Alameda County HCD
Affordable Housing Development Program
REQUEST FOR QUALIFICATINS (RFQ)
DEVELOPMENT CONSULTANT
August 2015

Alameda County HCD is accepting proposals from
Affordable Housing Development and Project Management Consultants

Application Due Date
Completed applications must be submitted to HCD by the deadline of September 11, 2015 by 12 Nooon at the Alameda County HCD Office at 224 W. Winton Ave, Room 108, Hayward, CA 94544. Postmarks by that date are not acceptable; Our office does not accept fax or email submissions for this process. If you have any questions please contact Michelle Starratt at (510) 670-5207 or michelle.starratt@acgov.org or Anjanette Scott at 510-670-5211 or Anjanette.scott@acgov.org

Please be aware that under California Public Records Act, all documents submitted in response to this RFP are considered part of the public record and will be made available to the public, upon request, following the application deadline.

REQUEST FOR QUALIFICATIONS

August 11, 2015:

Alameda County Housing and Community Development Department requests submittal of Statements of Qualifications from qualified parties with proven experience in Affordable Housing Development and Project Management. Alameda County HCD will establish a pool of qualified consultants to contract with for several scopes of services for current work and to contract with on an as-needed basis for future work. The County requires competitive selective processes be used when awarding contracts. The formation of this pool will satisfy that requirement for a number of expected contracts over the next several years.

Background

The Alameda County Housing and Community Development Department (HCD) administers a variety of housing and service programs from a variety of funding sources. This includes U.S. Housing and Urban Development Department (HUD) including HOME Investment Partnership Program (HOME) funding, Housing Opportunities for People with HIV/AIDS (HOPWA) funding and Community Development Block Grant (CDBG) programs. HCD is also administering funds from the Affordable Housing Trust Fund or "boomerang" funds to finance permanent affordable housing and fund rapid re-housing programs.

Scopes of Services

HCD seeks one or more qualified consultant to assist with project management work associated with funding affordable housing projects.

1) **Policies and procedures:**
    a. Draft and/or update policies and procedures for monitoring completed projects, including an analysis of risk assessments by program. This would include a review of current policies, revisions based on best practices and current regulations.
    b. Update the HCD contracting guidelines, pulling together information from different programs and ensuring that the document is complete.

2) **Monitoring**
    a. Asset Management of Housing Development Projects: HCD has a total of 85 completed projects, with 15 additional projects in the development stages.
        - Carry-out monitoring of up to 30 housing projects over the course of the year. Monitoring may include site visits, reviewing tenant and organizational files and reviewing loan documents,.
        - Write monitoring reports and create files for each of the projects that were monitored.

- Work with property owner and County staff to and resolve issues raised during the monitoring.

b. Service and Operating Contracts: HCD has a number of operating and service contracts that provide funding to organizations that provide supportive housing (HOPWA among other funding sources).
   - Development of a specific annual risk assessment using the tool to prioritize contractors to be monitored.
   - Refinement of existing monitoring protocols.
   - Carrying out on-site monitoring of contractors using those protocols. Monitoring will include site visits and review of back up documentation and financial records.
   - Preparing monitoring reports.
   - Working with contractor and County staff to resolve issues raised during the monitoring.

3) Project Management

a. Construction Loans: HCD will close between 4 and 8 loans associate with current 2015 funding allocations identified through the recent RFP process. These loans will be in varying amounts, and will be for projects all over the county. Following established policies and procedures, the selected consultant will write staff reports, complete gap analysis, finazing internal underwring forms, work with attorneys to complete loan documents and participate in loan closing negotiations.

b. Predevelopment Loans HCD will close 3 predevelopment loans associated with the most recent RFP and funding allocations. These projects will require a higher level of monitoring and HCD participation to ensure county goals are met. Following established polices and procedure, the selected consultant will write staff reports, complete gap analysis, finalize internal forms, and work with attorneys to draft loan documents.

4) Program Review – Mortgage Credit Certificate Program

Working with staff, conduct a comprehensive review of the Mortgage Credit Certificate Program, including a review of current policies and procedures and desk manuals. The MCC program in an IRS program, and consultants should provide information on their knowledge and experience with MCC and CDLAC programs.

5) County-wide inventory of affordable housing

Update the list of affordable housing projects throughout the County, last updated in 2007. The lists is maintained at the city levels, and must be retrieved, reviewed and updated into HCD's system.

Small Local Emerging Businesses (SLEB) Requirements

Because some of the funds paying for these services are Federal funds that do not allow local preferences, this RFQ will not be subject to Alameda County SLEB requirements. However, Small Local and Emerging Businesses (SLEB) are encouraged to apply. To document that you are a current SLEB, please include information under TAB 8. For more information about the SLEB program, please see http://www.acgov.org/auditor/sleb/ .

Qualifications:

HCD anticipates contracting for various scopes of work listed above and using the responses to this RFQ for future possible contracts on an as needed basis. For future projects, HCD will select the best qualified and cost competitive contractor from the pool of qualified responders to this RFQ based on the specific scope of services needed.

HCD is looking for consultant(s) with experience in one or more of the areas related to the above scope of work. In addition, HCD is looking for qualified consultants who demonstrate:.

- Excellent verbal and written communication skills
- Ability to understand, review and critique, and manage real estate and construction budgets
- Ability to seek creative, viable solutions to problems and coordinate many phases of project development with attention to detail
- Strong analytical and computer skills
- Strong familiarity with affordable housing finance strategies, real estate transactions, and funding processes
- Stron familiarity with monitoring practices
- Strong familiarity with federal funding programs HOPWA, HOME and CDBG
- Ability to work independently

Application Submission

To apply, submit the information as specified below to HCD's office by September 11, 2015 at 12 Noon Late applications will not be considered.

Submit 2 Binders, 1 Original and 1 Copy to Attention: Michelle Starratt, 224 W. Winton Avenue, Room 108, Hayward, CA 94544.

Review and Funding Process

Applications will be reviewed by HCD staff for completeness, meeting requirements, and competitiveness.

- Incomplete applications may not be accepted.
- Staff may ask clarifying questions of applicants and include this information in the review process.
- Proposals that do not meet the basic requirements may be rejected, may not be rated

or ranked, and may not be considered for selection.

- Alameda County HCD reserves the right to reject funding for any and all applications.

Evaluation Process

To be considered for the pool, applications will be reviewed for **basic requirements** as outlined in this RFQ. Qualified consultants will then be rated based on the evaluation criteria as described below. Once rated, consultants will be ranked in order of highest point value. The top 3-5 respondents will be included in the pool. For current work, the consultant in the pool whose past experience meets the immediate needs of the County will be selected immediately for specific projects.

Application Requirements

Application materials must be placed in 3-ring binders in the order below.

Tab 1: Cover Letter: In your cover letter, please indicate your interest in the tasks outlined above, summarize your work experience, tell us why you would be good at these tasks, and list the primary contact name and information.

Tab 2: Primary Staff: List the staff from your organization that will be assigned to complete the work. Include their resumes (Do not put personal information such as home address or personal phone numbers on the resumes).

Tab 3: Experience:

General Experience:

- Experience working with HOME, CDBG, and HOPWA and other relevant financing sources
- Experience with monitoring programs and projects
- Experience evaluating Mortgage Credit Certificate programs
- Experience analyzing supportive services plans and services budgets for affordable housing projects.
- Experience conducting financial analyses of projects.
- Experience in determining the financial capacity and experience of affordable housing developers
- Experience with and knowledge of Section 3 regulations and compliance documentation
- List 3 affordable housing projects you've worked on. Include the funding sources involved, the organizations you worked for, the tasks you completed, and the scope and size of development projects.

Tab 4: References: List 3 professional references and their contact information.

Tab 5: : Writing Sample: Describe your experience writing professional reports. Include a writing sample in this tab.

Tab 6: Pricing: Complete the pricing sheet in Attachment A and include in this tab.

Tab 7: Insurance & W-9: Include insurance certificates as required in Attachment C- **If there is some reason why you are not able to provide insurance, explain this and include in this tab. HCD and the County's Risk Management Department will determine if there is a reasonable justification to allow some of the insurance requirements to be waived (i.e. you don't Worker's Compensation because you have no employees).**

Tab 8 Certification: Sign the Certification, Attachment B and include in this Tab.
Provide your SLEB documentation if applicable.

RFP EVALUATION CRITERIA

Applications will be assessed for the basic requirements and then rated and ranked based on the criteria below.

Basic Requirements:

- Relevant professional experience with affordable housing development projects
- Relevant professional experience monitoring projects and programs
- Relevant professional experience conducting financial analyses of affordable housing developments
- Insurance as specified in Attachment C and, if applicable, a statement why certain insurance requirements can't be met

Points	Rating Criteria
50 Points	Depth of relevant professional experience with the specific tasks outlined in the RFQ: • Writing Policies and Procedures • Monitoring Programs and Projects • Housing Development Project Management • Evaluating Programs
20 Points	Depth of relevant professional experiencing and knowledge of federal funding programs such as HOME, CDBG, and HOPWA financing sources
20 Points	Writing Sample
10 Points	Competitive Pricing
100	Total Point Scale

Based on experience, applicants may not be recommended for all of the tasks

ATTACHMENT A
PRICING SHEET
HOUSING DEVELOPMENT CONSULTANT RFP

Name of Company:

Rate per hour (per staff to be assigned, if applicable):

Total Maximum Cost for 150 hours:
(for comparision purposes)

HCD reimburses milage at the IRS rate.

ATTACHMENT B
APPLICANT CERTIFICATION

The undersigned applicant certifies the following:

1. The information within this proposal is true and accurate to best of the applicant's knowledge.
2. Applicant certifies they will notify the County should there be any interest, direct or indirect, which would conflict in any manner with the performance of services required under this RFQ.
3. The applicant understands and agrees that the County may not award any contracts as a result of this RFQ.
4. If selected to perform work under this RFQ, Consultant agrees to successfully provide the services requested by the County and that, all work products funded under any contract with the County are considered the work product of HCD and shall not be communicated to any person except as specifically authorized in writing signed by HCD.

Please sign and date below and include in RFP package:

Printed Name: _____

Signature: _____

Company Name: _____ Date: _____

ATTACHMENT C-INSURANCE REQUIREMENTS

EXHIBIT C

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

	TYPE OF INSURANCE COVERAGES	MINIMUM LIMITS
A	**Commercial General Liability** Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	**Commercial or Business Automobile Liability** All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	**Workers' Compensation (WC) and Employers Liability (EL)** Required for all contractors with employees	WC: Statutory Limits EL: $1,000,000 per accident for bodily injury or disease

D **Endorsements and Conditions:**

1. **ADDITIONAL INSURED:** All insurance required above with the exception of Commercial or Business Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.
2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.
3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties.
4. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.
5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.
6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:
   - Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above.
   - Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".
7. **CANCELLATION OF INSURANCE:** All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.
8. **CERTIFICATE OF INSURANCE:** Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.

Certificate C-1 Page 1 of 1 Form 2001-1 (Rev. 02/26/14)

ATTACHMENT C

Please complete the New Vendor Application form and the Alameda County W-9 form attached and add to your application under Tab 7

G:\HCD\HSGDEV\RFPs\Development Consultant RFP\2015 Development Consultant RFP final.doc

VENDOR APPLICATION - County of Alameda

Submit online: http://www.acgov.org **Select Vendor Application at bottom of home page**

Mail, Email or FAX to: **ALAMEDA COUNTY GENERAL SERVICES AGENCY PURCHASING DEPARTMENT**
1401 Lakeside Drive, Suite 907, Oakland, California 94612
FAX NUMBER: (510) 208-9626
E-Mail: PAMGR@acgov.org

Request:
- ☒ **Add new vendor**
- ☐ **Add new doing-business-as (DBA) name for existing vendor**
- ☐ **Add new address for existing vendor**
- ☐ **Change:** ☐ **Name** ☐ **DBA** ☐ **Address for existing vendor** **(Check one)**
- ☐ **Other**

Vendor Information:

Full Legal Business Name: _____

DBA Name: _____

Type of Entity: ☐ Individual ☐ Sole Proprietor ☐ Partnership
☐ Corporation ☐ Tax-Exempted ☐ Government or Trust

Check the boxes that apply to Alameda County payments you may receive:
- ☐ Goods Only ☐ Goods & Services ☐ Rents/Leases ☐ Rents/Leases paid to you as the agent
- ☐ Medical Services ☐ Legal Services ☒ Other Services (describe) **Affordable Housing Development**
- ☐ Settlement, Judgment, Refunds (If checked, skip **Composition of Ownership** section below)
- ☐ Court Appointed Services (If checked, skip **Composition of Ownership** section below)

Federal Tax ID Number (**required**): _____

PO Box/Street Address: _____

City: _____: CA ZIP: _____

Is your business located in Alameda County? **Yes** ☐ **No** ☐ If yes, how long? 0Yr. 11 Mo.

Vendor Contact's Name: Oakland and the World

Contact's Telephone: 404-542-1211 FAX _____ Toll-Free_____

Vendor Contact's E-mail address: sistereb@bellsouth.net

Composition of Ownership – *This is a Required Section*

Are you a publicly traded entity, a public school, or a government? **Yes** ☐ **No** ☐
Are you a non-profit, or a church? **Yes** ☐ **No** ☐
If "Yes" to one of the above, skip Ethnicity and Gender below. The Collection of ethnicity and gender data is for statistical and demographic purposes only. **Please check the ONE most applicable in each category:**

Ethnicity
- ☐ African American or Black (greater than 50%)
- ☐ American Indian or Alaskan Native (greater than 50%)
- ☐ Asian (greater than 50%)
- ☐ Caucasian or White (greater than 50%)
- ☐ Filipino (greater than 50%)
- ☐ Hispanic or Latino (greater than 50%)
- ☐ Native Hawaiian/Pacific Islander (greater than 50%)
- ☐ Multi-ethnic minority ownership (greater than 50%)
- ☐ Multi-ethnic ownership (50% Minority–50% Non-Minority)

Gender
- ☐ Female (greater than 50% Ownership)
- ☐ Male (greater than 50% Ownership

List the Product and/or Services Vendor is interested in providing; include North American Industry Classification System (NAICS) Code (available at https://eweb1.sba.gov/naics/dsp_naicssearch2.cfm**)**

236116 – Low Income Housing Development and Management

Completed by: Michelle Starratt Title: Assistant Deputy Director Date: June 1, 2015

To be completed by Auditor's Office/GSA Purchasing
Acknowledged by: _____ **on** _____ **(Date):** _____

___The Auditor's Office/GSA Purchasing Department added/modified the vendor record according to the information provided above. **The assigned vendor number is:** _____

___ The Auditor's Office/GSA Purchasing Department could not add or modify the vendor record for the following reason(s):_____

☐ Please resubmit this form with the requested information.

1110 – W9
Rev 10/04

COUNTY OF ALAMEDA

1221 OAK STREET, ROOM 249, OAKLAND, CA 94612

Substitute IRS Form W-9

Request for Taxpayer Identification Number and Certification

TIN

To be completed by Auditor's Office

The purpose of this form is to obtain or verify the accuracy of information regarding Alameda County's payees.
ALL, payees must have an accurate W-9 on file in the Auditor-Controller's office in order to be paid.
If you fail to furnish your correct TIN, you could be subject to a penalty.
The form must be completed, even if the information shown at the bottom of the form is accurate.

Please print or type. Do not send to IRS. Return to Alameda County in the envelope provided.

Name on record with IRS or Social Security Administration:

All DBA(s) or Invoice Name(s) (If different from above name) – use attachments if necessary:

Address for Correspondence or 1099 (we will take the remittance address if different, from the invoice)

TAX PAYER IDENTIFICATION NUMBER (TIN)

You may enter only one TIN and it must be the type of TIN (SSN or EIN) that is appropriate to your type of entity. If you do not have a TIN, or for further information, see the instruction on the second page.

SOCIAL SECURITY NUMBER : ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___

OR

EMPLOYER ID NUMBER: ___ ___ -- ___ ___ ___ ___ ___ ___ ___

ONLY ONE NUMBER WILL BE ACCEPTED

TIN MUST BE ENTERED REGARDLESS OF TYPE OF ENTITY (I.E., NON-PROFIT, RETAIL CORPORATION, ETC.)

Type of Entity (Please check only one)

☐ INDIVIDUAL	☐ SOLE PROPRIETOR
☐ PARTNERSHIP	☐ CORPORATION
☐ TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)	☐ GOVERNMENT OR TRUST (SPECIFY)

CHECK THE BOXES THAT APPLY TO Alameda County's PAYMENT TO YOU:

☐ GOODS ONLY ☐ GOODS AND SERVICES ☐ RENTS / LEASES ☐ RENTS / LEASES PAID TO YOU AS THE AGENT
☐ MEDICAL AND HEALTH CARE SERVICES ☐ LEGAL SERVICES ☐ SETTLEMENTS
☐ OTHER SERVICES - DESCRIBE:

☐ CHECK THIS BOX if you are exempt from backup withholding. Entities exempt from backup withholding are listed on the second page.

Certification – Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer information number (or I am waiting for a number to be issued to me).
(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 IRS that I am subject to back up withholding as a result of failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (For instructions, see the second page.)

The purpose of this form is to verify the accuracy of the information we currently have on our records and to obtain your certification for our files. PLEASE DON'T MARK THE LABEL BELOW; WE USE IT TO VERIFY THE ACCURACY OF OUR CURRENT INFORMATION.

Please sign here (required).
Check if this signature applies to Certification (1) only ☐

Signature ➔ _____

Print name ➔ _____

Title ➔ _____ Date ➔ _____

Phone Number ➔ _____

Fax Number ➔ _____

e-mail address ➔ _____

INSTRUCTIONS

Purpose of Form. To furnish your correct TIN to the County and, when applicable, to (1) certify that the TIN you are furnishing is correct (or that you are waiting for a TIN), (2) certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding.

How to obtain a TIN. Individuals should obtain Form SS-5 from their local Social Security Administration. Businesses and all other entities obtain Form SS-4 from their local IRS office. If you do not have a TIN, write "Applied For" in the TIN space on the front of this form and send it to us, keeping a photocopy of the blank form. You will have 60 days to receive your TIN and send it on the photocopy to the address at the top of this form. If we do not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

What is Backup Withholding? Unless you are exempt (see next section), payments you receive will be subject to 30% withholding if: (1) You do not furnish your TIN, or
(2) IRS notifies us that the TIN/Name combination your furnished is incorrect.
All amounts withheld will be sent to IRS. Under no circumstances will the withheld amount later be sent directly to you. The total amount withheld will be reported in Box 4 of your 1099-Misc.

Who is exempt from backup withholding of payments made by the County?

(1) A corporation, except a corporation which provides medical, health care, or legal services.
(2) An organization exempt from tax under Internal Revenue Code Section 501 (a)(c).
(3) A government.
(4) A real estate investment trust, a common trust fund operated by a bank under section 584 (a), and a trust exempt from tax under section 664 or described in section 4947.
(5) A financial institution.

Penalties for failure to furnish TIN. You are subject to a penalty of $50 for each failure to furnish your correct TIN/Name combination unless your failure is due to reasonable cause and not to willful neglect. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a penalty of $500. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

What TIN/name combination should be reported:

For this type of payee:	**Give the name* and SOCSIAL SECURITY NUMBER (SSN) of:**
Individual	The individual, (Individuals' names may never be used in combination with employers' TINs)
Two or more individuals (such as two individuals who own rental property)	One of the individuals. Choose one name to list first and circle and show his/her SSN (payments will be reported on 1099 for that name and SSN only). The invoice must match the names and order chosen.
For this type of payee:	**Give the name and EMPLOYER IDENTIFICATION NUMBER (EIN) of:**
Corporation	The corporation.
Partnership	The partnership.
Association, club, tax-exempt organization	The organization.
A valid trust, estate, or pension trust	The legal entity.
For this type of payee:	**Give the name and SSN or EIN of:**

Sole proprietorship	The owner. (If the owner is a married couple, choose one name to list first and circle and show his/her SSN.) Sole proprietors must show the owner's name on the first line as the "Name on record." On the second line, show the business name as a "dba" if that is the name on the invoice. Sole Proprietors may choose to give either an SSN or EIN.

- If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name (e.g. due to marriage) without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and the new last name.

Signing the certification. You are required to furnish your correct TIN/name combination, but you are not required by the IRS to sign the certification unless you have been notified of an incorrect TIN/name combination. **However, the County requires that you sign Certification (1**). If two individuals are listed, only the one whose SSN is reported may sign the certification.

Privacy Act Notice. Section 6109 requires you to furnish your correct TIN. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable payments to a payee who does not furnish a TIN. Certain penalties may also apply. If we disclose or use your TIN in violation of Federal law, we may be subject to penalties.