

How to Become a Contract Class Instructor

Do you have a special talent or skill you are interested in sharing? The City of Garden Grove Community Services Department is looking for new instructors to teach classes, workshops, and camps to residents of all ages!

A Contract Instructor is an independent contractor for the City (Contract Instructor is not a City employee) who is interested in providing a service to the community in the form of a class, workshop, or camp. All who are interested in becoming an instructor must complete all instructor forms and submit them to the City of Garden Grove Community Services Department for review.

How to Apply

- Make an appointment via email with Assistant Supervisor, Dana Saucedo to discuss class proposal (danam@ggcity.org)
- Complete and submit all required forms and documents

Forms and Documents

- Contract Instructor Agreement
- Instructor Class Description Form- Exhibit A
- Certificate of Comprehensive Liability Insurance (see attached for sample)
- Vendor Set- up Request Check List
 - Vendor Set- up Form
 - Vendor W-9
 - **Optional- Electronic Funds Transfer (EFT) Authorization Form if enrolling in EFT payments and a VOIDED Check*

Fee breakdown

10% administrative fee will be deducted from the initial fee charged.

Of the remainder 90%

- 70% of the fees will be paid to the instructor
- 30% of the fees will be paid to the City

Thank you for your interest in becoming a Contract Instructor for the City of Garden Grove Community Services Department. If you have any questions please email Dana Saucedo at danam@ggcity.org.

CONTRACT INSTRUCTOR AGREEMENT

THIS AGREEMENT is made and entered into this ____ day of _____ by and between the CITY OF GARDEN GROVE, a municipal corporation, hereinafter referred to as "CITY", and _____, an independent contractor, hereinafter designated as "CONTRACTOR".

RECITALS

1. This Agreement is entered into pursuant to Garden Grove Municipal Code Section 2.50.030.
2. CITY desires to utilize the services of CONTRACTOR to furnish _____ INSTRUCTION for the City of Garden Grove, as more particularly described in Exhibit A.
3. CONTRACTOR is qualified by virtue of experience, training, education, and expertise to provide the services described herein.

AGREEMENT

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

1. **TERM.** This Agreement shall commence on the ____ day of _____, and shall continue through _____ (the "Term"), unless sooner terminated by either party.
2. **SERVICES TO BE PROVIDED.** The services to be performed by CONTRACTOR are specified in CONTRACTOR's Proposal, which is attached hereto as Exhibit "A" and incorporated herein by reference. The Proposal and this Agreement do not guarantee any specific amount of work. CONTRACTOR warrants that all services will be performed in a competent, professional and satisfactory manner in accordance with customary and usual practices in CONTRACTOR's profession and the standards prevalent in the industry for such services. By executing this Agreement, CONTRACTOR warrants that it has carefully considered how the work should be performed and fully understands the facilities, difficulties, and restrictions attending performance of the work under this Agreement.
3. **TERMINATION.**
 - a. **TERMINATION WITHOUT CAUSE.** Either party may terminate this Agreement without cause by giving written notice of such termination at least thirty (30) days prior to the intended date of termination.
 - b. **TERMINATION FOR CAUSE.** Either party may terminate this Agreement upon any material breach by the other party by providing written notice specifying the nature of said breach. Unless the Section of this Agreement that is the subject of the breach provides for a grace period

for performance or specifies a longer cure period, the breaching party shall have fifteen (15) days to cure the breach.

4. INDEPENDENT CONTRACTOR. It is understood and agreed that in the performance of the work and services agreed to be performed by CONTRACTOR, CONTRACTOR shall act and be an independent contractor and not an agent or employee of CITY, and as an independent contractor, shall obtain no rights to retirement benefits or other benefits which accrue to CITY's employees, and CONTRACTOR hereby expressly waives any claim it may have to any such rights. Any personnel performing services under this Agreement on behalf of CONTRACTOR shall at all times be under CONTRACTOR's exclusive direction and control. Except for the consideration paid by CITY to contractor under Section 4 of this Agreement, CITY shall not be liable for compensation or indemnification to CONTRACTOR, its officers, employees, or agents for injury or sickness arising out of performing the services hereunder. If for any reason, any court or governmental agency determines that CITY has financial obligations, other than pursuant to Section 4 herein, of any nature related to salary, taxes, or benefits of CONTRACTOR's officers, employees, servants, representatives, subcontractors, or agents, CONTRACTOR shall indemnify CITY for all such financial obligations.
5. COMPENSATION. CITY agrees to compensate CONTRACTOR in accordance with the terms set out herein.
 - a. A 10% fee charged to the public by the CITY to cover general CITY administrative costs. The compensation paid to CONTRACTOR shall be at the rate of 70% of the remaining balance paid, according to procedures and schedules to be determined by the CITY, and within 30 days after the completion of each session.
 - b. In no event may the compensation under this Agreement exceed twenty-five thousand dollars (\$25,000) **per year**.

CONTRACTOR agrees to notify CITY designating services rendered on forms provided by CITY and CITY agrees to remit payment to CONTRACTOR in accordance with this Section 4 within forty-five (45) days of CITY's receipt of CONTRACTOR's completed forms.

6. CRIMINAL BACKGROUND SCREENING. CONTRACTOR shall comply with Public Resources Code § 5164, Education Code § 10911.5 and applicable regulations for criminal background screening for all employees and all contractors that would staff any position having supervisory or disciplinary authority over minors, or direct contact with minors, in recreation programs. CONTRACTOR shall certify to CITY that CONTRACTOR has complied with these State Law requirements prior to performing any work hereunder. If CONTRACTOR is a solo practitioner, CONTRACTOR shall certify that CONTRACTOR has not been convicted of any offense specified in Penal Code § 11105.3 pursuant to Public Resources Code § 5146, and at CITY's sole discretion, shall submit to a criminal background check prior to providing any services where CONTRACTOR would have a supervisory or

disciplinary authority over minors, and shall submit one set of fingerprints in a California Department of Justice Form.

CONTRACTOR will need to complete the criminal background screening at the Garden Grove Police Department. CONTRACTOR will pay all fees associated to complete this process. CONTRACTOR shall submit proof to the CITY prior to providing any services under this Agreement.

7. INSURANCE REQUIREMENT. Proof of insurance must be presented to the City prior to any services provided by CONTRACTOR under this Agreement. City requires CONTRACTOR to maintain the following insurance coverage, as it deems appropriate.
 - A. Workers Compensation Insurance. For the duration of this Agreement, CONTRACTOR and all subcontractors shall maintain Workers Compensation Insurance in the amount and type required by law, if applicable. The insurer shall waive its rights of subrogation against the CITY, its officers, officials, agents, employees, and volunteers.
 - B. Personal Automobile liability with statutory minimum limits. Insurance companies must be approved by the CITY, admitted and licensed in California, and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.
 - C. Comprehensive general liability insurance in an amount not less than \$1,000,000 per occurrence. **Insurance coverage to include sexual misconduct and molestation.** Carriers must have an A.M. Best Guide Rating of A-, VII or better. Claims made and modified occurrence policies will not be accepted. Such insurance shall (1) Name CITY, its officers, employees and agents as additional insured; and (2) be primary for all purposes. Insurance coverage obtained from the Southern California Municipal Athletic Federation ("SCMAF"), with the minimum limits approved by the City, may satisfy the requirements of this subsection.
8. NON-LIABILITY OF OFFICIALS AND EMPLOYEES OF CITY. No official or employee of CITY shall be personally liable to CONTRACTOR in the event of any default or breach by CITY, or for any amount, which may become due to CONTRACTOR, or any obligation under the terms of this Agreement.
9. NON-DISCRIMINATION. CONTRACTOR covenants there shall be no discrimination against or segregation of any person, group, or employee due to race, color, creed, religion, sex, marital status, age, handicap, national origin or ancestry, in any action or activity pursuant to this Agreement.
10. GENERAL PROVISIONS.
 - a) COMPLIANCE WITH LAWS. CONTRACTOR shall comply with all applicable laws, ordinances, codes, and regulations of the federal, state and local governments.

- b) DISCLOSURE OF DOCUMENTS. All data, documents, or other information developed or received by either party are deemed confidential and not to be disclosed without authorization of the disclosing party, unless disclosure is required by law.
- c) USAGE OF CITY FACILITIES. If CONTRACTOR provides services on CITY facilities, CONTRACTOR is to leave such facilities clean and in good order and in the same condition as it was found before use.
- d) CONFLICT OF INTEREST AND REPORTING. CONTRACTOR shall at all times avoid conflict of interest or appearance of conflict of interest in the performance of this Agreement.
- e) NOTICES. All notices shall be personally delivered or mailed to the below listed address, or to such other address as may be designated by written notice. These addresses shall be used for delivery of service of process.
 - i) Address of CONTRACTOR is as follows:

 - ii) Address of CITY is as follows:
 - City of Garden Grove
 - 11222 Acacia Parkway
 - Garden Grove, CA 92840
 - Attn: Community Services Director
- f) LICENSES, PERMITS, FEES AND ASSESSMENTS. Except as otherwise approved by the Community Services Director, at its sole expense, CONTRACTOR shall obtain all licenses, permits, and approvals as may be required by this Agreement and under applicable law.
- g) TIME OF ESSENCE. Time is of the essence in the performance of this Agreement.
- h) AUTHORITY TO EXECUTE. The persons executing this Agreement on behalf of CONTRACTOR warrant that they are duly authorized to execute this Agreement on behalf of the entity for which they are signing, and that by executing this Agreement, the party for which each is signing is bound by this Agreement.
- i) INDEMNIFICATION. CONTRACTOR agrees to protect, defend, and hold harmless CITY and its elective or appointive boards, officials, officers, agents, employees, and volunteers from any and all claims, liabilities, expenses or damages of any nature, including attorney's fees, for injury or death of any person, damage to property, interference with the use of property and any other monetary damage claims, arising out of, or in any way connected with performance of the

Agreement by CONTRACTOR, CONTRACTOR's agents, officers or employees, subcontractors, or independent contractors. The only exception to CONTRACTOR's responsibility to protect, defend and hold harmless CITY is due to the sole negligence or willful misconduct of CITY, or any of its elective or appointive boards, officials, officers, agents, employees, or volunteers.

- j) MODIFICATION. This Agreement constitutes the entire Agreement between the parties and supersedes any previous agreements, oral or written. This Agreement may be modified only by subsequent mutual written agreement executed by CONTRACTOR and CITY.
- k) ASSIGNMENT. CONTRACTOR may not assign its interest under this Agreement without CITY's prior written consent. No person, other than the CONTRACTOR, may provide services under this AGREEMENT without the prior written consent of the CITY, and failure to do so shall be considered a material breach of this Agreement.
- l) WAIVER. All waivers of the provisions of this Agreement must be in writing by the appropriate authorities of CITY or CONTRACTOR, as appropriate.
- m) CALIFORNIA LAW. This Agreement shall be construed in accordance with the laws of the State of California. Any action commenced pursuant to this Agreement shall be initiated in the West Justice Center of the Orange County Superior Court, or if the West Justice Center is not available, the Orange County Superior Court that is closest in distance to the CITY.
- n) INTERPRETATION. This Agreement shall be interpreted as though prepared by both parties.
- o) CITY'S REPRESENTATIVE. The City Manager of CITY, or his or her designee, shall serve as CITY's representative in carrying out any CITY responsibility under this Agreement.
- p) PRESERVATION OF AGREEMENT. Should any provision of this Agreement be found invalid or unenforceable, the decision shall affect only the provisions interpreted, and all remaining provisions shall remain enforceable.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS THEREOF, the parties have executed this Agreement on the day and year first referenced herein.

CITY OF GARDEN GROVE

City Manager Date: _____

ATTESTED:

City Clerk Date: _____

APPROVED AS TO FORM:

City Attorney Date: _____

CONTRACTOR

Contractor Date: _____

Tax ID No. (if business entity)

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to City.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE POLICIES BELOW.
INSURED		
INSURER D:		
INSURER E:		
<p>COVERAGES</p> <p>THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR IT MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY F</p> <p>NOTWITHSTANDING MAY BE ISSUED OR CONDITIONS OF SUCH</p>		
INSUR	TYPE OF INSURANCE	POLICY NUMBER
<input type="checkbox"/>	GENERAL LIABILITY	
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	
<input type="checkbox"/>	CLAIMS MADE <input type="checkbox"/> OCCUR	
<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER	
<input type="checkbox"/>	POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC	
<input type="checkbox"/>	AUTOMOBILE LIABILITY	
<input type="checkbox"/>	ANY AUTO	
<input type="checkbox"/>	ALL OWNED AUT	
<input type="checkbox"/>	SCHEDULED AUT	
<input type="checkbox"/>	HIRED AUTOS	
<input type="checkbox"/>	NON-OWNED AU	
<input type="checkbox"/>	GARAGE LIABILITY	
<input type="checkbox"/>	ANY AUTO	
<input type="checkbox"/>	EXCESS LIABILITY	
<input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE	
<input type="checkbox"/>	DEDUCTIBLE	
<input type="checkbox"/>	RETENTION \$	
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	
<input type="checkbox"/>	OTHER Professional Liability & Contractors Pollution Liability	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSION		
CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION 10 days NOC for non-payment of premium.
City of Garden Grove		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER SHALL MAIL TO THE CERTIFICATE HOLDER A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LIST.
11222 Acacia Parkway		
Garden Grove, CA 92840		
USA		AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
ACORD 25-S (7/97) Katherine		© ACORD CORPORATION 1988

Insured Name
Should be exactly the same as
in contract

Policy Expiration Date
Is the policy still current?

Policy Number
Should be clearly visible and
match endorsement

Insurance Limits
Are the limits
correct?

Cancellation wording
Is it properly amended?

Certificate holder must match
entity in contract

SAMPLE



VENDOR SET-UP REQUEST CHECKLIST

The following forms must be completed by the **Vendor** and submitted to City of Garden Grove in order for a vendor to be added to the master vendor file which is used by the City's Accounting and Purchasing System in generating payments and purchase orders.

- Vendor Set-Up Form
- Vendor W-9 Form. Vendor numbers are not assigned without a W-9 Form.
- Electronic Funds Transfer (EFT) Authorization Form if enrolling in EFT payments.
- EFT Enrollment, a Voided Check, or Certification Letter from Financial Institution is required.

Please send the signed and dated completed forms as follows:

For New Vendor Creation
Email a PDF copy to your:

Contact/Purchaser at the City of Garden Grove

Or

To Update Existing Vendor Record
Email a PDF copy to:

accountspayable@ggcity.org
Email Subject Line: Vendor Record



Vendor Set-Up Form

VENDOR SET-UP FORM

The following 3 documents must accompany a "Request for New Vendor" and "Request to update Vendor Record." Failure to provide this support will result in a delay in the vendor receiving payment or Vendor Maintenance.

Please select one:

Select One

(1) **W-9 Form** (2) **ACH Form (if enrolling)** (3) **Other Support (see update section)**

New Vendor Number: _____ (Internal Use Only)

Vendor Number (Updating Vendor Record): _____

NEW VENDOR INFORMATION

Please fill out *only* if you are a new vendor

Vendor Name (as it appears on the W-9): _____

Vendor doing Business As (DBA): _____

Vendor EIN/Tax ID/SS#: _____

Vendor Type

Select Vendor Type

Mailing Address: _____

Remittance Address (if different from above): _____

Accounts Receivable Telephone: _____

EFT Notification Email: _____ EFT Contact Name: _____

Purchase Order Notification Email: _____

Purchase Order Contact Name: _____

Purchase Order Telephone: _____

Vendor requires 1099?

Yes

No

UPDATING VENDOR INFORMATION

Please fill out *only* if you are an existing vendor

Previous Vendor Information		New Vendor Information	
Vendor Name:		Vendor Name:	
Vendor TIN:		Vendor TIN:	
Vendor DBA:		Vendor DBA:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
EFT Email:		EFT Email:	
EFT Contact Name:		EFT Contact Name:	
PO Email:		PO Email:	
PO Contact Name:		PO Contact Name:	

***Required:** For changes to Vendor/Business Name and/or Tax Payer Identification number, please provide a new W-9 and EFT form (if enrolled) and other supporting documentation such as proof of acquisition by another company/vendor. For address change, please provide copy of business letterhead/invoice showing contact information as verification.

Requested By: _____ Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </td> </tr> <tr> <td colspan="5"> 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. </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) ▶ _____ </td> </tr> </table>	<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	<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) ▶ _____				
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<input type="checkbox"/> Other (see instructions) ▶ _____																				
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																				
5 Address (number, street, and apt. or suite no.) See instructions.																				
6 City, state, and ZIP code																				
7 List account number(s) here (optional)																				
Requester's name and address (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								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>								
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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.



**Electronic Funds Transfer Authorization
(via Automated Clearing House)**

PART I. Enrollment Type

Please select the box that indicates the enrollment action.

New Change Bank Certification Cancel

PART II. Remittance E-Mail Notification

Please provide one or more e-mail addresses where ACH remittance information should be sent:

E-mail 1: _____

E-mail 2: _____

PART III. Account Information

Name of Individual/Business: _____

Name of Financial Institution: _____

Branch Number or Name _____ Branch Phone: _____

Financial Institution Address (Number and Street): _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking Savings

Nine-Digit Routing Number: _____ Depositor Account Number: _____

Re-enter Routing Number: _____ Re-enter Account Number: _____

PART IV. Authorization

1. Select the appropriate action:
 Authorize direct deposit of payments due the entity named in Part III
 Cancel direct deposit for the entity named in Part III
2. Provide certification information:
 I certify that the entire amounts authorized to be received by this account are not subject to be transferred to a foreign bank account. **I acknowledge that if this box is not selected, the City of Garden Grove will issue all payments by check only.**

If I transfer money from this account to an offshore bank, I will cancel this authorization and notify the City of Garden Grove. This authorization remains in full force and effect until the City of Garden Grove receives written notification from the entity of its termination in such manner as to afford the City of Garden Grove and financial institution a reasonable opportunity to act on it, or until the City of Garden Grove terminates the agreement. This authorization and any future notices must be sent to one of the contacts listed in Part V:

Authorized Signature of Entity Named in Part III:

x _____
Signature

Date:

Provide the last 4-digits the taxpayer identification number associated with this vendor:

Phone:

NOTE: A voided check or certification for listed financial institution must be attached to this form.

PART V. General Instructions

- I. To enroll for direct deposit of payments from the City of Garden Grove or change, certify, or cancel your existing direct deposit, complete parts I, II, III and IV of this form (all information must be legible).
- II. To obtain routing number or account number information, contact your financial institution.
- III. Your direct deposit will continue to be deposited into your designated account at your financial institution until the City of Garden Grove is notified that you wish to re-designate your account and/or your financial institution. To re-designate, complete and submit a new form with the new information. **Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.**
- IV. Submit this form and voided check or certification for listed financial institution to:

Accountspayable@ggcity.org or

City of Garden Grove: Finance Dept. Accounts Payable
P.O. BOX 3070
Garden Grove, CA 92840