

COVID-19 Birth Worker Relief Fund

June 17, 2020

Gwendolyn Manning-Robinson, B.S.
2525 Grand Avenue
Long Beach, CA 90815

Dear Gwendolyn:

35588

I am pleased to inform you that the COVID-19 Birth Worker Relief Fund has approved a one-time grant of **\$2,500** to the Black Infant Health Program in support of your current work responding to unanticipated needs of your clients and families in the face of COVID-19.

We are grateful to partner with you and would like to receive a progress update through a brief written report by October 31, 2020. A link to the online form will be provided.

Please sign and return a copy of this letter (1) acknowledging receipt of this award; and (2) certifying that you have provided no goods or services to the COVID-19 Birth Worker Relief Fund in consideration of this gift.

Upon receipt of this signed letter, completed W-9, and invoice; payment or purchase of goods will be made initiated. For recognition purposes, please list this as a contribution from the COVID-19 Birth Worker Relief Fund.

Congratulations on this award, and please accept our best wishes for your continuing success.

Sincerely,

Ifeyinwa Asiodu

Ifeyinwa Asiodu PhD, RN, IBCLC
COVID-19 Birth Worker Relief Fund – Project Director

Terms of this Grant Accepted by:

Linda J. Jahn, Assistant City Mgr 6/26/20
Name, Title Date

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER

ReliefFund@ucsf.edu | ReliefFund.ucsf.edu

APPROVED AS TO FORM

6-24-20 20

CHARLES PARKIN, City Attorney

By

Amy R. Webber
AMY R. WEBBER
DEPUTY CITY ATTORNEY

Request for Taxpayer Identification Number and Certification

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

| | | |
|---|---|--|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. City of Long Beach | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Municipality/Government | |
| | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> | |
| | 5 Address (number, street, and apt. or suite no.) 411 West Ocean Blvd | |
| | 6 City, state, and ZIP code Long Beach, CA 90802 | |
| | 7 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | |
|---|--|
| Social security number | |
| [] [] [] - [] [] - [] [] [] [] | |
| or | |
| Employer identification number | |
| 9 5 - 6 0 0 0 7 3 3 | |

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 ▶ | Date ▶ 6-28-19 |
|------------------|----------------------------|-----------------------|

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Vendor: City of Long Beach Department of Health & Human Services
Address: 2525 Grand Avenue, Long Beach, CA 90815

Invoice Number: # 202060-Long Beach

Date: July 1, 2020

Bill To:

California Breastfeeding Coalition

510 Beaumont Ave

Pacific Grove, CA 93950

| Description | Amount |
|---|---------|
| COVID-19 Birth Worker Relief Fund – Award Recipient | \$2,500 |

TOTAL PAYMENT REQUEST - \$2,500

Make Check Payable to:

City of Long Beach Department of Health and Human Services

Accounts Payable – Room 290

2525 Grand Avenue

Long Beach, CA 90815

Fiscal Support Contact:

JoAnn Smith, Program Analyst

Phone: 562-570-4098

Email: joann.smith@longbeach.gov



Check
Received
7-6-20
DHHS



510 Beaumont Avenue
Pacific Grove, CA 93950
(831) 917-8939

CHASE BANK, N.A.

90-71623222

7/3/2020

1510

PAY TO THE ORDER OF City of Long Beach Dept Health & Human Sv

**2,500.00

\$

Two Thousand Five Hundred and 00/100 *****
***** DOLLARS

City of Long Beach
Dept of Health & Human Svcs
Accounts Payable - Room 290
2525 Grand Ave
Long Beach CA 90815

Salvatore Longobardi



MEMO COVID19-Birth Worker Relief Fund

THIS DOCUMENT CONTAINS HEAT-SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈001510⑈ ⑆322271627⑆

984165886⑈

California Breastfeeding Coalition,
City of Long Beach Dept Health & Human Sv
.G&A-General & Administrative:Grants:A COVID19-Birth Worker Relief Fund

1510

7/3/2020

2,500.00

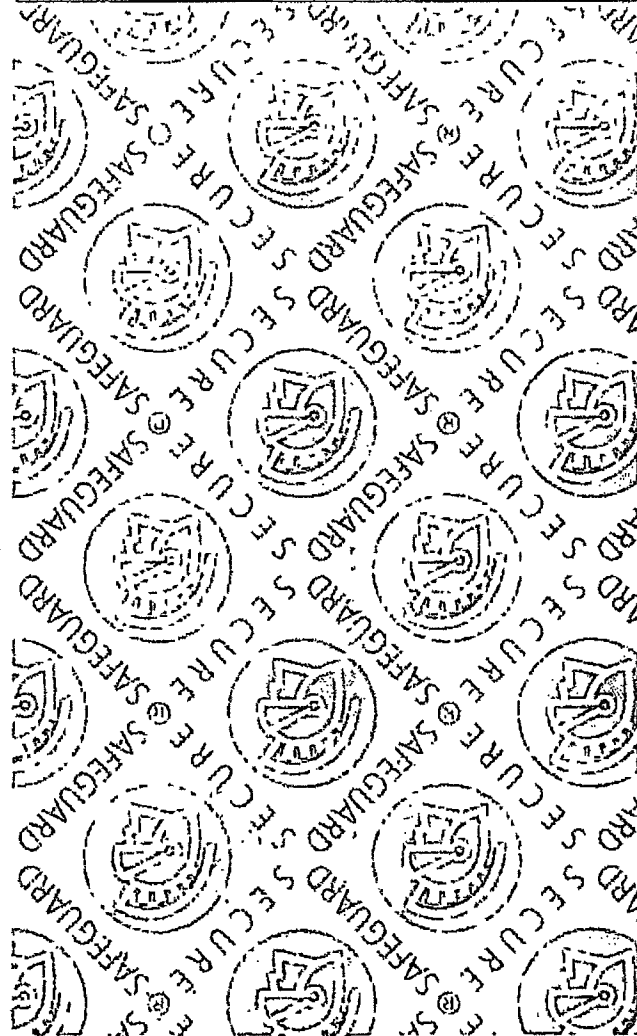
Checking-Chase COVID19-Birth Worker Relief Fund

2,500.00

ENDORSE HERE

CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT DATE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE



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 Warning Band: • Alerts handler the document contains security features.
 Security Screen Backer: • Indicates document originally, difficult to reproduce.
 Colored Background: • Pattern protects against alterations.
 Chemically Sensitive Paper: • Stains or spots may appear if chemical alteration attempts are made.
 Heat Sensitive Ink: • Responds to warmth. Hold red image between thumb and forefinger; or breathe on it. The image will fade and reappear.

® The security features listed below, as well as those not listed, exceed industry guidelines.

RS-60

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