

**Tennessee Energy Policy Office**  
**Department of Economic and Community Development**  
**Title VI Pre-Audit Survey**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Local Govt.** ☐ **Private Business** ☐ **Non-Profit** ☐

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Chief Administrator:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Compliance Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**The following racial data is being collected for compliance with Title VI of the Civil Rights Act of 1964 and will be used in accordance with applicable Federal law. This form must be completed and returned to the Energy Policy Office so that your compliance efforts can be reviewed.**

1. What is the racial composition of the population in your geographic service area?
2. What is the racial composition of your advisory or governing board?
3. Does your advisory or governing board strive to ensure that the racial composition is at least proportionately reflective of the local community's racial minority population?
4. Does your agency have a written policy of nondiscrimination stating that services or opportunities will be provided to all persons without regard to race, color, or national origin? Yes ☐ No ☐  
Please attach a copy of your policy to this survey.  
If no, when will your policy be developed? \_\_\_\_\_

5. Are your projects and programs advertised to the public without regard to race, color or national origin? Yes ☐ No ☐  
Explain your answer
6. Has a federal or state agency found you in noncompliance with civil rights requirements? Yes ☐ No ☐
7. Has a civil rights compliance review been conducted onsite by a federal or state agency within the last two years? Yes ☐ No ☐

*Please feel free to attach additional sheets of information if needed.*

**Declaration of Respondent:** I declare that I have completed the data in this survey and to the best of my knowledge and belief, it is true, correct and complete.

**Compliance Officer:**

Printed Name

Signature

**Declaration of Chief Administrator:** I declare that I have reviewed and approved the information provided in this self-survey and to the best of my knowledge and belief, it is true, correct and complete.

**Chief Administrator:**

Printed Name

Signature

**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)**

NAME

Federal Identification Number or Social Security Number

(under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) *(select type of account)*  CHECKING or  SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

Do you currently receive payments from the State through ACH?  (Yes or No). If yes, do you intend for this account information to replace other existing account information currently used by the State?  (Yes or No). If yes, please specify the account that should be changed: ABA No.  Account No. .

Is this authorization only for certain types of payments?  (Yes or No). If yes, please indicate types:

Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted:  Phone No.

DEPOSITORY/BANK NAME  BRANCH

CITY  STATE

ACH TRANSIT / ABA NO.  ACCOUNT NO

NAME(S)

(Please print names of authorized account signatory)

DATE  SIGNED X  SIGNED X

**PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):**

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:

Contact name:   
Telephone no.:

**FOR STATE USE ONLY:**

Contact Agency:   
Contact Person:   
Telephone No.:

# SUBSTITUTE W-9 FORM

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

### 1. Please complete general information:

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### 2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
  - a. Revocable savings trust (grantor is also trustee)
  - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

### 3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

\_\_\_\_ - \_\_\_\_\_

### 4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (if applicable) \_\_\_\_\_