDUAL TO RECEIVE EMAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE EMAIL ADDRESS BELOW

NAME:

EMAIL: PHONE:

TO ADD AN ADDITIONAL OR REPLACE A STRATEGIC SOURCING CONTACT PERSON
 ADDITIONAL CONTACT PERSON REPLACE CONTACT PERSON (WILL BE MARKED INACTIVE)

NAME:

EMAIL: PHONE:

SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 8 – PURCHASE ORDER DISTRIBUTION – OTHER THAN USPS MAIL

EMAIL OR FAX:

SECTION 9 – PLEASE SIGN & DATE

PRINT NAME:

SIGNATURE: (DIGITAL SIGNATURES NOT ACCEPTED AT THIS TIME) DATE:

SECTION 10 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/EMAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

<p>SUBMIT FORM TO:</p> <p>Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880</p> <p>Email: vendor@ohio.gov</p> <p>Fax: 1 (614) 485-1052</p>	<p>QUESTIONS? PLEASE CONTACT:</p> <p>Phone: 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781</p> <p>Website: www.ohiosharedservices.ohio.gov/</p> <p>Email: vendor@ohio.gov</p>
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