

LETTER OF AGREEMENT
Between the
Oklahoma Tobacco Settlement Endowment Trust
And
City of Norman Oklahoma

Purpose

This agreement is with the City of Norman (Grantee) for grant funds received from the Oklahoma Tobacco Settlement Endowment Trust Fund (TSET), through the Healthy Communities Incentive Grants Program.

Period of Agreement

The period of this agreement is from July 1, 2013 through June 30, 2014.

Scope of Work

1. The City of Norman has completed all requirements under the Healthy Communities Incentive Grants program for the Merit level of award in the amount of \$35,000. The Grantee's application and signed documents are contained in the Letter of Agreement.
2. The City of Norman will provide TSET the Signed Letter of Agreement which includes supporting documents and new documents requiring signature:
 - a) Attachment A - Supporting documents as submitted (Application, Narrative and Budget)
 - Attachment B - Contract Non-Collusion Certification
 - Attachment C - Workers Compensation Clause
 - Attachment D - Vendor/Payee Form
 - Attachment E - Direct Deposit /Change Request Form New Bank Account
 - Attachment F - Invoice

All documents must be completed, signed and returned to TSET.

- b) In the event that the grantee wishes to use grant funds for purposes other than those originally proposed, or if the grantee requires additional time beyond June 30, 2014 for completion of the project, the grantee agrees to seek prior written approval from TSET for any other uses of funding or an extension to the period of performance.
 - c) The Grantee agrees to send TSET documentation acceptable to TSET upon completion of the project.
3. TSET will:
 - a) Issue the grant funds by July 1, 2013 or within 45 days of receipt of a properly completed paperwork.
 - b) Work with the Grantee in the event that the grantee wishes to use grant funds for purposes other than those originally proposed, or if the grantee requires additional time beyond June 30, 2014 for completion of the project to compliance with the guidelines of the original application.
 - c) Verify the completion of the proposed project.

TERMS and CONDITIONS

Access to Records:

The Grantee agrees to maintain required records and supporting documentation as validation for dollars awarded and expended for a period of three years from the ending date of the Agreement. The Grantee also agrees to allow the State Auditor's Office, the TSET, or their authorized representatives access to the records,

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And City of Norman
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books, documents, accounting procedures, practices or any items of the service provider relevant to this Agreement for purpose of audit and examination. The Grantee further agrees to provide appropriate access by the aforementioned parties to any sub-Grantee's associated records. In the event any audit, litigation or other action involving these pertinent records is started before the end of the three (3) year period, the Grantee agrees to retain these records until all issues arising out of the action are resolved or until the end of the three (3) year period, whichever is later.

Applicable Law:

This Agreement shall be governed by the laws of the state of Oklahoma notwithstanding its choice of law provisions. Any legal action in connection with this Agreement shall be filed in a court of competent jurisdiction in Oklahoma County, Oklahoma, to which jurisdiction and venue TSET and Grantee expressly agrees.

Contact Persons:

For the purposes of this Agreement, all contacts with the TSET shall be directed to its representative, Connie Befort at (405)521-4985.

For the purpose of this Agreement, all fiscal contacts with the Grantee shall be directed to its representative, Stephanie McGinnis at (405)307-3176.

Entire Agreement:

This Agreement, including referenced attachments, represents all the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subjectmatter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

Failure To Comply Statement:

The Grantee agrees that should it be in non-compliance with any applicable Federal or State laws, or regulations that the Agreement may be suspended, terminated, or canceled in part or in whole. Observance of the compliance with the requirements thereof shall be the responsibility of the Grantee, without reliance on or direction by the TSET.

Grantee's Relation to the TSET:

The Grantee is in all respects an independent entity and is neither an agent nor an employee of the TSET. Neither the Grantee nor any of its officers, employees, agents, or members shall have authority to bind the TSET nor are they entitled to any of the benefits or worker's compensation provided by the TSET to its employees.

Non-Collusion

The Non-Collusion Affidavit must be signed, notarized and completed by the Grantee. (Attachment B)

Procurement Integrity:

The Parties certify they have not entered into this Agreement with this or any other Oklahoma state agency that would result in a substantial duplication of the services or duplication of the end product rendered by the Parties or their employees.

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Statement of Responsibility and Liability:

The parties intend that each shall be responsible for its own intentional and negligent acts or omissions to act. The TSET shall be responsible for the acts and omissions to act of its officers, and employees while acting within the scope of their employment according to the Oklahoma Governmental Tort Claims Act, Title 51, O.S., 2011, §151 et seq., as amended.

The Grantee shall be responsible for any damages or personal injury caused by the negligent acts or omissions to act by its officers, employees, or agents acting within the scope of their authority or employment.

It is the express intention of the parties hereto that this Agreement shall not be construed as, or given the effect of, creating a joint venture, partnership or affiliation or association that would otherwise render the parties liable as partners, agents, employer-employee or otherwise create any joint and several liability.

Workers Compensation and Employer's Liability:

The Grantee is required to comply with applicable State worker's compensation statutes. (Attachment C)

The Grantee shall provide evidence of insurance coverage (Certificate of Insurance), including Workers Compensation, Automobile Insurance, Medical Malpractice, or General Liability, as applicable, from the insurance carrier before the commencement of any work. Such policy or policies shall require thirty days advance notice of cancellation be provided to the TSET.

Vendor Payee Form:

Complete form. If established with taxpayer identification number, please enter in appropriate area on form. (Attachment D)

Receipt of Funds:

Grantee will receive funds by EFT. Per HB 1086, "disbursements from the State Treasury must be processed electronically and electronic fund transfer (EFT) method is used to make state expenditures". (Attachment E)

Invoice:

Complete highlighted areas. Invoice must be signed, dated and returned to TSET. (Attachment F)

Tracey Strader
Executive Director
Oklahoma Tobacco Settlement Endowment Trust
3800 N. Classen Blvd., Suite 200
Oklahoma City, OK 73118
Date

Cindy Rosenthal, Mayor
City of Norman
900 North Porter
Norman, OK 73070
Date

City of Norman Legal Dept.
Date

City Clerk
Date

Rev 5.9.2013

Healthy Community Incentive Grant Application Narrative

The City of Norman has achieved the Merit levels of the Certified Healthy Communities program, as well as several key elements of the Excellence level. Norman Regional Health System (NRHS), the lead agency for this grant, is submitting this proposal in coordination with a community-wide consortium of health advocates including Cleveland County Turning Point (CCTP), Healthy Community, and the City of Norman. NRHS currently serves as the lead agency for several Oklahoma Tobacco Settlement Endowment Trust (TSET) grants including the Cleveland County Tobacco Cessation and Fitness and Nutrition programs. Many of the same partners will lend their expertise to successfully design and implement this project.

Last year, the City of Norman earned the Basic level of the Certified Healthy Community program. We are very grateful for the \$15,000 we received as part of TSET's Certified Healthy grant opportunity. We are currently working with contractors and the City of Norman personnel to install a water fountain as well as a shade cover for the existing playground equipment in East Ridge Park. These enhancements will make the park a much nicer place to go during sunny days – especially during the hot summer months.

This year's grant program presents an exciting opportunity to create an environment that promotes physical activity in an underserved area of our community. Norman is home to several businesses, residential subdivisions, and the University of Oklahoma campus. The City has an inadequate trail system that hinders healthy lifestyles. The trails in the inner city are often dilapidated and not up to code, making walking a difficult endeavor.

We feel strongly that children deserve to grow up in an environment that is conducive to physical activity and promotes family exercise. After assessing parks in our community, we determined that improving Saxon Park had the potential to make a large impact on the community. The proposed grant funding will be used to install a Fitness Trail around the south side of Saxon Park for use by all residents within the Norman community. It will provide both cardio fitness opportunities, as well as strength training areas along the trail by having commercial-grade fitness equipment installed in several areas along the trail. This will give families a healthy, safe and fun way to enjoy the park, while benefiting a low-income area that has less access to such resources.

While all community members will have access to this park, the four closest schools to the park are Kennedy Elementary School, Madison Elementary School, Reagan Elementary School and Washington Elementary Schools. The demographics of three of these schools meet the grant requirements of a location that is in an area of the community with poor economic conditions. All four schools meet the poor health requirement. The following chart describes characteristics of the student populations and family income from each of those three schools:

Elementary School	Percent of Students on Free and Reduced Lunch Program	Average Body Mass Index
Kennedy Elementary	86.90 %	18.2
Madison Elementary	68.70 %	18.0
Reagan Elementary	67.24 %	17.5
Washington Elementary		17.7
Overall average of the three schools	76.56 %	

The exact location of John Saxon Community Park is 2700 36th Avenue SE, located on the southeast side of Norman. The maps included with this application show the location of the park as well as the location of the fitness trail as it relates to the overall master plan of the park. The park is currently in its first phase of development, which is the construction of the entry drive and parking area of the park and completion of the cross-country running course and trail head facilities. The overall plan for the park includes installation of trails, play equipment, restrooms, picnicking shelters, and a lake. The fitness trail will be a ten (10) foot wide multi-modal concrete trail, approximately 1,760 feet long (1/3 mile). This trail will encourage families to walk, jog, rollerblade or bicycle together, and be wide enough to encourage these different user groups to co-exist on the route. We feel that this is a tremendous opportunity, which will coincide with the grand opening of Norman's newest Community Park, once the entry road and cross-country trail are completed this summer.

The proposed project fulfills several of the Certified Healthy Communities Incentive Grant Criteria:

- Community ensures equal consideration for safety and mobility for all users of all modes of transportation "complete streets" (in planning efforts). According to a recent community poll, the number one request was for more sidewalks and walking trails. This project will help fulfill this need and support key components of the City of Norman's Greenway Master Plan.
- Public health advocates and stakeholders are included in community development and zoning regulations (health in policies). This project is a collaborative effort involving entities such as NRHS, Norman Public Schools, CCTP, Healthy Community Coalition, and the City of Norman. These organizations consist of representatives from all aspects of the community, including ardent supporters from the academic and after-school community, local government entities, and nonprofit organizations.

This project will benefit the community by encouraging physical activity and thereby lowering obesity rates and instances of chronic illnesses such as heart disease and diabetes. It will address the needs of a population that has few resources to undertake such an initiative on their own.

Thank you for presenting us with the opportunity to apply for this grant. We greatly appreciate your efforts to improve the health of Oklahomans, and hope you will join us in increasing physical activity rates in our community.

OKLAHOMA TOBACCO SETTLEMENT ENDOWMENT TRUST

Healthy Communities Incentive Grant

Community Information

Rec'd TSET

FEB 25 2013

Applications are accepted from January 1 through February 28 at 4:00 pm.

(Grants will be awarded based on funds available.)

Community Information
City Name: <u>City of Norman</u>
Population Size: <u>95,000+</u>
Mailing Address: <u>901 North Porter Norman, Oklahoma 73070</u>
Physical Address: <u>901 North Porter Norman, Oklahoma 73070</u>
Mayor's name: <u>Mayor Cindy Rosenthal</u>
Mayor's email address: <u>Mayor@normanok.gov</u>
Application Contact Name: <u>Stephanie McGinnis</u>
Job Title: <u>Community Health and Wellness Coordinator</u>
Telephone: <u>405/307-3176</u>
Fax Number: <u>405/307-3179</u>
Email Address: <u>smcginnis@nrh-ok.com</u>

OKLAHOMA TOBACCO SETTLEMENT ENDOWMENT TRUST
Healthy Communities Incentive Grant
Application

Level of certification community achieved from the 2012 Certified Healthy Communities Program:

- ☐ Basic
- ☒ **Merit**
- ☐ Excellence


Brief description of the intended use of the incentive funds:

Norman Regional Health System (NRHS) is the lead agency for this application, submitted on behalf of the City of Norman, Cleveland County Turning Point, Healthy Community Coalition, Norman Public Schools, and other local health agencies. We strongly believe that community members deserve a chance to live in an environment that promotes physical activity. As a result, incentive funds will be used to install a Fitness Trail at John Saxon Community Park for use by families in nearby neighborhoods and other community members. The fitness trail part of the Saxon Park development will ideally coincide with the initial park development phase which is being let for bid at the time of this grant application's submission. Opening this park site for use will provide new large-scale outdoor recreation opportunities to an area of Norman that has not had such facilities offered before, since this is a 67-acre park site with ample parking and enough room to plan and build extensive running trails and other park facilities as show in the attached master plan for the park. This grant project will help fulfill the needs of an underserved population within our community. Three of the Norman elementary schools located close to the park have an average percentage of families qualifying for the free or reduced lunch program of 77%. This project is an important step toward making the Southeast side of the City of Norman a healthful place for our community members to learn and grow.

Project Start Date: The project will commence as funding is available.

Certification of Non-Acceptance of Tobacco Funds

The applicant named above hereby certifies that it will not accept funding from, nor have an affiliation or contractual relationship with, a company engaged in the manufacture of tobacco or tobacco products for the purpose of event sponsorships, curriculum, grants programs, research, evaluation or other similar activities during the term of the grant from the Oklahoma Tobacco Settlement Endowment Trust. The applicant further certifies that it will not engage in the manufacture of tobacco products during the term of the grant. This restriction does not apply to the growth or use of non-commercial tobacco for ceremonial use.

	7-22-13
Signature of Mayor	Date

Contract Non-Collusion Certification

Improving the Health of Every Oklahoman



In accordance with 74 O.S. §85.22, any contract executed by the State shall contain the following certification:

1. I am the ☐ VENDOR ☒ duly authorized agent of VENDOR (check applicable box), under the contract which is attached to this statement, for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure said contract;
2. I am fully aware of the facts and circumstances surrounding the making of the contract to which this statement is attached and have been personally and directly involved in the proceedings leading to the procurement of said contract;
3. Neither the VENDOR nor anyone subject to the VENDOR's direction or control has paid, given, or donated, or agreed to pay, give, or donate, to any officer or employee of the State of Oklahoma any money or other things of value, either directly or indirectly, in procuring the contract to which this statement is attached; and
4. No person who has been involved in any manner in the development of the contract to which this statement is attached, while employed by the State of Oklahoma, shall be employed to fulfill any of the services provided for under this contract.

Cindy Rosenthal

Name (PRINT)

Mayor

Title (PRINT)

Signature

Date _____

VENDOR INFORMATION: (Must be completed)

Firm/Name: City of Norman

Address: P.O. Box 370

City/State: Norman, OK 73070

Phone: (405) 366-5472 (Parks & Recreation Dept).

SSN/FEIN: 73-6005350

The State of Oklahoma does not enter into contracts or other arrangements that have the effect of subjecting its citizens or employees to discrimination because of race, color, national origin, sex, or disability. All vendors of the State of Oklahoma must comply with state and federal laws prohibiting discrimination, including, but not limited to, the Civil Rights Acts of 1964 and 1991 and the Americans with Disabilities Act of 1990.

OKLAHOMA TOBACCO SETTLEMENT ENDOWMENT TRUST
Healthy Communities Incentive Grants
Use of Grant Funds Summary Budget

Community Name:	City of Norman	
Project :	John Saxon Community Park Fitness Trail	
Budget Category	Explanation (Include information on who is doing the work, travel involved, meetings, facility use, etc.)	Dollar Amount
Capital Improvement – Fitness Trail	Please see below for project information	\$35,000
Total		\$35,000

If this project is related to or part of a larger project, please provide a brief explanation:

John Saxon Community Park is a 67-acre site, which the City of Norman plans to develop in an area of town currently under-served by such large-scale recreation facilities. The City is already preparing for the construction of the entry road, first phase of parking, trail head and final construction of a cross-country running course at the park site in 2013. The second phase of development is to layout and construct the fitness trail shown in the park master plan in the southeast part of the site. This 10-foot wide multi-modal trail will include strength training equipment stations along its route, which will be a vital complement to the cardio fitness gained by walking, jogging, rollerblading or cycling along the 1/3-mile long trail. The trail installation is estimated to cost around \$125,000 and will include signage regarding trail etiquette and proper equipment use. The City of Norman will fund any costs for the project that are not covered by grant funds from this or other programs that may be able to help complete the project as soon as possible.

Workers Compensation Clause

Worker's Compensation Policy:

Workers Compensation Insurance is required by the State of Oklahoma for all entities that contract with the State. Proof of Workers Compensation Insurance is required by the Department of Central Services as specified below:

Worker's Compensation Insurance Policy # The City of Norman is self-insured and self-administered.

Policy Expires: n/a Carrier's Name: n/a

Note: Successful vendor shall furnish a certificate of insurance to the ordering agency to show insurance for the job in compliance with the Oklahoma Workers Compensation Law, before work begins. Failure to provide the Certificate of Insurance in a timely manner may result in cancellation of the contract award."

Exempt from Worker's Compensation:

If you are exempt from the Worker's Compensation Insurance statute you must state your exemption and sign the following waiver of liability.

I, the undersigned, hereby waive any claim against the using agency and/or its agents and assume responsibility for all accidents, injuries or losses incurred by me as a result of my negligence while in connection with any activity conducted with the using agency, thereby releasing the department, division and/or its agents for any responsibility.

The City of Norman is self-insured and self-administered.

Title 85 O.S. § 2.6
Claimed Exemption

(Signature)

(Name, printed)

(Date)

Edition: 10/1/09



State of Oklahoma
Office of State Finance
Vendor Maintenance

Vendor/Payee Form

Attachment
(0)CURRENT VENDOR-NO CHANGES
 Change Existing Address # ☐
 Additional Address ☐

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file. The form must be signed to be valid. This form should not be used to establish Garnishment Vendors or State Employee Vendors.

AGENCY SECTION

 Agency Name Oklahoma Tobacco Settlement Endowment Trust
 Contact Name Dorothy Antwine

Phone #: (405) 521-3887

Fax#: (405) 525-6104

1099 Reportable Status

Attention Paying Agency: Please check the **Add** box on the left if payments to this vendor/Payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the **Remove** box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:

Add:

☐ 1 - Rents☐ 2 - Royalties☐ 3 - Prizes & Awards☐ Remove:☐ 6 - Medical & Health Care☒ 7 - Non-Employee Compensation☐ 10 - Crop Insurance Proceeds☐ 14 - Gross Proceeds to an AttorneyPeopleSoft (Oracle) 10-digit Vendor #: 0000076924

VENDOR/PAYEE SECTION (Please print or type this information. Complete and fax to requesting State Agency)

CITY OF NORMAN

Company Name (or Individual, or Government Entity)

(405) 366-5472

Phone # (Parks & Rec)

366-5470

Fax #

CITY OF NORMAN

Name on IRS Record (if different than above)

same

Phone #

Fax #

VENDOR/PAYEE TIN/SSN: 73-6005350

Business Address:

 201 WEST GRAY ST., NORMAN, OKLAHOMA 73069-7121 martha.lipps@normanok.gov
 (PO Box or Street, City, State, 9-Digit Zip Required) E-mail Address

Optional Address - check as appropriate:

 If different: ☐ Pricing ☐ Ordering ☐ Invoicing ☐ Remitting ☐ Returning

Phone #

Fax #

(PO Box or Street, City, State, 9-Digit Zip Required)

E-mail Address

Contact Name & Title:

 If different: ☐ Pricing ☐ Ordering ☐ Invoicing ☐ Remitting ☐ Returning

Phone #

Fax #

(PO Box or Street, City, State, 9-Digit Zip Required)

E-mail Address

Contact Name & Title:

Customer Service Information, if different:

Phone #

Fax #

E-mail

Vendors/Payees DO NOT fax to numbers below. The form must be returned to the state agency requesting this information.
 Use OSF_GARNVEND form for Garnishment Vendors.

State Agency, fax completed and signed form to: OSF, Attention Vendor Maintenance 405-521-3383 or 405-522-0392

OSF/DCS USE ONLY:

Date Posted:

By:

SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

Federal Employer Identification Number (FEIN)

U.S. Taxpayer Identification Number (TIN)

73-6005350

If none, but applied for, date applied

U.S. Social Security Number (SSN)

If none, but applied for, date applied

Check the box below that best describes your residency status:

Companies:☐ Domestic (U.S.) sole proprietorship☐ Domestic (U.S.) partnership☐ Domestic (U.S.) corporation☐ Domestic (U.S.) other☐ Foreign (non-U.S.) sole proprietorship*☐ Foreign (non-U.S.) partnership*☐ Foreign (non-U.S.) corporation*☐ Foreign (non-U.S.) other* - explain:**MUNICIPAL GOVERNMENT****Individuals:**☐ Citizen (individual) of the United States☐ Resident alien (individual) of the United States☐ Non-resident alien (individual) **

* NOTE: IF YOU MARK THIS BOX, WE WILL FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8 (<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>), CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

1. 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
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 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.
3. I am a U.S. person (including a U.S. resident alien).

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 of Vendor Representative or Individual Payee

Date

Title of individual signing form for company

Vendor/Payee (Same as Company Name from Page 1)

IRS Instructions Regarding 1099 MISC Reporting

IRS Instructions regarding 1099 MISC reporting are posted on the IRS website at: <http://www.irs.gov/instructions/i1099misc/index.html>. Reportable payments include (a) royalties or broker payments in lieu of dividends or tax-exempt interest; (b) rents, services (including parts and materials), prizes and awards, other income payments, medical and health care payments, crop insurance proceeds, cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish; (c) any fishing boat proceeds; or (d) gross proceeds paid to an attorney (see below).

Generally, if reportable payments do not fall under Box 1, 2, 3, 6 or 14, use Box 7. Specifically, all payments to physicians and medical corporations must be reported in Box 6. Attorney's fees, including payments to a law firm or other provider of legal services, are reportable in Box 7, except for gross proceeds. Gross proceeds paid to attorneys, under IRC section 6045(f), are reportable in Box 14. These include the total amount paid to an attorney for settlement agreements. These rules apply whether or not the legal services are provided to the payer and whether or not the attorney is exclusive payee (e.g., the attorney's and claimant's names are on one check). However, these rules do not apply to wages paid to attorneys that are reportable on Form W-2.

Attachment
E

PeopleSoft Vendor Registration
State of Oklahoma
Office of State Finance
Office of the State Treasurer

Dear Valued Supplier,

We are in receipt of a request to add or update your company's bank account information within the State's Vendor system. In order for the Office of State Finance (OSF) and the Office of the State Treasurer (OST) to approve this request, your assistance is required to complete the attached **Change Request Form - New Bank Account** form.

The **Change Request Form - New Bank Account** form consists of three sections that are required to be completed in order for such request to be processed. As further described below, a Requestor must complete Section I. Section II must then be completed and signed by both the Requestor and Authorized Individual. The form must then be presented to your financial institution. A representative of your financial institution should then complete Section III and send the completed form to PeopleSoft Vendor Registration.

Section I - Company Information

Section II - New Bank Change Request. This section is to be completed and signed by (i) the individual within your company who initiated the bank account add/update through the portal ("Requestor"), and (ii) an individual authorized, on behalf of your company, with the requisite authority to open and close bank accounts ("**Authorized Individual**"). Unless you are a sole proprietor or your account is a consumer account whereby the Requestor is the sole owner of the account, **the Authorized Individual shall be someone different from the Requestor.**

Section III - Financial Institution Information. This section must be completed and signed by an authorized official of your company's financial institution. Once completed, your financial institution may fax this form to the attention of PeopleSoft Vendor Registration at 1-405-521-4994 or mail it to the attention of PeopleSoft Vendor Registration at Office of the State Treasurer, 2300 N. Lincoln Blvd, Room 217, Oklahoma City, OK 73105.

For assistance please contact PeopleSoft Vendor Registration, at: vendor.eft@osf.ok.gov

CHANGE REQUEST FORM NEW BANK ACCOUNT

Authorized Individual: By signing this document, you represent and warrant that you have authority to create this new account on behalf of your company in the State of Oklahoma PeopleSoft Vendor network. In order to process your request in a timely manner, **this form must be (i) signed by an authorized individual, other than the Requestor, with the requisite authority to open and close bank accounts, and (ii) the Financial Institution Information must be completed and returned to OST by your financial institution.**

Press tab to go the next field. Complete all fields. print, sign, forward to your bank for completion.

Section I. Company Information	
Company Name <u>CITY OF NORMAN</u> Vendor # <u>0000076924</u>	Federal Tax ID # <u>73-6005350</u> Location # _____
Section II. New Bank Change Request	
New Bank Account Requestor	Authorized Individual (Different than Requestor)
Name: <u>NO CHANGES</u> Title: _____ Email: _____ Phone #: _____ Date: _____	Name: _____ Title: _____ Email: _____ Phone #: _____ Date: _____
Requestor signature _____	Authorized Individual signature _____

Section III. FINANCIAL INSTITUTION INFORMATION	
<i>Bank Official: Please return this form to 1-800-521-1994. Cover sheet should direct to PeopleSoft Vendor Registrations.</i>	
Bank or Financial Institution Name: _____ Branch Name and Number: _____ Nine Digit Routing Transit Number: _____ Depositor Account Number: _____ Depositor Account Name: _____ Is this deposit account owned by the company listed in Section I? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
Authorized Bank or Financial Institution Official: Signature of Authorized Bank Official: _____ Name: _____ Telephone: _____ Title: _____ Date: _____	

Oklahoma Internal Use Only:			
Fax Received		Other	
Account Verified		Pass/Fail	
Acct Notes		Completed By	
Confirm New Bank		Approved Date	