

Dear Grant Recipient:

Congratulations on your Promotional Tourism Grant and we look forward to many positive results as you put these funds into the promotion of your organization and the Gulf Coast.

In this packet, you will find your contract, a W-9 Form, a contact information sheet, a quarterly report, a final report and a self-addressed return envelope.

The procedures will be as follows:

- 1. Review and complete contract and sign at the appropriate place.
- 2. Complete the W-9 Form
- 3. Complete the Contact Information Sheet
- 4. Return all of the signed documents in the enclosed envelope.

Upon receipt of your documents, we will process the initial payment.

As part of the agreement, we will require a quarterly progress report and a final report. These have been included in your packet for your convenience.

The quarterly reports will be due January 31, 2013; April 30, 2013; July 31, 2013 and the final report due November 30, 2013, along with all of the deliverables as outlined in Schedule 1 of your contract.

The distributions have been set to be funded at 25% initially and 25% after the quarter reports. However, if your project is completed during the course of the year, please send a final report and submit all of the deliverables as outlined in Schedule 1 of your contract and we will fund the remaining balance.

If you have any questions or need further information, please email Nick Gagliano at ngagliano@dheclaims.com.

Again, congratulations and we look forward to your success.

Project Coordinator

PROMOTIONAL FUND GRANT AGREEMENT

This Promotional Fund Grant Agreement (this "Agreement") is entered into by	
("Grantee"), with offices at ; Patrick Juneau,	as
Trustee (the "Trustee") of the Settlement Trust as further defined below (the "Settlement Trust"), and	1 as
Claims Administrator of the Court Supervised Settlement Program (the "Claims Administrator");	and
solely for the purposes of taking cognizance and approving the terms of this Agreement, BP Explorat	ion
& Production Inc. ("BP Exploration") and Lead Class Counsel.	

RECITALS

WHEREAS, BP Exploration, a Delaware corporation and certain of its affiliates (collectively "BP") have been named as defendants in *In re Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico, on April 20, 2010*, MDL No. 2179 (the "MDL Litigation");

WHEREAS, BP and the Economic Class Representatives, individually and on behalf of the Economic and Property Damages Settlement Class, by and through Lead Class Counsel entered into an Economic and Property Damages Settlement Agreement ("Settlement Agreement") dated April 18, 2012, and amended May 1, 2012, for the purpose of settling all Released Claims against the Released Parties, including BP;

WHEREAS, the United States District Court of the Eastern District of Louisiana (the "Court") has preliminarily approved the Settlement Agreement by Order dated May 2, 2012 (the "Preliminary Approval Order," as further defined below);

WHEREAS, on May 4, 2012, BP, Lead Class Counsel, the Trustee and J.P. Morgan Trust Company (the "<u>Directed Trustee</u>") entered into the *Deepwater Horizon* Economic and Property Damages Trust Agreement (the "<u>Trust Agreement</u>") creating the Settlement Trust;

WHEREAS, the Settlement Trust is intended to meet the requirements of a qualified settlement fund within the meaning of section 468B of the Internal Revenue Code of 1986, as amended from time to time, and section 1.468B-1(c) of the Treasury Regulations promulgated thereunder;

WHEREAS, the Settlement Trust's purpose is to establish a mechanism to pay Settlement Payments (as defined in the Settlement Agreement) and the costs of administering the Settlement Program (as defined in the Settlement Agreement) in accordance with the terms of the Settlement Agreement and the Trust Agreement.

WHEREAS, the Trustee has the power, pursuant and subject to the terms of the Settlement Agreement and the Trust Agreement, to make distributions from the funds held by the Settlement Trust subject to the terms and conditions thereof; and

WHEREAS, Grantee desires to obtain funds for promotional services as described on attached Schedule "1";

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the terms and conditions set forth herein.

AGREEMENT

1. Definitions.

The following words and phrases have the meanings indicated. Other words and phrases appearing in capital letters throughout this Agreement shall have the meanings they are given with their first operative use. Terms not otherwise defined herein shall have the same meanings ascribed to them in the Settlement Agreement and/or the Trust Agreement.

- 1.1 <u>Applicable Law:</u> means all applicable local, state and federal laws, rules and regulations.
- 1.2 <u>Claims Administrator</u>: has the meaning ascribed to it in the Settlement Agreement.
- 1.3 <u>Individual</u>: means a natural person.
- 1.4 <u>Lead Class Counsel</u>: means the lawyers appointed by the Court to represent the Class of Claimants.
- 1.5 <u>Settlement Trust</u>: means the qualified settlement trust fund established pursuant to that certain *Deepwater Horizon* Economic and Property Damages Trust Agreement, dated May 4, 2012, among BP, Lead Class Counsel, the Claims Administrator, and the Directed Trustee.
- 1.6 <u>Parties</u>: means the Settlement Trust, the Claims Administrator, Grantee, BP and Lead Class Counsel. BP and Lead Class Counsel are only made Parties to this Agreement for the purposes of taking cognizance and approving the terms of this Agreement.
- 1.7 <u>Preliminary Approval Order:</u> means the Order entered by the Court on May 2, 2012 granting preliminary approval of the Settlement Agreement.

2. Scope of Services.

- 2.1 <u>Services</u>. The general scope of the services to be furnished by Grantee shall be those described on attached Schedule "1".
- 2.2 The Services shall be provided in strict accordance with the terms of the Settlement Agreement, the Preliminary Approval Order, a final approval order (if one is entered) and in compliance with Applicable Law.

3. Grant Award.

Amount of Grant. Subject to the terms and conditions of this Agreement, and contingent upon sufficient funding of the Settlement Trust by BP, the Settlement Trust agrees to award to Grantee up to \$313,650.00_ for the period December 1, 2012 to November 30, 2013. The Grant shall be payable as follows:

\$78,390.00 after signing and processing the contract.

\$78,390.00 upon receipt and approval of the first quarter report.

\$78,390.00 upon receipt of the second and third quarter reports.

\$78,390.00 upon receipt and approval of the final report and submission of all deliverables as

outlined in Schedule 1.

- Documentation. Grantee shall submit to the Claims Administrator all documentation as further described in Paragraph 3.3 within ten (10) days before the beginning of each calendar quarter, or more frequently as the Claims Administrator may require. The Claims Administrator shall review Grantee's documentation and if acceptable, authorize the next Grant payment. In the event that any documentation is deemed not acceptable by the Claims Administrator, Grantee shall be notified in writing of such deficiencies within ten (10) days of submission of the documentation.
- Reporting. Grantee will provide reports to the Claims Administrator at least quarterly, within ten (10) days before the beginning of each quarter, or more often as the Claims Administrator may require, in which it will report, for the preceding quarter the following: a updated list of services and deliverables as outlined on Schedule 1. The Claims Administrator may distribute such reports as it deems appropriate. In addition, Grantee may be required to provide additional reports as may further be defined by the Claims Administrator in writing.
- Ownership of Documentation. All records, reports, documents and other material delivered or transmitted to Grantee by the Claims Administrator shall remain the property of the Claims Administrator, and shall be returned by Grantee to the Claims Administrator, at Grantee's expense, at termination or expiration of this Agreement. All records, reports, documents, or other material related to this Agreement and/or obtained or prepared by Grantee in connection with the performance of the Services contracted for herein shall become the property of the Claims Administrator, and shall, upon request, be returned by Grantee to the Claims Administrator, at Grantee's expense, at termination or expiration of this Agreement.
- Audit Rights. Grantee will provide to the Claims Administrator copies of its audit reports, if and when requested to do so by the Claims Administrator. In addition, the Claims Administrator or its authorized representatives may, at any time on reasonable notice, audit the operation of Grantee in relation to the activities undertaken pursuant to this Agreement.
- 3.6 <u>Payment in Full</u>. The Grant payments made hereunder are and shall be deemed to constitute "payment in full" for any Services performed by Grantee.

4. Term.

- This Agreement is effective as of 12:01 a.m. Eastern Standard Time on December 1, 2012 (the "Effective Date") and its term shall end on November 30, 2013 (the "Expiration Date"), unless terminated on a different date in accordance with Paragraph 4.2 or as otherwise agreed by the Parties.
- 4.2 Grantee shall be authorized to perform the Services as further defined in Schedule "1" to this Agreement starting on the Effective Date, through and including the earlier of the date that: (1) the Court denies the Parties' motion for final approval of the Settlement Agreement; (2) the reversal on appeal of a Court order granting final approval of the Settlement Agreement; (3) the Court enters an Order closing the proposed Court Supervised Settlement Program; (4) Grantee is terminated by the

Claims Administrator with at least thirty (30) days written notice before the end of any quarter, which the Claims Administrator shall have the right to do with or without cause (collectively, "Termination Events"); or (5) the Expiration Date. As used herein, "cause" shall include, without limitation, the following: (i) the failure of Grantee to perform the Services in accordance with the requirements of this Agreement, (ii) the breach by Grantee of any other obligations under this Agreement, which breach is not cured within ten (10) days of written notice thereof, (iii) the commission of any act or any omission involving gross negligence, fraud, or other intentional or willful misconduct by Grantee, and (iv) any other violation of a statute, regulation, order, decree or court requirement or other Applicable Law by Grantee.

5. [Intentionally Omitted]

Representations and Warranties.

Grantee represents, warrants and covenants that: (i) it has the power and authority to enter into this Agreement and to perform all of its obligations hereunder; (ii) the execution, delivery and performance of this Agreement does not violate or conflict with any other agreement to which Grantee is a party or by which it is bound; (iii) Grantee has not previously entered into any agreement that would restrict Grantee in the performance of the Services; (iv) Grantee shall comply with all Applicable Law in performing its obligations under this Agreement; (v) Grantee shall use commercially reasonable efforts to verify that each of its employees performing Services is legally entitled to work in the United States and has all necessary visas and work permits; (vi) Grantee has the capacity and resources to perform the Services; (vii) all Services shall be performed by qualified personnel in a timely, professional and workmanlike manner in accordance with generally accepted industry practices; (viii) Grantee is either a governmental entity political subdivision of a governmental entity, or is recognized by the Internal Revenue Service (the "IRS") as a public charitable organization under sections 501(c)(3) and 509(a)(1), (2) or (3) of the Internal Revenue Code, and will inform the Claims Administrator immediately of any changes in, or IRS proposed or actual revocation (whether or not appealed) of such tax status; and (ix) all Grant funds shall be used only for the purposes described herein.

- 7. [Intentionally Omitted]
- 8. [Intentionally Omitted]
- Miscellaneous.
 - 9.1 <u>Subcontracting.</u> Notwithstanding any provision in this Agreement to the contrary, Grantee shall not subcontract any of its obligations under this Agreement to any third party unless approved in writing by the Claims Administrator.
 - 9.2 <u>Successors and Assigns.</u> The terms and conditions of this Agreement shall be binding upon the Parties and inure to the benefit of the Parties and their respective successors and permitted assigns; provided, however, that, unless otherwise provided in this Agreement, the obligations of the Parties under this Agreement may not be delegated nor shall any rights be assigned or transferred, including by merger, reorganization, change of control, acquisition or sale of all or substantially all of its assets or business or otherwise (including, without limitation, by operation of law) (collectively a "<u>Sale Transaction</u>"), by a Party without the other Parties' prior written consent.

- 9.3 <u>Compliance with Laws.</u> Grantee and its respective employees and agents shall comply with all Applicable Law in performance under this Agreement.
- 9.4 <u>Tax Responsibility</u>. Grantee shall be responsible for the payment of any taxes that might be due from or assessed on any of the Grant funds received under this Agreement.
- Maintenance of Books and Records. In order to implement and effectuate the audit rights of the Claims Administrator as described in Paragraph 3.5, Grantee shall maintain its books and records and other documents pertaining to the use and disposition of the grant funds received and to the Services rendered under this Agreement, for a period of at least three (3) years after the Termination Date.
- 9.6 <u>Dispute Resolution.</u> Any and all claims, disputes and controversies arising under or relating to this Agreement that cannot be resolved by the Parties shall be determined solely in the Court, under Louisiana law without regard to its conflicts of law provisions. All Parties waive the right to a jury trial. In the Court's discretion, the prevailing Party in any dispute arising from this Agreement may be awarded reasonable attorney's fees.
- 9.7 <u>Complete Agreement.</u> This Agreement and any exhibits, together with any addenda, set forth the entire agreement of the Parties with respect to Services hereunder, and any prior or contemporaneous promises, conditions or understandings are superseded and/or replaced with this Agreement.
- 9.8 <u>Modification</u>. No provision of this Agreement may be changed unless the change is set forth in a written amendment to this Agreement signed by the Parties.
- 9.9 No Waiver. If a Party waives compliance with any term or condition of this Agreement, it shall be not deemed a waiver of any other right, nor to permit less than strict compliance with any term or condition on any future occasion.
- 9.10 Governing Law; Severability. This Agreement shall be governed by and construed in accordance with the law of the State of Louisiana without reference to its conflict of laws principles. To the extent that any provision is found to be unenforceable or invalid, then such provision shall be ineffective only to the extent of such unenforceability or invalidity, and shall not affect the enforceability or validity of any other provision of this Agreement.
- 9.11 Notices. All notices and correspondence required to be given by this Agreement shall be delivered by hand or certified mail, return receipt requested and postage pre-paid, or by a nationally recognized courier service, or by facsimile transmission, and be addressed as follows:

If to Claims Administrator and/or Settlement Trust:

Patrick Juneau 935 Gravier St. Suite 1905 New Orleans, LA Phone: 504-264-9740

EXHIBIT A

WilsonMiller



3200 Bailey Lane, Suite 200 Naples, FL 34105 Tel: (239) 649-4040

November 1, 2012

Mr. Bob Middleton, Utilities Director City of Naples 380 Riverside Circle Naples, FL 34102

Subject:

Design and Permitting for the City of Naples Recycle Transfer Facility

City of Naples Contract No. 11-00036

WilsonMiller Project Identification No. 215610640

Contract Addendum Request No. 2

(This version supersedes the previous addendum dated 9/20/12)

Dear Bob:

As requested, please find enclosed the following additional scope items and associated fees to address construction phase services for the subject Project:

1. <u>FEES:</u> (1)

Scope Para #	Billing Task #	Scope Item	FEE TYPE	WM	Disney & Associates	Task Totals
2.1	420	Construction Phase Services				
2.1.1	420.100	Project Management Assistance and Utility Provider Coordination	Fixed	\$6,000 ⁽²⁾	N/A	\$6,000 ⁽²⁾
2.1.2 thru 2.1.7	420.200	Shop Drawings, Site Observation, Substantial Completion, etc.	T/M	\$33,000 ⁽²⁾	\$35,000 ⁽²⁾	\$68,000 ⁽²⁾
2.2	2 430 Construction Phase Reimbursable Expenses - WM		T/M	\$1,000 ⁽²⁾	N/A	\$1,000 ⁽²⁾
2.2	431	Construction Phase Reimbursable Expenses - Disney	T/M	N/A	\$1,000 ⁽²⁾	\$1,000 ⁽²⁾
		Totals:		\$40,000	\$36,000	\$76,000

⁽¹⁾ Reference Attachment A, which provides a summary of the various tasks and their associated fees for the contract.

2. SCOPE OF SERVICES:

- 2.1 Reference Attachment B for Scope of Services from WilsonMiller.
- 2.2 Reference Attachment C for Scope of Services from Disney and Associates.

⁽²⁾ The fee budget amount for this Scope of Service is an estimate only.

IN WITNESS WHEREOF, the Parties have caused this Agreement which shall be effective on the date first above-written, to be executed on their behalf by the undersigned duly authorized individuals.

Settlement Trust By:	Grantee:	
Signature	Signature	***************************************
Patrick Juneau		
Printed Name	Printed Name	
Trustee		
Printed Title	Printed Title	1000
Date	Date	
Claims Administrator		
By:		
Signature	-	
Patrick Juneau		
Printed Name		
Claims Administrator	_	
Printed Title	_	
Date	-	

B. Reports and Records:

The CONTRACTOR shall maintain complete records on each individual examined/treated. All medical reports produced, generated or disseminated by the provider to the City shall be the sole property of the CITY and shall be in custody of the CONTRACTOR in order to maintain medical confidentiality. All reports and records may not be used or reproduced in any form without the express written consent of the CITY in advance. Access to such records and reports shall be granted only to the City of Naples City Manager, Human Resources Director, or their immediate designee, shall be made in writing, and shall include justifiable reasons for access request. Employees or applicants who have requested a copy of any report or record must submit a written request to the City of Naples Human Resources Director in advance.

C. Invoicing:

The CONTRACTOR shall invoice the CITY on a monthly basis for all services rendered during the month. Billing shall reflect the patient's name, social security number, date of service, description of service performed and amount due. All invoices shall be broken down by category of testing (i.e. drug test, pre-employment physical, etc.). Prices cannot be increased during contract duration without at least a 60-day written notification with justification. Increases cannot be effective until the City responds positively or negatively with acceptance or denial. The CITY will provide within 30 calendar days and may require City Council approval.

Billing for Workers' Compensation medical services shall be directed to the CITY's workers' compensation carrier and/or third party claims administrator for processing. Applicable managed care network discounts will be applied, if any, and payment will be made pursuant to FS440.

D. Pricing:

The CONTRACTOR must provide a firm, fixed price for all services required. This price will provide a comprehensive occupational health program as shown in EXHIBIT B for the duration of the contract period.

**This does not include Workers' Compensation medical services. Workers' Compensation medical services shall be billed according to the Florida Workers' Compensation fee schedule.

E. Qualifications of the Physician and Staff:

To fulfill the minimum requirements of the Occupational Medical Services contract, the CONTRACTOR is required to ensure the direct employment of:

- A qualified occupational medicine physician licensed to practice medicine in the state of Florida, who will serve as the principal physician and act as the Medical Director to the City of Naples;
- A qualified medical review officer (MRO);

Schedule 1 **Description of Services**

The City of Naples will construct at least 10 new 500-ton state-of-the-art artificial reefs.

- 1. Submit a timeline outlining the tasks involved in the creation of the artificial reefs and the approximate time each task will take to complete.
- 2. Provide copies of contracts of those involved in the artificial reef construction project, including the transport of materials.
- 3. Submit copies of appropriate permits from the U.S. Army Corps of Engineers and the Department of Environmental Protection allowing/permitting the project.
- 4. Provide copies of surveys and monitoring results.
- 5. Submit photographs of the work as it progresses with brief narratives describing the project events.
- 5. Provide documentation that the project is completed, such as paid-in-full contractor contracts, reports or other data furnished by government agencies.
- 3. Submit copies of news releases distributed regarding the project.
- 4. Submit copies of articles published regarding the project.

Final Report

1. Submit a final report that provides a synopsis of all of the activities and events as outlined in the proposal, with narrative and supporting data on the ways these projects met the anticipated outcomes as listed in the proposal.

Request for Taxpayer Identification Number and Certification

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

HIGHIA	revellae de vide		***************************************							
	Name (as shown on your income tax return)									
ge 2.	Business name/disregarded entity name, if different from above						,			
on pa	Check appropriate box for federal tax									
Print or type See Specific Instructions on page	classification (required):						te	□ E	xemp	t payee
Print c Inst	☐ Other (see instructions) ▶									
eciffi	Address (number, street, and apt. or suite no.)	Request	er's na	me a	nd ad	dress (d	ption	al)		
See S	City, state, and ZIP code									
	List account number(s) here (optional)								-	***************************************
Pari										
Enter y	our TIN in the appropriate box. The TIN provided must match the name given on the "Name"	line	Socia	l sect	ırity 1	number				
resider entities	backup withholding. For individuals, this is your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>				_		-			
TIN on		r	pa ,						***************************************	
	the account is in more than one name, see the chart on page 4 for guidelines on whose to enter.	Ļ	Emps	oyer #	dentn	ication	num	number		
				-						
Part	Certification		·····			· · · · · · · · · · · · · · · · · · ·		٠		
Under (enalties of perjury, I certify that:		****** , ,		***********			~		
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for a	a numbe	r to b	e issi	ued t	o 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, and										
3. Iam	a U.S. citizen or other U.S. person (defined below).									
Certifico becaus interest general instruct	ation instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transact paid, acquisition or abandonment of secured property, cancellation of debt, contributions to y, payments other than interest and dividends, you are not required to sign the certification, bons on page 4.	ctions, it	tem 2	does	not men	apply.	For	mort	gage	mnd
Sign Here	Signature of U.S. person ▶ Date	e≽								

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 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),
 - 2. The United States or any of its agencies or instrumentalities,
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- 5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation.
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.
- A futures commission merchant registered with the Commodity Futures Trading Commission,
 - 10. A real estate investment trust.
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 - 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000.1	Generally, exempt payees 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt Payee on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
Individual Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account `
Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
Sole proprietorship or disregarded entity owned by an individual	The owner °
Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity 1
Corporation or LLC electing corporate status on Form 88S2 or Form 2553	The corporation
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

^{*}Note. Grantor also must provide a Form W-9 to trustee of trust.

CONTACT INFORMATION SHEET

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Contact Person

Mailing Address

Email Address

Phone #

Purpose of Grant

BP Gulf Seafood and Tourism Promotional Fund Grant Quarterly Report

Project Name:					
Project Organization:					
Report Submitted by:					
BP Grant Amount Awarded:					
BP Grant Amount Received to	Date:				
Report Number: 1					
Please Complete					
4	was awarded BP Gulf Seafood and Tourism Promotional Fund				
	to				
The objectives of the project are	to:				
During the months of	, the following tasks were accomplished:				
The quarterly report will provide and calculate its percentage com	e a brief description of what work was done on each deliverable apleted.				
Proof of Implementation: Submit	t proof that the activity was performed. Documentation may				

- Original ad placement tear sheets for print advertisement verifying name and date of
 - Broadcast log reports indicating actual broadcast times and dates
 - Screenshots for websites developed or enhanced

publication

Screenshots for online advertisements and banners

- Billboard photographs showing content
- Mailing lists, addresses, email addresses and copy of marketing piece are required for direct mail campaigns
- Event promotional information flyers, schedule of events, website screenshots promoting event
- Other as deemed appropriate for the project

Deliverable

% Completed to Date

List of deliverables -

For example,

Advertisements placed in magazines and newspapers – 100% complete. Copies of tear sheets or copies of magazines must accompany the report.

Travel and Trade Shows – each show will be listed and a brief summary of each show attended for that month of report. Information such as number of email addresses collected – statement as to the follow-up action to the show – copies of collateral materials developed for the show – photographs of the booth at the show, etc.

Sponsorship of Event – provide schedule of events, flyers, advertisements, pictures of web site information on the event, photographs of the event, etc.

Development of marketing materials - copies of materials must be submitted with the report.

BP Gulf Seafood and Tourism Promotional Fund Grant Final Report Summary

A final report must be submitted in order to receive the grant award final payment. The final report shall include:

• A 2-3 page typed detailed summary on the outcome of the project funded by the BP Gulf Seafood and Tourism Promotional Fund Grant. The final report summary shall include information on how the project met its goals and measurable outcomes, including the impact that the project had on the community and the state.

Elements of the final report shall include:

- Objectives Achieved List the accomplishments of the project in accordance with the overall goal of impacting gulf seafood and tourism
- Estimated attendance —If the project was event-oriented, include information on the attendance to the event and how attendance was measured
- Measurement of Performance Please include information on admissions revenue, event registration, hotel occupancy, visitor spending, hits on website, number of potential visitors reached through travel and trade shows, direct mail campaigns, media campaigns and public relations activities
- Local/State/Regional Economic Impact
- Media Relations: Please include supporting documentation for media relations which may include, but are not limited to, the following:
 - o copies of news releases
 - o newspaper clippings
 - o flyers
 - o programs
 - o itineraries
 - photographs
- Project Evaluation Please provide information on evaluations of the project conducted by attendees, staff, project organization, including how was the project conducted, did the project meet expectations, are there ways to improve or further enhance the project, how will the project be carried-out in the future?