

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1501450

Vendor Name: V2M2 Group, Inc.

Invoice Number: INV-201801

Invoice Date: 04/02/18

PO Number: B0356068

Check Number: E0066479

Check Amount: \$ 250.00

Check Date: 04/11/2018

Department ID: 01230

Reviewer Name:

Voucher Number: V0507980

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Invoice

INV-201801

Balance Due
\$150.00

PO# 356068

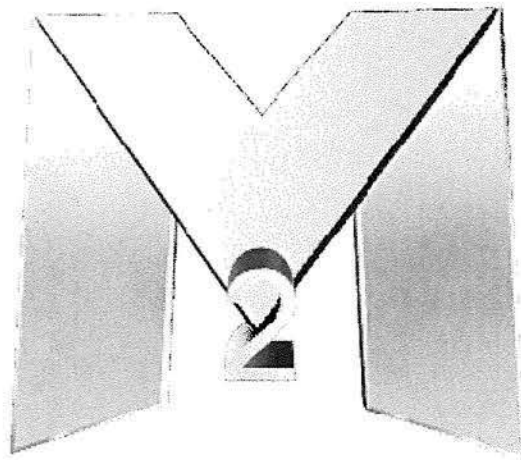
V2M2 Group, Inc.
183 Eisenhower Drive
Oswego, IL 60543

Bill To:
College of DuPage
Center for Entrepreneurship
2525 Cabot Drive, Suite 201
Lisle, IL 60532

Invoice Date : 2 April 2018

#	Item & Description	Qty	Rate	Amount
	Developed and Presented Conquering Digital Marketing Workshop March 01, 2018	3 Hours	50.00	150.00
Sub Total				150.00
Total				\$150.00
Balance Due				\$150.00

Thank you for your business!



Rita Frankel
4-4-18

From: schlosserm473@cod.edu
Sent: Wed Apr 04 10:54:30 CDT 2018
To: invoicing@cod.edu
CC:
Subject: V2M2 Group Invoice # 201801 and 201802 PO# 356068

Hello,

Attached is a request for payment for V2M2 Group, Invoice # 2015801 and 201802 PO# 56068.

If you have any question, please feel free to contact me.

Best regards,




Maryellen Schlosser, Client Liaison
Center for Entrepreneurship at College of DuPage
Illinois Small Business Development Center
2525 Cabot Drive, Suite 201, Lisle, IL 60532
T: 630-942-2600 | F: 630-942-2606 fax
E: entrepreneur@cod.edu

Connect with us:



AMERICA'S
SBDC
ILLINOIS

 College of DuPage







Cart/Requisition View

Cart/Requisition Number: 664304

Cart/Requisition Name: Develop and Present Social Media Workshops

Cart/Requisition Justification: Contract/Blanket PO

Ship To Location: BLANKET PO

Needed By (mm/dd/yyyy):

Notes & Attachments:  

Vendor Name: [V2M2 Group, Inc.](#)

Created: 1/26/2018 10:06:18 AM

Submitted: 1/30/2018 12:08:49 PM

Credit Card: N/A

Confirming Request: Yes

Recreate Cart/Requisition

Return

Line Number	Product Number	Product Description	Qty	Total (\$)	Account #	% Split	\$ Split	Fiscal Date	Notes & Atts	Next Approver / Status	PO #	PO Rel Date	Deliver To
1		Develop and Present Social Media Workshops (more info)	1	1,600.00	06-40-01230-5308001	100	1,600.00	1/31/2018	PO Released - 1/31/2018		356068	1/31/2018	Schlosser, Maryellen

Total: 1,600.00

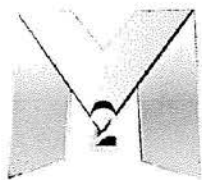
Recreate Cart/Requisition

Return

All times displayed in [Central Time](#) (click to change).
easyTouch Navigation™ - For assistance, please call Jordan Towne at 630-942-2576 or e-mail to townej@cod.edu
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Rita Anke

4-4-18



Invoice

INV-201802

Balance Due
\$100.00

V2M2 Group, Inc.
183 Eisenhower Drive
Oswego, IL 60543

PO# 356 068

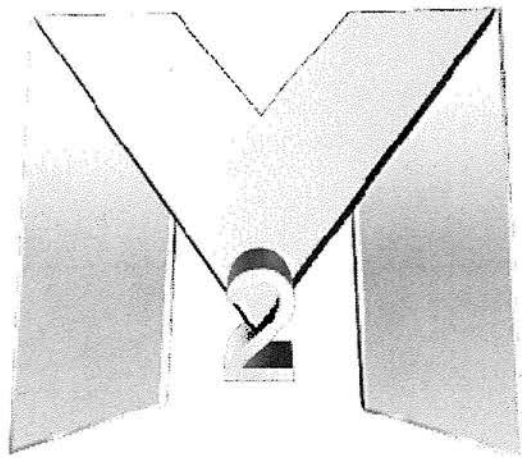
Bill To:

College of DuPage
Center for Entrepreneurship
2525 Cabot Drive, Suite 201
Lisle, IL 60532

Invoice Date : 2 April 2018

#	Item & Description	Qty	Rate	Amount
	Developed and Presented Facebook Workshop March 22, 2018	2 Hours	50.00	100.00
Sub Total				100.00
Total				\$100.00
Balance Due				\$100.00

Thank you for your business!



Rita Hank
4-4-18

Humphrey, Vera

From: Roberts, Ellen
Sent: Thursday, January 18, 2018 7:23 AM
To: Humphrey, Vera
Cc: Sandy, Marelena; Westphal, Ute; McGowan, Pamela
Subject: FW: V2M2
Attachments: V2M2 through December 2018 CE MS 1.18.18.pdf

Good morning, Vera –

The attached is ready for Brian's review and, if appropriate, signature.

Thank you,

Ellen


Ellen M. Roberts
Director, Business Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-2233
roberts@cod.edu

From: Purchasing Proposals
Sent: Wednesday, January 17, 2018 3:51 PM
To: Roberts, Ellen <roberts@cod.edu>
Cc: McGowan, Ellen <mcgowan@cod.edu>; Towne, Jordan <townej@cod.edu>
Subject: FW: V2M2

Hello Ellen,
Enclosed contract for your review.

Kind Regards,

Beth Cernick
Purchasing Assistant

 **College of DuPage**
425 Fawell Blvd. | BIC 1B03 | Glen Ellyn, IL 60137-6599 | USA
T: (630) 942.2813 | F: (630) 942.4201 | cernicke@cod.edu

From: McGowan, Pamela
Sent: Wednesday, January 17, 2018 3:16 PM
To: Purchasing Proposals <purchasing@cod.edu>
Cc: Sandy, Marelena <sandym@cod.edu>; Westphal, Ute <westphalu@cod.edu>
Subject: V2M2

Hello!

The attached contract is for review and approval, if appropriate.

As noted in the thread below, the insurance certificate included in the document has been deemed appropriate by Risk Management.

Please contact Marla Sandy or Ute Westphal with any questions.

Thanks!!

Pamela J. McGowan
Administrative Assistant, Continuing Education
Adult Enrichment | Business Solutions | Youth Academy

College of DuPage
(630) 942-3424 | mcgowanp295@cod.edu
425 Fawell Blvd. | SRC 1111 | Glen Ellyn, IL 60137
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From: Gieschen, Philip
Sent: Wednesday, January 17, 2018 3:12 PM
To: McGowan, Pamela <mcgowanp295@cod.edu>
Cc: Dagen, Yvette <dageny@cod.edu>; Sandy, Marelana <sandym@cod.edu>; Westphal, Ute <westphalu@cod.edu>
Subject: RE: V2M2 - Request for Waiver of Liability Insurance

Hi Pam,

The coverage is appropriate for the class as presented.

Phil Gieschen
Coordinator of Risk Management
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630/942-2993
giesche@cod.edu

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From: McGowan, Pamela
Sent: Wednesday, January 17, 2018 3:00 PM
To: Gieschen, Philip <giesche@cod.edu>
Cc: Dagen, Yvette <dageny@cod.edu>; Sandy, Marelana <sandym@cod.edu>; Westphal, Ute <westphalu@cod.edu>
Subject: V2M2 - Request for Waiver of Liability Insurance

Hi, Phil.

I never heard back from you. Were you able to look into this at all?

Please see below.

Thanks!!

From: McGowan, Pamela
Sent: Friday, January 12, 2018 4:49 PM
To: Gieschen, Philip <giesche@cod.edu>
Cc: Dagen, Yvette <dageny@COD.EDU>; Sandy, Marelena <sandym@COD.EDU>; Westphal, Ute <westphalu@COD.EDU>
Subject: V2M2 - Request for Waiver of Liability Insurance

Hello, Phil.

The Center for Entrepreneurship is holding a series of 12 workshops which will be developed and taught by a vendor-V2M2. These will include four pre-recorded sessions (not in the classroom) and then eight two-hour presentations (where he is in the classroom).

It is not a hosted event (similar to Prairie Compass).

We need a waiver for the required Certificate of Liability Insurance- *Workman's Comp only*, if that is possible. The remainder of his coverages are in the attached (page 7-8).

The instructor (Franklin Rivera) does not have any physical contact with our students. He does his presentations and then leaves.

Pamela J. McGowan
Administrative Assistant, Continuing Education
Adult Enrichment | Business Solutions | Youth Academy

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425 Fawell Blvd. | SRC 1111 | Glen Ellyn, IL 60137
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CONTRACT APPROVAL COVER SHEET

Contract Name: V2M2 Group, Inc.

Requesting Department: Center for Entrepreneurship Date Initiated: 01/09/2018

Contact Name: Marla Sandy Phone: (630) 942-2771

Email Address: SandyM@cod.edu

Vendor Name: V2M2 Group, Inc. Phone: (773) 992-9656

Vendor Contact: Franklin Rivera Email: Frank@viralvisualmarketing.com

Total Contract: \$ NTE 1,600 Contract Dates: Start: 01/09/18

FY Budget \$ NTE 2,200 End: 12/31/18

Vendor 1: Name _____ Quote: \$ _____

Vendor 2: Name _____ Quote: \$ _____

Vendor 3: Name _____ Quote: \$ _____

Contract Purpose: Presentation of 8-10 workshops, 2-hours in duration on social media to include: Digital Marketing, Facebook, Twitter, and Instagram; plus development and presentation of four 1-hour pre-recorded webinars to include: Digital Marketing, Facebook, Twitter, and Instagram in Microsoft PowerPoint.

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Marla Sandy

Budget Mgr.: Rita Haake

Dept. Adm.: Joe Cassidy

Marla Sandy

Rita Haake

Joe Cassidy

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to purchasing@cod.edu.

Purchasing Dept. Use Only

Comments _____

Approval Initials REVIEWED
By E. Roberts at 7:21 am, Jan 18, 2018

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at purchasing@cod.edu. Purchasing will review all documents, and, if appropriate, will forward to the Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☐ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to purchasingforms@cod.edu.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.

**AGREEMENT
Between
COLLEGE OF DuPAGE
And
V2M2 Group, Inc.**

This Agreement is entered into this 9 day of January, 2018 between College of DuPage and **V2M2 Group, Inc.**

SERVICES: V2M2 Group, Inc. shall perform the following services for the College of DuPage:

Presentation of social media workshops regarding their expertise in social media, all designed for small business. There will be 8-10 workshops on social media that will be developed using PowerPoint and presented by V2M2 Group, Inc. The workshops include: Digital Marketing, Facebook, Instagram, and Twitter. Workshops will be at least two hours in duration.

Vendor will perform duties at the College using College facilities as appropriate.

Additionally, four pre-recorded webinars on social media that will be developed and recorded by V2M2 Group, Inc. using GoTo Training and PowerPoint. The workshops will include: Digital Marketing, Facebook, Instagram, and Twitter. The webinars will be at least one hour in duration.

Vendor will perform duties using the College GoTo Training Software as appropriate, and will submit the pre-recorded webinars and PowerPoints for review by the end of the first quarter of CY2018.

WORK PRODUCT: All documents, including reports and all other work products produced by Vendor under this Agreement shall become and remain the property of College of DuPage. The Vendor shall submit any document, publication, brochure, electronic media, etc., which was developed for College of DuPage under this Agreement to the College for copyright or trademark by the College.

TERM: The term of this agreement shall be 01/09/18 to 12/31/18.

REMUNERATION: The total amount for CY18 shall not exceed \$1,600.00. Invoices for services are to be submitted to College of DuPage prior to any payment to Marla Sandy, SBDC Program Manager. In accordance with Local Government Prompt Payment Act, the College will approve or disapprove an invoice from **V2M2 Group, Inc.** within 30 days after receipt of the invoice or after the date of receipt of the goods, whichever is later.

INDEPENDENT CONTRACTOR: It is understood, acknowledged and agreed by the Parties that the relationship of Vendor to the College arising out of this Agreement shall be that of an independent contractor. Neither Vendor nor any employee or agent of Vendor is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Vendor has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Vendor shall not represent to anyone that he is an employee of the College.

PAYMENT: Vendor must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>. Any bill approved for payment shall be paid within 30 days after the date of approval (term: Net 60), in compliance with the Local Government Prompt Payment Act. If payment is not made within the 60-day period, an interest penalty requirement of 1% per month is allowed if denoted and approved herein.

TAXES: V2M2 Group, Inc. shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. V2M2 Group, Inc. is required to provide a completed IRS W-9 document in order to do business with the College.

LIAISON: While performing these services, it is understood that V2M2 Group, Inc. will coordinate with Marla Sandy, SBDC Program Manager.

LIABILITY: V2M2 Group, Inc. agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

V2M2 Group, Inc. also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. V2M2 Group, Inc. shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants rights, against all damages suffered and expenses incurred based on any breach or alleged breach of V2M2 Group, Inc.'s warranty.

RESTRICTIVE COVENANTS: The Vendor will not, during the period of this Agreement, use any Information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any Information learned as part of this consult; or remove or make copies of any Information, in any form; except, in each case, as may be required within the scope of Vendor's duties during the term of this Agreement.

Vendor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Vendor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Vendor's services, or denied employment opportunities by Vendor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Vendor will deliver to College of DuPage all copies in possession of any Information, in any form. Except on behalf of College of DuPage, the Vendor will not at any time assert any rights in or with respect to any Information. For purposes of this Agreement, "Information" means any, research, operational, product or service information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or information. Information does not include information, knowledge, or data, which the Vendor can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

CERTIFICATION: All independent Vendors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

☒ I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

Mark the following if it applies:

☒ I certify that I am not employed elsewhere in the College as a regular or temporary employee.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. The College shall not be responsible for any services or expenses incurred after the date of termination. In consideration thereof, both parties agree to the conditions set forth above.

V2M2 Group, Inc.
Vendor

Franklin D. Rivera II
Vendor Contact

813811061
SS# OR FEIN

01/09/2018
Date


Dr. Brian Caputo, Chief Financial Officer
College of DuPage

1/18/18
Date

I agree with the terms stated above and certify that I have received a copy of the contract agreement.

Franklin D Rivera II
Vendor

01/09/2018
Date

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.

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.

Franklin D. Rivera II

2 Business name/disregarded entity name, if different from above

V2M2 Group, Inc.

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

183 Eisenhower Drive

6 City, state, and ZIP code

Oswego, IL 60543

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

____ - ____ - ____

or

Employer identification number

8 1 - 3 8 1 1 0 6 1

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 ►

Franklin D. Rivera II

Date ►

Jan 30 2018

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.

By signing the filled-out form, you:

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at 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 and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

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

⁴ 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*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

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, 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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft 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 (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



CERTIFICATE OF LIABILITY INSURANCE

CPN
R001DATE(MM/DD/YYYY)
12/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
INSURANCE BENEFITS RES GROUP INC		NAME	
512153 P:(224) 333-0550 F:(224) 333-0551		PHONE (AC) (TW Ext) (224) 333-0550	
1491 CUMBERLAND PARKWAY		FAX (AC) (TW) (224) 333-0551	
ALGONQUIN IL 60102		E-MAIL ADDRESS	
		INSURER(S) AFFORDING COVERAGE	
		NAME#	
		INSURER A Twin City Fire Ins Co	
		29459	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			83 SBH AA3967	12/11/2017	12/11/2018	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		\$1,000,000				
	General Liab	<input checked="" type="checkbox"/>	\$1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER		\$10,000				
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY
	OTHER						GENERAL AGGREGATE
							PRODUCTS - COMP/OP AGG
A	AUTOMOBILE LIABILITY			83 SBH AA3967	12/11/2017	12/11/2018	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO		\$1,000,000				
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>	\$				
	HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		\$				
	UMBRELLA LIAB						BODILY INJURY (Per person)
	EXCESS LIAB						BODILY INJURY (Per accident)
	DED						PROPERTY DAMAGE (Per accident)
	RETENTION						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH ER
							E L EACH ACCIDENT
							E L DISEASE - EA EMPLOYEE
							E L DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. College of DuPage, its trustees, officers, agents, and employees are Additional Insureds per the Business Liability Coverage Form SS0008 and the Hired Auto and Non Owned Auto Endorsement SS0438, attached to this policy. Notice of Cancellation will be provided in accordance with Form SS1229, attached to this policy.

CERTIFICATE HOLDER**CANCELLATION**

College Of Dupage
425 FAWELL BLVD
GLEN ELLYN, IL 60137

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan S. Castaneda



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER

SCHEDULE

Number of Days Notice:

PART A: 30

PART B: 10

PART C: 30

PART D: 30

Name of Certificate Holder:

College of DuPage

Mailing Address:

425 Fawell Blvd
Glen Ellyn, IL 60137

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the above Parts.

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.
- D. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the

certificate holder in the schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part D.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

CONTRACT APPROVAL COVER SHEET

Contract Name: V2M2 Group, Inc.
 Requesting Department: Center for Entrepreneurship Date Initiated: 1/09/17
 Contact Name: Maria Sandy Phone: X2771
 Email Address: pachecom158@cod.edu

Vendor Name: V2M2 Group, Inc. Phone: (773) 992-9658
 Vendor Contact: Franklin Rivera Email: frank@viralvisualmarketing.com
 Total Contract: \$ NTE 900.00 Contract Dates: Start: 1/11/17
 FY Budget \$ NTE 900.00 End: 6/21/17

Contract Purpose: Presentation of social media series regarding their expertise in social media, all designed for small business. There will be 6 workshops at least 3 hours each on social media that will be developed and presented; two Digital Marketing Workshops, two Facebook, 1 Instagram, and 1 Twitter.

Contract Type: ☒ Independent Contractor ☐ Service Agreement ☐ Lease
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Maria Sandy
 Budget Mgr.: Rita Haake
 Dept. Adm.: Cristina Willard

Maria Sandy
Rita Haake
Cristina Willard

Purchasing Dept. Use Only	
Comments:	APPROVED
Approval Initials:	By E. Roberts at 6:57 am, Jan 11, 2017

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Senior Vice President, Administration. This form must be completed in full and submitted with all contracts that require signature.

Submit the contract, along with this form and all required support documents as outlined below, to the Purchasing Manager in BIC 1540. The Purchasing Manager will review all documents, and, if appropriate, will forward to the Senior Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☐ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by SVP, it is the responsibility of the requester to obtain remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to purchasingforms@cod.edu.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.

VENDOR AGREEMENT
Between
COLLEGE OF DuPAGE
And
V2M2 Group, Inc.

This Agreement is entered into this 09 day of January, 2017 between College of DuPage and V2M2 Group, Inc.

SERVICES: V2M2 Group, Inc. shall perform the following services for the College of DuPage:

Presentation of social media workshops regarding their expertise in social media, all designed for small business. There will be 6 workshops on social media that will be developed and presented by V2M2 Group, Inc. The workshops include: Two Digital Marketing Workshops, Two Facebook Workshops, 1 Instagram Workshop, and 1 Twitter Workshop. Workshops will be at least three hours in duration.

Consultant will perform duties at the College using College facilities as appropriate.

WORK PRODUCT: All documents, including reports and all other work products produced by Consultant under this Agreement shall not be the property of College of DuPage. The Consultant shall submit needed information to create any document, publication, brochure, electronic media, etc., which shall be distributed to small business clients.

TERM: The term of this agreement shall be 1/9/2017 to 6/21/2017.

REMUNERATION: The total amount for CY16 shall not exceed \$900.00. Invoices for services are to be submitted to College of DuPage prior to any payment to Maria Sandy, Program Specialist at the Center for Entrepreneurship.

Vendor: It is understood, acknowledged and agreed by the Parties that the relationship of Vendor to the College arising out of this Agreement shall be that of an Independent contractor. Neither Vendor nor any employee or agent of Vendor is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Vendor has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Vendor shall not represent to anyone that he is an employee of the College.

PAYMENT: Vendor must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>.

TAXES: V2M2 Group, Inc. shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. V2M2 Group, Inc. is required to provide a completed IRS W-9 document in order to do business with the College.

LIAISON: While performing these services, it is understood that V2M2 Group, Inc. will coordinate with Maria Sandy, Program Specialist, Center for Entrepreneurship..

LIABILITY: V2M2 Group, Inc. agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

V2M2 Group, Inc. also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. V2M2 Group, Inc. shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants rights, against all damages suffered and expenses incurred based on any breach or alleged breach of V2M2 Group, Inc.'s warranty.

RESTRICTIVE COVENANTS: The Vendor will not, during the period of this Agreement, use any information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any information learned as part of this contract; or remove or make copies of any information, in any form; except, in each case, as may be required within the scope of Vendor's duties during the term of this Agreement.

Vendor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Vendor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Vendor's services, or denied employment opportunities by Vendor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Vendor will deliver to College of DuPage all copies in possession of any information, in any form. Except on behalf of College of DuPage, the Vendor will not at any time assert any rights in or with respect to any information. For purposes of this Agreement, "information" means any, research, operational, product or service information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or information. Information does not include information, knowledge, or data, which the Vendor can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

CERTIFICATION: All Independent Vendors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

☒ I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

☒ I certify that I am not employed elsewhere in the College as a regular or temporary employee.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. The College shall not be responsible for any services or expenses incurred after the date of termination.

In consideration thereof, both parties agree to the conditions set forth above.

Vendor

V2M2 Group, Inc.

Name

Vendor

81-3811061

SS# OR FEIN

1/10/2017

Date

Kim Michael Lee
Chief Financial Officer

1/11/17

Date

I agree with the terms stated above and certify that I have received a copy of the contract agreement.

Franklin Lee
Vendor

1/10/17
Date

Schlosser, Maryellen

From: Sandy, Marelena
Sent: Friday, January 26, 2018 11:32 AM
To: frank@v2m2inc.com
Cc: Schlosser, Maryellen; Westphal, Ute
Subject: Address

Importance: High

Hi Franklin,

We have a couple discrepancies and need some clarifications. Your W-9 from last year has the Eisenhower address associated with it, but this year's W-9 does not.

Your Certificate of Liability Insurance address is the following:

V2M2 GROUP INC.
183 EISENHOWER DR:
OSWEGO IL 60543

Your W-9 states the following:

Franklin D. Rivera II
V2M2 Group, Inc
105 E. Galena Blvd., Floor 5
Aurora, IL 60505

These should match, can you please let us know whether you've changed your address. If so, we will need updated documents. If the address is what the Cert. of Liability has, your W-9 needs to be updated or vice versa.

All my best,

Marla Sandy



Marla Sandy, GrowthWheel Certified Business Advisor, MBA
Program Manager, Illinois Small Business Development Center
Center for Entrepreneurship at College of DuPage
2525 Cabot Drive, Suite 201, Lisle, IL 60532

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1501450

Vendor Name: V2M2 Group, Inc.

Invoice Number: INV-201802

Invoice Date: 04/02/18

PO Number: B0356068

Check Number: E0066479

Check Amount: \$ 250.00

Check Date: 04/11/2018

Department ID: 01230

Reviewer Name:

Voucher Number: V0507983

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Invoice

INV-201802

Balance Due
\$100.00

V2M2 Group, Inc.
183 Eisenhower Drive
Oswego, IL 60543

PO# 356 068

Bill To:

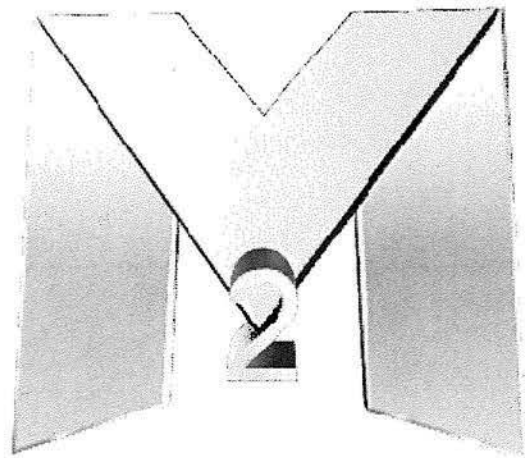
College of DuPage
Center for Entrepreneurship
2525 Cabot Drive, Suite 201
Lisle, IL 60532

Invoice Date :

2 April 2018

#	Item & Description	Qty	Rate	Amount
	Developed and Presented Facebook Workshop March 22, 2018	2 Hours	50.00	100.00
			Sub Total	100.00
			Total	\$100.00
			Balance Due	\$100.00

Thank you for your business!



Robert Marek

4-4-18

From: schlosserm473@cod.edu
Sent: Wed Apr 04 10:54:30 CDT 2018
To: invoicing@cod.edu
CC:
Subject: V2M2 Group Invoice # 201801 and 201802 PO# 356068

Hello,

Attached is a request for payment for V2M2 Group, Invoice # 2015801 and 201802 PO# 56068.

If you have any question, please feel free to contact me.

Best regards,




Maryellen Schlosser, Client Liaison
Center for Entrepreneurship at College of DuPage
Illinois Small Business Development Center
2525 Cabot Drive, Suite 201, Lisle, IL 60532
T: 630-942-2600 | F: 630-942-2606 fax
E: entrepreneur@cod.edu

Connect with us:



AMERICA'S
SBDC
ILLINOIS

 College of DuPage







Cart/Requisition View

Cart/Requisition Number: 664304

Cart/Requisition Name: Develop and Present Social Media Workshops

Cart/Requisition Justification: Contract/Blanket PO

Ship To Location: BLANKET PO

Needed By (mm/dd/yyyy):

Notes & Attachments:

Vendor Name: [V2M2 Group, Inc.](#)

Created: 1/26/2018 10:06:18 AM

Submitted: 1/30/2018 12:08:49 PM

Credit Card: N/A

Confirming Request: Yes



Recreate Cart/Requisition

Return

Line Number	Product Number	Product Description	Qty	Total (\$)	Account #	% Split	\$ Split	Fiscal Date	Notes & Atts	Next Approver / Status	PO #	PO Rel Date	Deliver To
1		Develop and Present Social Media Workshops (more info)	1	1,600.00	06-40-01230-5308001	100	1,600.00	1/31/2018		PO Released - 1/31/2018	356068	1/31/2018	Schlosser, Maryellen

Total: 1,600.00

Recreate Cart/Requisition

Return

All times displayed in [Central Time](#) (click to change).
easyTouch Navigation™ - For assistance, please call Jordan Towne at 630-942-2576 or e-mail to townej@cod.edu
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Rita Anke

4-4-18

Humphrey, Vera

From: Roberts, Ellen
Sent: Thursday, January 18, 2018 7:23 AM
To: Humphrey, Vera
Cc: Sandy, Marelena; Westphal, Ute; McGowan, Pamela
Subject: FW: V2M2
Attachments: V2M2 through December 2018 CE MS 1.18.18.pdf

Good morning, Vera –

The attached is ready for Brian's review and, if appropriate, signature.

Thank you,

Ellen


Ellen M. Roberts
Director, Business Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-2233
roberts@cod.edu

From: Purchasing Proposals
Sent: Wednesday, January 17, 2018 3:51 PM
To: Roberts, Ellen <roberts@cod.edu>
Cc: McGowan, Ellen <mcgowan@cod.edu>; Towne, Jordan <townej@cod.edu>
Subject: FW: V2M2

Hello Ellen,
Enclosed contract for your review.

Kind Regards,

Beth Cernick
Purchasing Assistant

 **College of DuPage**
425 Fawell Blvd. | BIC 1B03 | Glen Ellyn, IL 60137-6599 | USA
T: (630) 942.2813 | F: (630) 942.4201 | cernicke@cod.edu

From: McGowan, Pamela
Sent: Wednesday, January 17, 2018 3:16 PM
To: Purchasing Proposals <purchasing@cod.edu>
Cc: Sandy, Marelena <sandym@cod.edu>; Westphal, Ute <westphalu@cod.edu>
Subject: V2M2

Hello!

The attached contract is for review and approval, if appropriate.

As noted in the thread below, the insurance certificate included in the document has been deemed appropriate by Risk Management.

Please contact Marla Sandy or Ute Westphal with any questions.

Thanks!!

Pamela J. McGowan
Administrative Assistant, Continuing Education
Adult Enrichment | Business Solutions | Youth Academy

College of DuPage
(630) 942-3424 | mcgowanp295@cod.edu
425 Fawell Blvd. | SRC 1111 | Glen Ellyn, IL 60137
Follow us on [Twitter](#) | Like us on [Facebook](#)

From: Gieschen, Philip
Sent: Wednesday, January 17, 2018 3:12 PM
To: McGowan, Pamela <mcgowanp295@cod.edu>
Cc: Dagen, Yvette <dageny@cod.edu>; Sandy, Marelana <sandym@cod.edu>; Westphal, Ute <westphalu@cod.edu>
Subject: RE: V2M2 - Request for Waiver of Liability Insurance

Hi Pam,

The coverage is appropriate for the class as presented.

Phil Gieschen
Coordinator of Risk Management
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630/942-2993
giesche@cod.edu

CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately.

From: McGowan, Pamela
Sent: Wednesday, January 17, 2018 3:00 PM
To: Gieschen, Philip <giesche@cod.edu>
Cc: Dagen, Yvette <dageny@cod.edu>; Sandy, Marelana <sandym@cod.edu>; Westphal, Ute <westphalu@cod.edu>
Subject: V2M2 - Request for Waiver of Liability Insurance

Hi, Phil.

I never heard back from you. Were you able to look into this at all?

Please see below.

Thanks!!

From: McGowan, Pamela

Sent: Friday, January 12, 2018 4:49 PM

To: Gieschen, Philip <giesche@cod.edu>

Cc: Dagen, Yvette <dageny@COD.EDU>; Sandy, Marelena <sandym@COD.EDU>; Westphal, Ute <westphalu@COD.EDU>

Subject: V2M2 - Request for Waiver of Liability Insurance

Hello, Phil.

The Center for Entrepreneurship is holding a series of 12 workshops which will be developed and taught by a vendor-V2M2. These will include four pre-recorded sessions (not in the classroom) and then eight two-hour presentations (where he is in the classroom).

It is not a hosted event (similar to Prairie Compass).

We need a waiver for the required Certificate of Liability Insurance- *Workman's Comp only*, if that is possible. The remainder of his coverages are in the attached (page 7-8).

The instructor (Franklin Rivera) does not have any physical contact with our students. He does his presentations and then leaves.

Pamela J. McGowan

Administrative Assistant, Continuing Education

Adult Enrichment | Business Solutions | Youth Academy

College of DuPage

(630) 942-3424 | mcgowanp295@cod.edu

425 Fawell Blvd. | SRC 1111 | Glen Ellyn, IL 60137

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CONTRACT APPROVAL COVER SHEET

Contract Name: V2M2 Group, Inc.

Requesting Department: Center for Entrepreneurship Date Initiated: 01/09/2018

Contact Name: Marla Sandy Phone: (630) 942-2771

Email Address: SandyM@cod.edu

Vendor Name: V2M2 Group, Inc. Phone: (773) 992-9656

Vendor Contact: Franklin Rivera Email: Frank@viralvisualmarketing.com

Total Contract: \$ NTE 1,600 Contract Dates: Start: 01/09/18

FY Budget \$ NTE 2,200 End: 12/31/18

Vendor 1: Name _____ Quote: \$ _____

Vendor 2: Name _____ Quote: \$ _____

Vendor 3: Name _____ Quote: \$ _____

Contract Purpose: Presentation of 8-10 workshops, 2-hours in duration on social media to include: Digital Marketing, Facebook, Twitter, and Instagram; plus development and presentation of four 1-hour pre-recorded webinars to include: Digital Marketing, Facebook, Twitter, and Instagram in Microsoft PowerPoint.

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Marla Sandy

Budget Mgr.: Rita Haake

Dept. Adm.: Joe Cassidy

Marla Sandy

Rita Haake

Joe Cassidy

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to purchasing@cod.edu.

Purchasing Dept. Use Only

Comments _____

Approval Initials REVIEWED
By E. Roberts at 7:21 am, Jan 18, 2018

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at purchasing@cod.edu. Purchasing will review all documents, and, if appropriate, will forward to the Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☐ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to purchasingforms@cod.edu.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.

**AGREEMENT
Between
COLLEGE OF DuPAGE
And
V2M2 Group, Inc.**

This Agreement is entered into this 9 day of January, 2018 between College of DuPage and **V2M2 Group, Inc.**

SERVICES: V2M2 Group, Inc. shall perform the following services for the College of DuPage:

Presentation of social media workshops regarding their expertise in social media, all designed for small business. There will be 8-10 workshops on social media that will be developed using PowerPoint and presented by V2M2 Group, Inc. The workshops include: Digital Marketing, Facebook, Instagram, and Twitter. Workshops will be at least two hours in duration.

Vendor will perform duties at the College using College facilities as appropriate.

Additionally, four pre-recorded webinars on social media that will be developed and recorded by V2M2 Group, Inc. using GoTo Training and PowerPoint. The workshops will include: Digital Marketing, Facebook, Instagram, and Twitter. The webinars will be at least one hour in duration.

Vendor will perform duties using the College GoTo Training Software as appropriate, and will submit the pre-recorded webinars and PowerPoints for review by the end of the first quarter of CY2018.

WORK PRODUCT: All documents, including reports and all other work products produced by Vendor under this Agreement shall become and remain the property of College of DuPage. The Vendor shall submit any document, publication, brochure, electronic media, etc., which was developed for College of DuPage under this Agreement to the College for copyright or trademark by the College.

TERM: The term of this agreement shall be 01/09/18 to 12/31/18.

REMUNERATION: The total amount for CY18 shall not exceed \$1,600.00. Invoices for services are to be submitted to College of DuPage prior to any payment to Marla Sandy, SBDC Program Manager. In accordance with Local Government Prompt Payment Act, the College will approve or disapprove an invoice from **V2M2 Group, Inc.** within 30 days after receipt of the invoice or after the date of receipt of the goods, whichever is later.

INDEPENDENT CONTRACTOR: It is understood, acknowledged and agreed by the Parties that the relationship of Vendor to the College arising out of this Agreement shall be that of an independent contractor. Neither Vendor nor any employee or agent of Vendor is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Vendor has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Vendor shall not represent to anyone that he is an employee of the College.

PAYMENT: Vendor must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>. Any bill approved for payment shall be paid within 30 days after the date of approval (term: Net 60), in compliance with the Local Government Prompt Payment Act. If payment is not made within the 60-day period, an interest penalty requirement of 1% per month is allowed if denoted and approved herein.

TAXES: V2M2 Group, Inc. shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. V2M2 Group, Inc. is required to provide a completed IRS W-9 document in order to do business with the College.

LIAISON: While performing these services, it is understood that V2M2 Group, Inc. will coordinate with Marla Sandy, SBDC Program Manager.

LIABILITY: V2M2 Group, Inc. agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

V2M2 Group, Inc. also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. V2M2 Group, Inc. shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants rights, against all damages suffered and expenses incurred based on any breach or alleged breach of V2M2 Group, Inc.'s warranty.

RESTRICTIVE COVENANTS: The Vendor will not, during the period of this Agreement, use any Information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any Information learned as part of this consult; or remove or make copies of any Information, in any form; except, in each case, as may be required within the scope of Vendor's duties during the term of this Agreement.

Vendor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Vendor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Vendor's services, or denied employment opportunities by Vendor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Vendor will deliver to College of DuPage all copies in possession of any Information, in any form. Except on behalf of College of DuPage, the Vendor will not at any time assert any rights in or with respect to any Information. For purposes of this Agreement, "Information" means any, research, operational, product or service information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or information. Information does not include information, knowledge, or data, which the Vendor can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

CERTIFICATION: All independent Vendors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

☒ I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

Mark the following if it applies:

☒ I certify that I am not employed elsewhere in the College as a regular or temporary employee.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. The College shall not be responsible for any services or expenses incurred after the date of termination. In consideration thereof, both parties agree to the conditions set forth above.

V2M2 Group, Inc.
Vendor

Franklin D. Rivera II
Vendor Contact

813811061
SS# OR FEIN

01/09/2018
Date


Dr. Brian Caputo, Chief Financial Officer
College of DuPage

1/18/18
Date

I agree with the terms stated above and certify that I have received a copy of the contract agreement.

Franklin D Rivera II
Vendor

01/09/2018
Date

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.

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. Franklin D. Rivera II	
2 Business name/disregarded entity name, if different from above V2M2 Group, Inc.	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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) ► _____	
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. 183 Eisenhower Drive	Requester's name and address (optional)
6 City, state, and ZIP code Oswego, IL 60543	
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										
8	1		-	3	8	1	1	0	6	1

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); and
- 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 ► <i>Franklin D. Rivera II</i>	Date ► Jan 30 2018
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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.

By signing the filled-out form, you:

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at 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 and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor [*]

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

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

⁴ 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*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

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, 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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft 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 (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



CERTIFICATE OF LIABILITY INSURANCE

CPN
R001DATE (MM/DD/YYYY)
12/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
INSURANCE BENEFITS RES GROUP INC		NAME	
512153 P: (224) 333-0550 F: (224) 333-0551		PHONE (AC) (TW Ext) (224) 333-0550 FAX (AC) (TW) (224) 333-0551	
1491 CUMBERLAND PARKWAY		E-MAIL ADDRESS	
ALGONQUIN IL 60102			
INSURED		INSURER(S) AFFORDING COVERAGE	
V2M2 GROUP INC.		INSURER A Twin City Fire Ins Co	
183 EISENHOWER DR		NAIC# 29459	
OSWEGO IL 60543		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			83 SBH AA3967	12/11/2017	12/11/2018	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000
	General Liab	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$1,000,000
							MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER						\$10,000
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY
	OTHER						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
A	AUTOMOBILE LIABILITY			83 SBH AA3967	12/11/2017	12/11/2018	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						\$1,000,000
	OWNED AUTOS ONLY						BODILY INJURY (Per person)
	HIRED AUTOS ONLY	<input checked="" type="checkbox"/>					\$
	NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>					BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						\$
	DED						AGGREGATE
	RETENTION						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L EACH ACCIDENT
							\$
							E L DISEASE - EA EMPLOYEE
							\$
							E L DISEASE - POLICY LIMIT
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. College of DuPage, its trustees, officers, agents, and employees are Additional Insureds per the Business Liability Coverage Form SS0008 and the Hired Auto and Non Owned Auto Endorsement SS0438, attached to this policy. Notice of Cancellation will be provided in accordance with Form SS1229, attached to this policy.

CERTIFICATE HOLDER**CANCELLATION**

College Of Dupage
425 FAWELL BLVD
GLEN ELLYN, IL 60137

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan S. Castaneda



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER

SCHEDULE	
Number of Days Notice:	Name of Certificate Holder:
PART A: <u>30</u>	College of DuPage
PART B: <u>10</u>	
PART C: <u>30</u>	Mailing Address:
PART D: <u>30</u>	425 Fawell Blvd Glen Ellyn, IL 60137

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the above Parts.

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.
- D. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the

certificate holder in the schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part D.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

CONTRACT APPROVAL COVER SHEET

Contract Name: V2M2 Group, Inc.
 Requesting Department: Center for Entrepreneurship Date Initiated: 1/09/17
 Contact Name: Maria Sandy Phone: X2771
 Email Address: pachecom158@cod.edu

Vendor Name: V2M2 Group, Inc. Phone: (773) 992-9658
 Vendor Contact: Franklin Rivera Email: frank@viralvisualmarketing.com
 Total Contract: \$ NTE 900.00 Contract Dates: Start: 1/11/17
 FY Budget \$ NTE 900.00 End: 6/21/17

Contract Purpose: Presentation of social media series regarding their expertise in social media, all designed for small business. There will be 6 workshops at least 3 hours each on social media that will be developed and presented; two Digital Marketing Workshops, two Facebook, 1 Instagram, and 1 Twitter.

Contract Type: ☒ Independent Contractor ☐ Service Agreement ☐ Lease
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Maria Sandy
 Budget Mgr.: Rita Haake
 Dept. Adm.: Cristina Willard

Maria Sandy
Rita Haake
Cristina Willard

Purchasing Dept. Use Only	
Comments:	APPROVED
Approval Initials:	By E. Roberts at 6:57 am, Jan 11, 2017

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Senior Vice President, Administration. This form must be completed in full and submitted with all contracts that require signature.

Submit the contract, along with this form and all required support documents as outlined below, to the Purchasing Manager in BIC 1540. The Purchasing Manager will review all documents, and, if appropriate, will forward to the Senior Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☐ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by SVP, it is the responsibility of the requester to obtain remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to purchasingforms@cod.edu.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.

**VENDOR AGREEMENT
Between
COLLEGE OF DuPAGE
And
V2M2 Group, Inc.**

This Agreement is entered into this 09 day of January, 2017 between College of DuPage and V2M2 Group, Inc.

SERVICES: V2M2 Group, Inc. shall perform the following services for the College of DuPage:

Presentation of social media workshops regarding their expertise in social media, all designed for small business. There will be 6 workshops on social media that will be developed and presented by V2M2 Group, Inc. The workshops include: Two Digital Marketing Workshops, Two Facebook Workshops, 1 Instagram Workshop, and 1 Twitter Workshop. Workshops will be at least three hours in duration.

Consultant will perform duties at the College using College facilities as appropriate.

WORK PRODUCT: All documents, including reports and all other work products produced by Consultant under this Agreement shall not be the property of College of DuPage. The Consultant shall submit needed information to create any document, publication, brochure, electronic media, etc., which shall be distributed to small business clients.

TERM: The term of this agreement shall be 1/9/2017 to 6/21/2017.

REMUNERATION: The total amount for CY16 shall not exceed \$900.00. Invoices for services are to be submitted to College of DuPage prior to any payment to Maria Sandy, Program Specialist at the Center for Entrepreneurship.

Vendor: It is understood, acknowledged and agreed by the Parties that the relationship of Vendor to the College arising out of this Agreement shall be that of an Independent contractor. Neither Vendor nor any employee or agent of Vendor is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Vendor has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Vendor shall not represent to anyone that he is an employee of the College.

PAYMENT: Vendor must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>.

TAXES: V2M2 Group, Inc. shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. V2M2 Group, Inc. is required to provide a completed IRS W-9 document in order to do business with the College.

LIAISON: While performing these services, it is understood that V2M2 Group, Inc. will coordinate with Maria Sandy, Program Specialist, Center for Entrepreneurship..

LIABILITY: V2M2 Group, Inc. agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

V2M2 Group, Inc. also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. V2M2 Group, Inc. shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants rights, against all damages suffered and expenses incurred based on any breach or alleged breach of V2M2 Group, Inc.'s warranty.

RESTRICTIVE COVENANTS: The Vendor will not, during the period of this Agreement, use any information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any information learned as part of this contract; or remove or make copies of any information, in any form; except, in each case, as may be required within the scope of Vendor's duties during the term of this Agreement.

Vendor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Vendor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Vendor's services, or denied employment opportunities by Vendor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Vendor will deliver to College of DuPage all copies in possession of any information, in any form. Except on behalf of College of DuPage, the Vendor will not at any time assert any rights in or with respect to any information. For purposes of this Agreement, "information" means any, research, operational, product or service information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or information. Information does not include information, knowledge, or data, which the Vendor can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

CERTIFICATION: All Independent Vendors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

☒ I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

☒ I certify that I am not employed elsewhere in the College as a regular or temporary employee.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. The College shall not be responsible for any services or expenses incurred after the date of termination.

In consideration thereof, both parties agree to the conditions set forth above.

Vendor

V2M2 Group, Inc.

Name

Vendor

81-3811061

SS# OR FEIN

1/10/2017

Date

Kim Michael Lee
Chief Financial Officer

1/11/17
Date

I agree with the terms stated above and certify that I have received a copy of the contract agreement.

Franklin Lee
Vendor

1/10/17
Date

Schlosser, Maryellen

From: Sandy, Marelena
Sent: Friday, January 26, 2018 11:32 AM
To: frank@v2m2inc.com
Cc: Schlosser, Maryellen; Westphal, Ute
Subject: Address

Importance: High

Hi Franklin,

We have a couple discrepancies and need some clarifications. Your W-9 from last year has the Eisenhower address associated with it, but this year's W-9 does not.

Your Certificate of Liability Insurance address is the following:

V2M2 GROUP INC.
183 EISENHOWER DR:
OSWEGO IL 60543

Your W-9 states the following:

Franklin D. Rivera II
V2M2 Group, Inc
105 E. Galena Blvd., Floor 5
Aurora, IL 60505

These should match, can you please let us know whether you've changed your address. If so, we will need updated documents. If the address is what the Cert. of Liability has, your W-9 needs to be updated or vice versa.

All my best,

Marla Sandy



Marla Sandy, GrowthWheel Certified Business Advisor, MBA
Program Manager, Illinois Small Business Development Center
Center for Entrepreneurship at College of DuPage
2525 Cabot Drive, Suite 201, Lisle, IL 60532