University of Vermont Project ECHO

Practice-Level Participation Stipend Application

A limited number of $1,000 practice-level stipends are available for participating practice teams. Interprofessional teams are encouraged. Teams must consist of a minimum of two participants; stipend priority will be given to teams of three or more. Complete this form only if applying for the practice-level stipend.

Project ECHO Program: Transgender Care in the Medical Home **Please complete this form by:** June 6, 2019

See Program Overview document for program description and objectives.

Step 1: Each individual must pre-register and complete the participation statement of collaboration. This program has limited enrollment. Registrations will be accepted on a first-come, first-served basis.

Step 2: Requires practice-level coordination and multiple participants from the practice site. Please complete only one stipend form per practice site per Project ECHO program. The stipend form is to be completed by the practice's financial/business representative. Stipend is payable to the practice, not to any individual.

Practice Name: _____ Practice Town (physical location): _____

Name of Representative Completing this form: _____ Title: _____

Telephone: _____ Email: _____

Names of Participants (use additional paper if needed)	Required Individual Registration Completed (Step 1)
1.	
2.	
3.	
4.	

___ This practice site has a team of participants committed to the Project ECHO program, and we are requesting the aforementioned practice-level stipend.

___ The completed W-9 form is enclosed (required for payment).

Signature of Person Completing this form: _____ Date: _____

Return completed form and W-9 to one of the following:

Fax: 802-656-3016 Email: ahec@uvm.edu Mail: UVM OPC and AHEC Program
1 South Prospect Street, Arnold 5
Burlington, VT 05401

General questions about the University of Vermont's Project ECHO can be directed to Elizabeth.Cote@uvm.edu
Clinical/topic-specific questions can be directed to Mark.Pasanen@uvm.edu

For Internal Use Only: Program Date: _____ *Director Approval:* _____

DISBURSEMENT CENTER
23 Mansfield Avenue
Burlington, VT 05401
(802) 656-4192
Secure email through: https://filetransfer.uvm.edu/
supplier@uvm.edu

New Supplier W-9 Form

Federal law requires that we have on file a W-9 form with the Employer ID number or Social Security number and signature for each person to whom the University makes payment. Please return this form to the address above, or email to secure address above, or supplier@uvm.edu. **We require either the individual's name/Social Security number OR the company's name/Federal Employer ID number, as they appear on your income tax return.**

PLEASE PRINT LEGIBLY. FORM MUST BE COMPLETE TO BE PROCESSED.

Name (As shown on your income tax return)		
Business Name (if different from above)		
Federal EIN *OR* Social Security #		
Check only **ONE** federal tax classification: ☐ Individual, Sole Proprietor or Single-Member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate ☐ Non-Profit Organization ☐ Government Agency ☐ Limited Liability Company* If you checked Limited Liability Company you **MUST** enter tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____		
EXEMPTIONS Codes apply only to certain entities, not individuals FATCA applies to accounts maintained outside the U.S.	**Exempt Payee Code** (if any)	**Exempt from FATCA reporting code** (if any)
	Address to send PURCHASE ORDER:	**Address to send INVOICE PAYMENTS:**
Street Address		
PO Box		
City		
State, Zip		
Contact name		
Website		
Contact E-mail Address		
Contact Phone Number	( )	( )
Where will work be performed?	Supplier location _____ Vermont _____ Other _____	
Please check if your company supplies: _____ Medical/Health Supplies _____ Legal Services		
Would you be willing to accept payment via credit card (VISA)? (Please circle) YES or NO		
Business Classification: (Please circle) LARGE or SMALL or MINORITY If Small Business, please circle if 51% or more of your company is owned by: WOMEN or VETERAN or DISADVANTAGED		
University of Vermont's payment terms are Net 30		

Certification: Under penalties of perjury, I certify that: (1) The number shown above is my correct taxpayer identification number; (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; (3) I am a U.S. person (including a U.S. resident alien); (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

SIGNATURE	**DATE**
Name	**Title**

FEDERAL LAW REQUIRES THAT YOU PROVIDE US WITH AN ACCURATE REPLY
The IRS may impose a penalty of up to $500 for non-compliance or for supplying false information.

Updated 3/2019