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# Fax Cover Sheet

Date 11/24/2014

Number of pages 22 (including cover page)

To: BIO Clerk

From:

Name Dept. of Administration, Purchasing Div.

Name Calvin Brown

Company \_\_\_\_\_

Company Brown Consulting & Associates

Telephone \_\_\_\_\_

Telephone 404-580-0573

Fax 304-558-0008

Comments Solicitation NO. CRFQ-COR1500000019

Buyer - TARA Lyle

Closing Date 11/26/2014



Fax - Local Send



Fax - Domestic Send



Fax - International Send

fedex.com 1.800.GoFedEx 1.800.463.3339

11/25/14 08:54:57AM  
West Virginia Purchasing Division



**BROWN CONSULTING & ASSOCIATES, LLC**

*Providing a strong commitment to excellence*

November 25, 2014

Tara Lyle  
2019 Washington Street, East  
Charleston, WV 25305

Dear Ms. Tara Lyle,

Brown Consulting & Associates, LLC is pleased to present the enclosed proposal in response to the State of West Virginia Request for Quotation CRFQ 0608 COR1500000019.

BCA agrees to the terms and conditions as listed in the RFR. All of the materials used in the submission of this proposal are either recyclable or reusable.

As the sole proprietor and CEO of BCA, I (Calvin Brown) am authorized to bind the contract agreeing to the provisions of the RFR. BCA is domiciled in the State of Georgia and is located at:

5271 Browns Mill Rd.  
Lithonia, GA 30038  
Phone number: 404-580-0573  
Email: [calvinjbrown@comcast.net](mailto:calvinjbrown@comcast.net)

I confirm that neither I nor any member of the audit team are aware of any potential or perceived conflict of interest that would impact or preclude our ability to provide services to the Commonwealth of Massachusetts.

Please find BCA proposal attached in response to Quotation CRFQ 0608 COR1500000019.

Respectfully,

A handwritten signature in cursive script that reads "Calvin Brown".

Calvin Brown, CEO, Brown Consulting & Associates, LLC  
404-580-0573

Lloyd Bullard, M.Ed., CEO  
LBIC Consulting Services, Inc. (LBIC)  
301-437-2378



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Request for Quotation  
33 - Service - Misc

Proc Folder: 33335  
Doc Description: PREA auditor for DMAPS  
Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-11-10	2014-11-26 13:30:00	CRFQ 0808 COR1500000019	1

**BID OFFICE LOCATION**

BID CLERK  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON ST E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Name, Address and Telephone Number:  
*Brown Consulting & Associates*  
*5271 Browns Mill Rd.*  
*Lithonia, GA. 30038*

**FOR INFORMATION CONTACT THE BUYER**  
Tara Lytle  
(304) 558-2644  
tara.l.lytle@wv.gov

Signature X *Calvin Brown* FEIN # *46-576991* DATE *11/22/14*  
All offers subject to all terms and conditions contained in this solicitation

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Brown Consulting & Associates  
(Company)

Calvin Brown C.E.O.  
(Authorized Signature) (Representative Name, Title)

404-580-0573 11/22/14  
(Phone Number) (Fax Number) (Date)

RFQ No. CRFQ-COR150000029

STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Brown Consulting & Associates

Authorized Signature: Calvin Brown Date: 11/18/14

State of Georgia

County of DeKalb to-wit:

Taken, subscribed, and sworn to before me this 19 day of November, 2014

My Commission expires 5-4-16, 2016.

AFFIX SEAL HERE



NOTARY PUBLIC Calvin Brown  
Purchasing Affidavit (Revised 07/01/2012)

Rev. 04/14

# State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code, §5A-3-37*. (Does not apply to construction contracts). *West Virginia Code, §5A-3-37*, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

- 1.  Application is made for 2.5% vendor preference for the reason checked:  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
- 2.  Application is made for 2.5% vendor preference for the reason checked:  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 3.  Application is made for 2.5% vendor preference for the reason checked:  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 4.  Application is made for 5% vendor preference for the reason checked:  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5.  Application is made for 3.5% vendor preference who is a veteran for the reason checked:  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6.  Application is made for 3.5% vendor preference who is a veteran for the reason checked:  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
- 7.  Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code §5A-3-59* and *West Virginia Code of State Rules*.  
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code, §61-5-3*), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Brown Consulting & Associates

Signed: Calvin Brown

Date: 11/27/14

Title: CEO

Division of Juvenile Services

Item No.	Facility Name	Address	Type	Inmate Population	Gender	Unit of Measure	Price Per Facility/Audit
1	Kenneth "Honey" Rubenstein Juvenile Center	141 Forestry Camp Road Davis WV 26260	Minimum	84	M	EA	4,000.00
2	Donald R. Kuhn Juvenile Dx & Detention	One Lory Place Julian WV 25529	Male Corr-Dx.-Detention	46	M/F	EA	4,000.00
3	Lorrie Yeager Jr. Juvenile Center	907 Mission Drive Parkersburg WV 26101	Detention	24	M/F	EA	4,000.00
4	Sam Perdue Juvenile Center	843 Shelter Road Princeton WV 24739	Sex Offenders	24	M/F	EA	4,000.00
5	Tiger Morton Juvenile Center	60 Manfred Holland Way Dunbar WV 25064	Detention & Wellness	24	M/F	EA	4,000.00
6	Northern Regional Juvenile Center	P.O. Box 6041 Wheeling WV 26003	Deten & Female Corr	24	M/F	EA	4,000.00
7	Vicki V. Douglas Juvenile Center	900 Emmett Rousch Drive Martinsburg WV 25401	Detention	24	M/F	EA	4,000.00
8	J.M. "Chick" Buckbee Juvenile Center	One Jerry Lane Augusta WV 26704	Deten & Male Corr	24	M/F	EA	4,000.00
9	Gene Spadaro Juvenile Center	106 Martin Drive Mt. Hope WV 25880	Detention	24	M/F	EA	4,000.00
10	Robert L. Shell Juvenile Center	2 O'Hanlon Place Barboursville WV 25504	Status Offenders	24	M/F	EA	4,000.00

**OVERALL TOTAL COST:** 40,000.00

Bidder/Vendor Information:

Name:	LBIC Consulting Services, Inc. / Brown Consulting & Associates
Address:	235 Wing Mill Rd. Sandy Springs, GA. 30350
Phone No.:	301-437-2378
Fax No.:	
Email Address:	Lballard23@aol.com
Authorized Signature	Lyn Ballard

Through a cooperative agreement between BJA and NCCD

# NATIONAL PREA RESOURCE CENTER

## ABOUT LIBRARY TRAINING & TECHNICAL ASSISTANCE AUDIT NEWS & EVENTS FAQ

### List of Certified Auditors

Additional names will be listed as pending certifications are finalized.

*Auditors submitted the bio information found below. The National PREA Resource Center posted only those bios from certified auditors who consented and made only minor spelling, punctuation, and grammar changes.*

Type of Certification

Juvenile Facilities

Search by City

Atlanta

Or by state

- Any -

10

Auditors per page:

Apply

Lloyd Bullard

Atlanta, GA

Contact [Lloyd](#)

Certification: Juvenile Facilities

[Read More about Lloyd](#)

- [Audit Instruments](#)
- [Audit Process](#)
- [Auditor Qualifications and Application](#)
- [List of Certified Auditors](#)
- [Auditor Trainings](#)

- Any -

- Any - Any - Any -

### Sign Up for Updates

The PREA Resource Center will provide information on upcoming events, new resources to our library, and PREA-related issues in the news. Sign up to receive our communications via email.

SIGN UP





WV Division of Corrections, Stevens Correctional Center and McDowell County Correctional Center

Item No.	Facility Name	Address	Type	Inmate Population	Gender	Unit of Measure	Price Per Facility/Audit
12	Pruntytown Correctional Center	Rt. 4, Box 49A Grafton, 26354	Minimum/Medium	369	Male	EA	4,000.00
13	Salem Correctional Center	7 Industrial Blvd. Industrial, WV 26426	Minimum/Medium	400	Male	EA	4,500.00
14	St. Mary's Correctional Center	2880 N. Pleasants Highway St. Mary's, 26170	Medium	554	Male	EA	4,500.00
15	Stevens Correctional Center	795 Virginia Avenue Welch, WV 24801	Medium	223	Male	EA	4,000.00
16	McDowell County Correctional Center	50 Court Street Welch, WV 24801	Medium	223	Male	EA	4,000.00

<b>OVERALL TOTAL COST:</b>	<b>67,500.00</b>
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NOTES:

- A. Mt. Olive Correctional Center and Huttonsville Correctional Center have work camps outside of the fence. This inmate population is included in the facility population numbers set forth above.
- B. Stevens Correctional Center and McDowell County Correctional Center have a combined inmate population of 446

Bidder/Vendor Information:	
Name:	Brown Consulting & Associates / LBEC Consulting, Inc.
Address:	5271 Browns Mill Rd. Lithonia, GA 30038
Phone No.:	404-580-0573
Fax No.:	N/A
Email Address:	calvin.brown@comcast.net
Authorized Signature	Calvin Brown

WV Division of Corrections, Stevens Correctional Center and McDowell County Correctional Center

Item No.	Facility Name	Address	Type	Inmate Population	Gender	Unit of Measure	Price Per Facility/Audit
1	Anthony Correctional Center	HC 70, Box N-1 White Sulphur Springs, 24986	Minimum - Youthful Offender 18-26 yrs	220	M/F	EA	4,000.00
2	Beckley Correctional Center	111 S. Eisenhower Drive Beckley, 25801	Minimum/Work Release	59	M/F	EA	4,000.00
3	Charleston Correctional Center	607 Brooks Street Charleston, WV 25301	Minimum	66	M/F	EA	4,000.00
4	Denmar Correctional Center	HC 64, Box 125 Hillsboro, 24946	Medium	216	Male	EA	4,600.00
5	Huttonsville Correctional Center	US Rt. 250 South Huttonsville, 26273	Maximum	1184	Male	EA	7,000.00
6	Lakin Correctional Center	11264 Ohio River Road West Columbia, 25287	Multi-Security	455	Female	EA	4,500.00
7	Martinsburg Correctional Center	38 Grapevine Road Martinsburg, 25401	Intake/Maximum	120	Male	EA	4,000.00
8	Mt. Olive Correctional Complex	1 Mountainside Way Mt. Olive, 25185	Maximum/Medium	1126	Male	EA	7,000.00
9	Northern Correctional Facility	112 Northern Regional Correctional Drive Moundsville, WV 26041	Maximum	253	Male	EA	4,000.00
10	Ohio County Correctional Complex	1501 Eoff Street Wheeling, 26003	Community/Minimum	66	Male	EA	4,000.00
11	Parkersburg Correctional Center	225 Holiday Hills Drive Parkersburg, 26170	Minimum	30	Male	EA	4,000.00

### Appendix A. National PREA Resource Center List of Certified Auditors

Through a cooperative agreement between [BJA](#) and [NCCD](#)



ABOUT LIBRARY TRAINING & TECHNICAL ASSISTANCE AUDIT NEWS & EVENTS FAQ

#### List of Certified Auditors

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Type of Certification

Adult Facilities

Search by City

Lithonia

Or by state

GA

Auditors per page: 10

Apply

Calvin Brown  
Lithonia, GA  
[Contact Calvin](#)  
Certification: Adult Facilities  
[Read More about Calvin](#)

- [Audit Instruments](#)
- [Audit Process](#)
- [Auditor Qualifications and Application](#)
- [List of Certified Auditors](#)
- [Auditor Trainings](#)

- Any -

- Any -- Any -- Any -- Any -

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SIGN UP >



Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)  
**Calvin Brown**

Business name/disregarded entity name, if different from above  
**Brown Consulting & Associates**

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**5271 Browns Mill Rd**

City, state, and ZIP code  
**Lithonia, GA 30038**

Requester's name and address (optional)

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number

--	--	--	--	--	--	--	--	--	--

Employer identification number

4	6	-	5	7	6	9	9	9	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 on page 3.

Sign Here    Signature of U.S. person ▶ **Calvin Brown**    Date ▶ **11/24/14**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

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.

## VSS VENDOR REGISTRATION SUMMARY

PLEASE  
SAVE  
FORM  
RECORD

**VSS Vendor Registration Summary application must be faxed along with the w-9 for validation**

<b>Part I: Vendor Information</b>	
1. Vendor Code: VS0000003043	2. Legal Business Name: Calvin Brown
3. Headquarters Account : Yes	4. Headquarters Account Code : VS0000003043
5. Headquarters Account Legal Name : Calvin Brown	6. Headquarters Web Address
7. CatalogDUNS: 079450398	8. Taxpayer ID Number : 465769991

9. Taxpayer ID Number Type : EIN	
-------------------------------------	--

**Part II: Organization Information**

1. Org Type: Company	2. Classification: Individual
-------------------------	----------------------------------

3. Foreign Tax ID:	4. W-8 Form:
--------------------	--------------

5. Detailed TIN:	6. Location Web Address:
------------------	--------------------------

7. Number of Employees: < 50	8. Annual Income: < 1 million
---------------------------------	----------------------------------

9. Ordering DUNS: 079450398	10. Internet Catalog:
--------------------------------	-----------------------

11. Preferred Ordering Method: Electronic	12. PCard Acceptance level:
--	-----------------------------

12. Location Name:	
--------------------	--

**Part III: Legal Name Information**

--	--

1. Legal Name On W-9: Calvin Brown	2. Business Name (Alias/DBA): Brown Consulting & Associates
3. First Name:	4. Middle Name:
5. Last Name:	6. Name on Check: Legal Name
<b>Part IV: 1099 TIN Information</b>	
1. Taxpayer Identification Number: 465769991	2. TIN Type: EIN
3. 1099 Reportable : Yes	
<b>Part V: Legal (1099) Address Information</b>	
1. Street 1: 5271 Browns Mill Rd	2. City: Lithonia
3. State/Province: GA	4. Zip/Postal Code: 30038-3911
<b>Part VI: EFT Information</b>	
1. ABA Number:	2. Bank Name: <i>Georgia United Credit Union</i>
3. Account Type: <i>Business Checking</i>	4. Account Number: <i>1020020701550</i>
5. Routing ID Number: <i>261171309</i>	6. Remittance Advice Transmission Mode:
<b>Part VII: Discount Information</b>	

1. Number of Days 1:	2. Discount Percent 1:
3. Number of Days 2:	4. Discount Percent 2:
5. Number of Days 3:	6. Discount Percent 3:
7. Number of Days 4:	8. Discount Percent 4:
<b>Part VIII: Administrative Address</b>	
<b>Address Information</b>	
1. Street 1: 5271 Browns Mill Rd	2. Street 2:
3. City: Lithonia	4. State/Province: GA
5. Zip/Postal Code: 30038-3911	6. County:
7. Country: US	8. Phone: 4045800573
9. Additional Address Info: P.O.Box 361782 Decatur, GA 30036	10. Division/Department:
<b>Contact Information</b>	
1. Principal Contact: Calvin Brown	2. Phone: 404-580-0573



3. Phone Extension:	4. Alternate Phone:
5. Alternate Phone Extension:	6. Fax Number:
7. Fax Number Extension:	8. Alternate Fax Number:
9. Alternate Fax Number Extension:	10. Email Address:
11. Correspondence Type:	12. English Spoken: true

**Part IX: Ordering Address**

**Address Information**

1. Street 1: 5271 Browns Mill Rd	2. Street 2:
3. City: Lithonia	4. State/Province: GA
5. Zip/Postal Code: 30038-3911	6. County:
7. Country: US	8. Phone: 4045800573
9. Additional Address Info: P.O.Box 361782 Decatur, GA 30036	10. Division/Department:

**Contact Information**

--	--

1. Principal Contact: Calvin Brown	2. Phone: 404-580-0573
3. Phone Extension:	4. Alternate Phone:
5. Alternate Phone Extension:	6. Fax Number:
7. Fax Number Extension:	8. Alternate Fax Number:
9. Alternate Fax Number Extension:	10. Email Address:
11. Correspondence Type:	12. English Spoken: true

**Part X: Billing Address****Address Information**

1. Street 1:	2. Street 2:
3. City:	4. State/Province:
5. Zip/Postal Code:	6. County:
7. Country:	8. Phone:
9. Additional Address Info:	10. Division/Department:

**Contact Information**

1. Principal Contact:

2. Phone:

3. Phone Extension:

4. Alternate Phone:

5. Alternate Phone Extension:

6. Fax Number:

7. Fax Number Extension:

8. Alternate Fax Number:

9. Alternate Fax Number Extension:

10. Email Address:

11. Correspondence Type:

12. English Spoken:

**Part XI: Payment Address****Address Information**1. Street 1:  
5271 Browns Mill Rd

2. Street 2:

3. City:  
Lithonia4. State/Province:  
GA5. Zip/Postal Code:  
30038-3911

6. County:

7. Country:  
US8. Phone:  
4045800573

9. Additional Address Info: P.O.Box 361782 Decatur, GA 30036	10. Division/Department:
<b>EFT Information</b>	
1. ABA Number:	2. Bank Name:
3. Account Type:	4. Account Number:
5. Routing ID Number:	6. Remittance Advice Transmission Mode:
<b>Contact Information</b>	
1. Principal Contact: Calvin Brown	2. Phone: 404-580-0573
3. Phone Extension:	4. Alternate Phone:
5. Alternate Phone Extension:	6. Fax Number:
7. Fax Number Extension:	8. Alternate Fax Number:
9. Alternate Fax Number Extension:	10. Email Address:
11. Correspondence Type:	12. English Spoken: true

**Part XII: Account Administrator Information**

1. User Name:  
superhero

2. Name:  
CALVIN  
BROWN

3. Email:  
calvinjbrown@comcast.net

4. Phone:  
404-580-0573

**Part XIII: Commodities**

Commodity/Service Code	Commodity Description
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**Part XIV: Business Types**

Business Type ID	Certification Number	Certification Start Date	Certification End Date
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**Part XV: Service Areas**

Service Area Code	Service Area Zone
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