

Justin S. Greene
Commissioner, District 1

Lisa Cacari Stone
Commissioner, District 2

Camilla Bustamante
Commissioner, District 3



Adam Fulton Johnson
Commissioner, District 4

Hank Hughes
Commissioner, District 5

Gregory S. Shaffer
County Manager

VIA EMAIL

April 16, 2026

TischlerBise, Inc.
Attention: Carson Tischler
4701 Sangamore Rd., Suite 240
Bethesda, Maryland 20816

RE: RFP# 2026-0009-GM/TJ IMPACT FEES STUDY

Dear Mr. Tischler,

Congratulations! I am pleased to inform you that TischlerBise, Inc., has been selected as the most qualified vendor to provide Services for the Impact Fees Study for the Santa Fe County, RFP No. 2026-0009-GM/TJ.

The County intends to enter into contract negotiations. Please provide your availability to meet online to discuss terms and pricing. No work may begin until a contract is fully executed and awarded. Attached is the Santa Fe County Vendor Form for completion; out-of-state vendors must also designate an Agent of Service. Let me know if you need any additional information.

As this procurement remains open, all communications must be directed to the Purchasing Division.

Respectfully,

Tammy Jim
Procurement Specialist Senior

cc: File
Vendor Form

DO NOT SEND TO IRS - SUBMIT FORM TO SANTA FE COUNTY FINANCE DIVISION
02/2020

SANTA FE COUNTY
FINANCE DIVISION
SUBSTITUTE FORM W- 9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION



PLEASE TYPE OR PRINT NEATLY AND REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: VENDOR INFORMATION

Please Check One - New Vendor Change Existing Vendor Information

1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C or Social Security Administration records, Social Security Card, certified Form SSA7028.) If ab [bX]j jXi U name, please enter in LASTNAME, FIRSTNAME, MI format
2. If you use a Doing Business As (DBA) / Trade Name, please enter below:

3. Entity Type (Check only one):

- Individual / Sole Proprietorship Estate or Trust
- Single Member / LLC (Individual) Government (Local, State, Federal, Tribe)
- Partnership General / LLC Tax-Exempt organization under IRC Section 501 C
- Corporation / Professional Corporation / LLC Santa Fe County Employee
- Non-United States Business Entity

4. 1099 Reporting: Services provided to the County by vendor:

- Health care or medical service Rental of Real Property Santa Fe County Appointed Committee Member / Volunteer
- Attorney / Legal services Royalties Other _____

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES) [] [] [] [] [] [] [] [] [] []
2. Taxpayer Identification Type (check appropriate box):
 Employer ID No. (EIN) Social Security No. (SSN) Individual Tax ID Number (ITIN) N/A (Non-US Business Entity)

PART III: ADDRESS

1. Remittance Address for PAYMENT:
Address Line #1
Address Line #2
Address Line #3
City State Zip
2. Address for Purchase Orders, Correspondence, 1099s (IF DIFFERENT):
Address Line #1
Address Line #2
Address Line #3
City State Zip

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct tax payer 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, AND
3. I am a U.S. Citizen or other U.S. person.

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

Printed Name Printed Title Telephone Number
Signature Email Date (mm/dd/yyyy)

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: Santa Fe County will not process International ACH Transactions (IAT). If any payment to you from the County will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please be sure to provide a copy of a voided check or a letter from your bank confirming the information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments Type of Account Checking Savings

I acknowledge the IAT warning and authorize Santa Fe County to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature Printed Name

Mail or Email to Santa Fe County Finance, PO Box 276, Santa Fe, NM 87504- 0276 / vendorforms@santafecountynm.gov

Finance Use Only: Vendor # - Entered by - Date - ACH by - Reviewed by -

Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from Santa Fe County and/or you are a vendor who provides goods and services to Santa Fe County. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, Santa Fe County is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow Santa Fe County to confirm that our records contain the official name of your business as well as the Tax Identification Number (TIN) that the IRS has on file for your business and business type. Please fill the form in completely, sign and return.

PART I: VENDOR INFORMATION

1. **New / Change** Check the appropriate box if this form is for a new Santa Fe County vendor or a change of information for an existing vendor. Please fill out the form completely, whether for a new or changed vendor.
2. **Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration. If using your [bX]j]Xi U' name, please enter it in Last Name, First Name, Middle Initial format.
3. **DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (Doing Business As) name. All Others: Complete only if business name is different than Legal Name.
4. **Entity Type** Check ONE box which describes business entity.
5. **1099 Reporting** Check the appropriate box or boxes that applies to the type of service being provided to Santa Fe County. If the type of service is not specifically listed, then check Other and enter the type of service.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. **Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
 - a. **TIN** is always a 9-digit number. Provide the Employer Identification Number (EIN), Social Security Number (SSN) assigned by the Social Security Administration or the Individual Tax Identification Number (ITIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
2. **TIN Identification Type** Check the appropriate box for the Taxpayer Identification Number provided above.

PART III: ADDRESS

1. **Remittance Address** Where payment(s) should be sent.
2. **Address for Purchase Orders, Correspondence, and 1099s** should be sent **ONLY if different** from the Remittance Address.
3. **Zip Code** Include the last 4 digits of the 10-digit zip code if known.

PART IV: CERTIFICATION

By signing this document, you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the Santa Fe County Employee for which the vendor account is established. Identifying information (Printed Name and Title) is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the Santa Fe County through Automated Clearing House (ACH) direct deposit. For this service, please provide a copy of a voided check or letter from financial institution with the banking information and provide a signature for this section. Without **both** of the two items, ACH information **WILL NOT** be entered and payments will be made by warrant. Select the type of account being provided.

Print name and sign to acknowledge the IAT warning and to authorize the Santa Fe County to initiate direct deposit of funds to your financial institution as provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information.

Mail or Email the signed, completed form to:

Santa Fe County Finance
PO Box 276
Santa Fe, NM 87504-0276

Phone: (505)986-6375

Email: vendorforms@santafecountynm.gov