

110 N. Willow St., STE 127, Kenai, AK 99611

P.O. Box 1425 Kenai, AK 99611

Phone: 907-283-2700 Fax: 907-331-0511

## Salamatof Tribe Local Food Purchase Program Vendor Application

The Salamatof Tribe will purchase locally sourced and harvest food, including traditional foods and local domesticated livestock. We expect to purchase food from at least 15 local producers, ensuring seven are socially disadvantaged producers. Additionally, we will attempt to purchase first from small native owned producers. Our goals are to distribute these foods to 200 tribal members / Alaska Natives living within our area and support participants in our

youth department program.		100					
Name:		Business Name:					
Location:			Do you provide d	elivery of products?			
			Yes	No			
Phone Number:	Email Address:		Website:				
Product/s Available to Sell:							
Do you consider yourself to be socially disa	dvantaged**?	Yes	No				
** For the purpose of this program, "socially disadvantaged" is a farmer or rancher who is a member of a Socially Disadvantaged							
Group. A Socially Disadvantaged Group is a group whose members have been subject to discrimination on the basis of race, color,							
national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual							
orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program.							
What to expect next:							
The Salamatof Tribe appreciates your interest in our foods program, once this vendor application and W-9 have been							
filled out and returned. A staff member will reach out to you for additional information and scheduling.							
Please return completed applications and		he following wa		Drop Off			
Mail	Email	om /0	Fax 07) 331-0511	110 N. Willow St Ste. 127			
8 3 50 100 100 100 100 100 100 100 100 100	alamatoftribe.c	<u>UIII</u> (9)	0/1221-0211	Kenai, AK 99611			
Kenai, AK 99611			1				
If you have any questions or need assistance in completing the application, please contact Salamatof Tribe at							
Admin@salamatoftribe.com or (907) 283-2700.							

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

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

Befor	e y	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	wner's name on line	1, and enter the business/disregarded		
Print or type. See Specific Instructions on page 3.	2	Business name/disregarded entity name, if different from above.				
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  Individual/sole proprietor		Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)		
		Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check box for the tax classification of its owner.  Other (see instructions)	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)			
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership ithis box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)			
See	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name	and address (optional)		
	6	City, state, and ZIP code				
	7	List account number(s) here (optional)				
Par	ŧΙ	Taxpayer Identification Number (TIN)				
Enter	you	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social se	curity number		
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						
		is your employer identification number (EIN). If you do not have a number, see How to ge	ot a or			
TIN, later.				r identification number		
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and	-		
Par	t II	Certification				
Unde	r pe	nalties 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						
Sei	vice	ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and	I have not been n or dividends, or (c	otified by the Internal Revenue ) the IRS has notified me that I am		
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.						
becau acquir other	se y sitio thar	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have falled to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retuinterest and dividends, you are not required to sign the certification, but you must provide you	ons, item 2 does no irement arrangeme	ot apply. For mortgage interest paid ent (IRA), and, generally, payments		
Sign Here		Signature of U.S. person	Date	33333		

## **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*.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they