Arizona Office of State Treasurer

<u>COMPLIANCE CERTIFICATION FOR REIMBURSEMENT UNDER A.R.S. § 41-180</u>

To comply with A.R.S. § 41-180, the Arizona State Treasurer's Office requires law enforcement agencies seeking reimbursement to provide written certification that their implemented law enforcement crime victim notification software meets the criteria as set forth under the law. Law enforcement agencies that are able to seek reimbursement includes town, city, and county-based police agencies, as well as any prosecutor's office that employs the notification system. SB1712 is not retroactive; therefore, reimbursements may only be approved for software costs that were implemented on or after September 24, 2022. **Please review ARS 41-180 and the ASTO SB1712 Policy Statement for additional information**.

Law Enforcement Agency:	Authorized Contact:
Law Enforcement Agency Address:	Contact Telephone Number: Contact Facsimile: Contact E-mail Address:
Crime Victim Notification System:	

Check All Categories That Apply:

☐ 1. The crime victim notification system is automatic, and does not require either of the following:

    ☐ Software application download.

    ☐ Opt-in mechanism.

☐ 2. The crime victim notification system provides victims with the following information:

    ☐ The date on which the report is filed.

    ☐ The case number.

    ☐ The name of the detective who is assigned to the case.

    ☐ When arrests are made.

    ☐ When warrants are issued.

    ☐ When the case is sent to the prosecuting agency.

    ☐ Initial appearance.

☐ 3. The crime victim notification system interfaces with the law enforcement agency's system of record.

☐ 4. The crime victim notification system provides configurable triggers to send messages to crime victims.

☐ 5. The crime victim notification system provides the ability to attach informational brochures or other electronic attachments to the messages.

☐ 6. The crime victim notification system provides the ability for victims to find their case status on the agency's website.

☐ 7. The crime victim notification system is configurable to the requirements of each county and or city in this state.

☐ 8. The crime victim notification system include county, city or town branding, county, city or town email addresses and web domains for all communications.

☐ 9. The crime victim notification system provides the ability to send messages in multiple languages.

☐ 10. The crime victim notification system provides a short code or a long code telephone number with a local area code.

☐ 11. The crime victim notification system monitors the number of messages sent and the types of messages sent and visualize the data.

☐ 12. The crime victim notification system provides a criminal justice information service compliant automated victim notification platform that ensures the following:

    ☐ Crime victims are automatically notified by text and email following any updates to their case.

    ☐ Law enforcement agencies determine the notifications.

    ☐ Crime victims are able to proactively locate their case status online.

    ☐ The crime victim notification does not require additional staffing.

☐ 13. The law enforcement agency's vendor must have previously deployed a solution for **all** of the following in any State. Indicate which of these the vendor has deployed and which states:

    ☐ City Police Department: State(s): _____

    ☐ Sheriff's Office: State(s): _____

    ☐ Prosecutor's Office: State(s): _____

☐ 14. The date the Crime Victim Notification System was implemented or updated. _____

☐ 15. Reimbursement Amount Requested: $_____

This certification represents the law enforcement agencies' assertion that the above requirements are met in accordance with A.R.S. § 41-180(A)-(B). As such, the law enforcement agency warrants its submission of a valid claim subject to reimbursement.

I certify that I am authorized to submit and sign on behalf of the entity listed.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Please return this form to: SB1712@aztreasury.gov	NOTE: Pursuant to A.R.S. § 41-180(C), the State Treasurer is obligated to reimburse valid claims for reimbursement on a first-come, first-served basis.

Procedures for Requesting Reimbursement

PROCEDURES FOR REQUESTING REIMBURSEMENT
Agencies must submit the following documents to be considered for reimbursement:
1. Arizona Office of State Treasurer Compliance Certification for Reimbursement Under A.R.S. § 41-180 & State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification - https://www.aztreasury.gov/revenue-distributions
2. An invoice indicating all required software charges and the dates the charges were incurred.
3. A receipt showing all software charges have been paid to the vendor.
4. All documents must be submitted to SB1712@aztreasury.gov.
5. Properly submitted requests shall be reimbursed on a first-come, first-served basis.
6. Any submission with incomplete or missing information will be rejected. Rejected documents will need to be resubmitted and will not be considered for reimbursement until submitted properly.

The requestor will receive an email indicating the claim has been received. An email will be received regarding the status of the claim within 5 business days.

Approved reimbursement claims will be processed on Fridays.

ASTO will post a reimbursement document by end of day Monday (Tuesday, if Monday is a holiday) showing processed claims.

ARIZONA
DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1

Type of Request (Must select at least ONE)

○ New Request   ○ New Location (Additional Address ID)   ○ Change - Select the type(s) of change from the following:

☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator
☐ Main Address ☐ Remittance Address ☐ Contact Information

2

Taxpayer Identification Number (TIN)   (Provide ONE Only)

TIN ___ - ___   **OR**   SSN ___ - ___ - ___

3

Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.**)**

| Legal Name |
| DBA Name |

4

Entity Type (Must select ONE of the following)

○ Individual/Sole Proprietor or Single-Member LLC	○ The US or any of its political subdivisions or instrumentalities
○ Corporation	○ A state, a possession of the US, or any of their political subdivisions or instrumentalities
○ Partnership	
○ Limited Liability Company (LLC) including Corporations & Partnerships	○ Other: Tax Reportable Entity **Description** _____
	○ Other: Tax Exempt Entity

5

Minority Business Indicator (Must select ONE of the following)

○ Small Business	○ Small, Woman Owned Business- Hispanic	○ Minority Owned Business- African American
○ Small Business- African American	○ Small, Woman Owned Business- Native American	○ Minority Owned Business- Asian
○ Small Business- Asian	○ Small, Woman Owned Business- Other Minority	○ Minority Owned Business- Hispanic
○ Small Business - Hispanic	○ Woman Owned Business	○ Minority Owned Business- Native American
○ Small Business- Native American	○ Woman Owned Business- African American	○ Minority Owned Business- Other Minority
○ Small Business- Other Minority	○ Woman Owned Business- Asian	○ Non-Profit, IRC §501(c)
○ Small, Woman Owned Business	○ Woman Owned Business- Hispanic	○ Non-Small, Non-Minority or Non-Woman Owned Business
○ Small, Woman Owned Business- African American	○ Woman Owned Business- Native American	○ Individual, Non-Business
○ Small, Woman Owned Business- Asian	○ Woman Owned Business- Other Minority	

6

Veteran Owned Business   ☐ YES   ☐ NO

7

Entity Address

Main Address (Where tax information and general correspondence is to be mailed)   **Remittance Address** (Where payment is to be mailed)   ☐ Same as Main

Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
City	State	Zip code	City	State	Zip code

8

Vendor Contact Information

| Name | | | Title | |
| Phone | Ext. | Fax | Email | |

9

Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details

| Exemption Code for Backup Withholding | Exemption Code for FATCA Reporting |

10

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number, and
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 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
3. I am a US citizen or other US person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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.

| Signature | Print Name | Date |

The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

Part 1 - **Type of Request:** Select only one.

Part 2 - **Taxpayer Identification Number (TIN):** Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Part 3 - **Entity Name:** Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

Part 4 - **Entity Type:** Select only one for TIN given.

Part 5 - **Minority Business Indicator:** Select only one for TIN given.

Part 6 - **Veteran Owned Business:** Select only one for TIN given.

Part 7 - **Entity Address:** List the locations for tax reporting purposes and where payments should be mailed.

Part 8 - **Entity Contact Information:** List the contact information.

Part 9 - **Backup Withholding and FATCA Exemptions:** If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

Backup Withholding Exemption Codes: Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:
Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)
Code 2: The United States or any of its agencies or instrumentalities
Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities
Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities
Code 5: A corporation
Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States Code 7: A futures commission merchant registered with the Commodity Futures Trading Commission
Code 8: A real estate investment trust
Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940
Code 10: A common trust fund operated by a bank under section 584(a)
Code 11: A financial institution
Code 12: A middleman known in the investment community as a nominee or custodian
Code 13: A trust exempt from tax under section 664 or described in section 4947

FATCA Exemption Codes: The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:
Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)
Code B: The United States or any of its agencies or instrumentalities
Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)
Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
Code G: A real estate investment trust
Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
Code I: A common trust fund as defined in section 584(a)
Code J: A bank as defined in section 581 Code K: A broker
Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)
Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

Part 10 - Certification: Please sign, date and provide preparer's name in appropriate space.

Arizona State Treasurer's Office Use Only

Approved:

_____
Approved By and Date

Approval Claim ID: _____

Rejected
Reason: