



**CITY AND COUNTY OF SAN FRANCISCO
 FIRE DEPARTMENT
 DIVISION OF FINANCE & PLANNING**

California Office of Emergency Services
 Attn: Gemma Domingo, Accounting Branch
 3650 Schriever Avenue
 Mather, CA 95655

August 14, 2019

RE: FY 2019 Budget Act: Invoice for \$1M appropriation to purchase hose or water tenders to be housed in a firefighting facility in the westside of the City of San Francisco

Please consider this letter an invoice for the \$1,000,000 in funds appropriated "in accordance with FY 2019 Budget Act, 0690-101-001 for local assistance, Office of Emergency Services, Schedule 1, provision 15, Of the amount appropriated in Schedule (1), \$1,000,000 shall be available for a grant to the City and County of San Francisco for the San Francisco Fire Department to purchase hose or water tenders to be housed in a firefighting facility in the westside of the city"

0690-101-001 – For local assistance, Office of Emergency Services..... 99,641,000

Schedule:

- (1) 0385-Special Programs and Grant Management.....74,641,000
- (2) 0380-Emergency Management Services.....25,000,000

Provisions:

- 15 *Of the amount appropriated in Schedule (1), \$1,000,000 shall be available for a grant to the City and County of San Francisco for the San Francisco Fire Department to purchase hose or water tenders to be housed in a firefighting facility in the westside of the city.*

Please remit payment to:

City and County of San Francisco Fire Department
 ATTN: Mark Corso
 698 2nd Street
 San Francisco, CA 94107


Sincerely,

Mark Corso
 Deputy Director of Finance and Planning
 (415) 554-3417
 mark.corso@sfgov.org

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 4/2017)

1	<p>INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.</p> <p>Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.</p>														
2	<p>PAYEE'S LEGAL BUSINESS NAME (As shown on your income tax return) City and County of San Francisco Fire Department</p>														
SOLE PROPRIETOR OR INDIVIDUAL- ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)				E-MAIL ADDRESS											
				mark.corso@sfgov.org											
MAILING ADDRESS			BUSINESS ADDRESS												
698 2nd Street			698 2nd Street												
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE										
San Francisco	CA	94107	San Francisco	CA	94107										
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">7</td></tr></table></p>						9	4	6	0	0	0	4	1	7
9	4	6	0	0	0	4	1	7							
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> SOLE PROPRIETOR OR INDIVIDUAL</p> <p>Enter social security number (SSN) or Individual taxpayer identification number (ITIN)</p>					<p>NOTE: Payment will not be processed without an accompanying taxpayer identification number.</p>									
		CORPORATION:													
		<input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)													
		<input type="radio"/> LEGAL (e.g., attorney services)													
		<input type="radio"/> EXEMPT (nonprofit)													
		<input checked="" type="radio"/> ALL OTHERS													
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										<small>(SSN required by authority of California Revenue and Tax Code sections 18646 and 18661)</small>			
4	<p><input checked="" type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding.</p> <p><input type="radio"/> No services performed in California.</p> <p><input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached.</p>														
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.</p>														
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)			TITLE		TELEPHONE (include area code)										
Mark Corso			Deputy Director		415-558-3417										
SIGNATURE			DATE		E-MAIL ADDRESS										
					mark.corso@sfgov.org										
6	<p>Please return completed form to:</p>														
DEPARTMENT/OFFICE			UNIT/SECTION												
CA Office of Emergency Services			Accounting Branch												
MAILING ADDRESS			TELEPHONE (include area code)		FAX										
3650 Schriever Avenue			(916) 845-8340		(916) 845-8393										
CITY	STATE	ZIP CODE	E-MAIL ADDRESS												
Mather	CA	95655													