

Supplemental W-9 for Lilly Grant Office - Puerto Rico

Policies

- **By United States and Puerto Rico Law, the following information needs to be submitted.**
- Requestors must complete this form as part of their grant application and return it to the Lilly Grant Office.
- Items indicated with an asterisk (*) **are mandatory** and must be completed before processing occurs.
***Please type or clearly print all information.**

Supplier Information

1a. Legal Name per tax identification number*:

1b. Doing Business as Name:

1c. Engaged in trade or business in PR? YES _____ NO _____

1d. Puerto Rico Treasury Department Merchant Certificate of Registration* YES _____ NO _____
(Puerto Rico or U.S. engaged suppliers doing business in PR must provide Certificate of Registration)

2. In C/O: _____

3. Remit to Address*:

4. City* _____ 5. State/Region* _____ 6. Zip Code* _____ 7. Country* _____

8. FOB city _____ 9. FOB state/region _____ 10. FOB Zip Code _____

11. Tax ID*: _____ 12. Dun & Bradstreet (Duns) No: _____

13. Check the Appropriate Box for Business type:*

Corporation Partnership Non-Profit Organization Other _____

13a. Type of purchase:* Goods Services Both (Goods & Services) Rent Grant

14. Program provided in PR? Yes _____ No _____

15a. Company Telephone No*: _____ 15b. Fax No* _____

16a. Contact Name*: _____ 16b Tel No. _____

17. A/Receivable email address _____ 18. A/R Telephone _____

19. Is your business a medical or healthcare service provider? Yes _____ No _____

Note: US or foreign service companies not engaged in trade or business in PR are subject to 20% or 29% withholding tax.

Puerto Rico service suppliers are subject to 7% withholding tax while Non-Profit Organizations are not subject to withholding tax.

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20. Signature

Under penalties of perjury, I **certify** that:

- The number shown on this form is my correct tax payer identification number.
- I am a U.S. legal person (including a U.S. resident alien).

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

21. Authorized Signature*: _____ 22. Printed Name*: _____
23. Title*: _____ 24. Date: _____

Privacy Statement & Acceptance

Eli Lilly Export S.A.-P.R. Branch (Lilly) is committed to ensuring the proper handling of all Personal Information collected in connection with your business relationship with Lilly, in accordance with Eli Lilly's Privacy and Data Protection Policy and Puerto Rico law. Lilly collects and processes your personal information, such as your tax number (and your bank account information, in case you have chosen the ACH** payment method) through automated data processing systems, as well as manual means. Your Tax number is used solely for government reporting purposes, as required by law; and only Lilly employees or assigned agents and contractors who need the information to perform their duties (such as issuing payments to you) have access to this data. Moreover, the computers and files where your personal information is stored are kept in a secure environment. We will not share your Personal Information with any person or entity outside of Eli Lilly and Company, except when needed in connection with services that our agents, contractors and partners perform for Lilly, such as providing data processing services. Nevertheless, these agents, contractors and partners are required to use this data exclusively to provide services to Lilly. In exceptional circumstances where national or company security is at issue, Lilly may share our entire database of vendors with appropriate governmental personnel, as well as share Personal Information in order to respond to duly authorized subpoenas or information requests coming from appropriate governmental authorities. In the case of sale, assignment, or other transfer of the business to which the information relates, we will require any such buyer to agree to this Privacy Statement. If at any time you want your Personal Information to be deleted from our files, once we comply with Lilly's reporting duties required by law, please let us know by contacting pagan_gloria_m@lilly.com. You may also use this email address to request the Personal Information we have collected from you, as well as any change to it necessary. If you feel we are not abiding to Lilly's privacy terms, stated here, please call this toll-free number: 1-800-815-2481, or access <http://www.ethicspoint.com>.

* ACH = Automatic Clearing House (electronic funds transfer)
Vendors Privacy Notification 1.0 Oct. 2009

Acceptance of Lilly's Privacy Statement:

*Authorized Signature: _____ Date: _____

Supplier Legal Name: _____ Tax ID: _____

NAICS (North American Industry Classification System) code: _____

Please select all that apply to your business. (If none, select N/A at the bottom of the page.)

Small Business, as determined by SBA regulations

Participants, as defined in 13 CFR 124.3, in the section Small Business Administration's section 8(a) business development program of 13 CFR part 124 subpart A

MBE – at least 51% Minority-owned and managed Business Enterprise, as certified by NMSDC

Minority business enterprises certified as such by an affiliate of the National Minority Supplier Development Council, Inc, or equivalent 3rd party certifying organization. Certification requirements can be found at www.nmsdc.org.

If you selected MBE, please also select one of the following:

- African American Asian Indian American Caucasian Native American
 Alaskan Native Asian Pacific American Hispanic American Other

WBE – at least 51% Woman-owned and managed Business Enterprise

Women business enterprises meeting the requirements for certification as such by the Women's Business Enterprise National Council, or equivalent 3rd party certifying organization. See www.wbenc.org for requirements. Actual certification desirable but not required.

WOSB – at least 51% Woman-owned and managed Small Business

Women-owned small business concerns as defined in 48 CFR 2.101 (at least 51% owned by women with management and daily business operations controlled by one or more women).

SDB – Small Disadvantaged Business, as certified by the SBA

Small disadvantaged business concerns as defined in 48 CFR 2.101 (which requires certification by the Small Business Administration under 13 CFR part 124 subpart B).

VBE – Veteran-owned Business Enterprise

Veteran-owned business concerns as defined in 48 CFR 2.101 (at least 51% owned by veterans with management and daily business operations controlled by one or more veterans). Self-certification is acceptable.

VOSB – Veteran-owned Small Business

Veteran-owned small business concerns as defined in 48 CFR 2.101 (at least 51% owned by veterans with management and daily business operations controlled by one or more veterans). Self-certification is acceptable.

SD-VOSB – Service Disabled Veteran-owned Small Business

Service-disabled veteran-owned small business concerns as defined in 48 CFR 2.101 (veterans with service-connected disability own at least 51% and control management and daily business operations). Self-certification is acceptable.

HUB Zone – Historically Underutilized Business Zone Business, as certified by the SBA

HUB Zone small business concerns as defined in 48 CFR 2.101 (based on census tract information, economic data, and unemployment rates)

HBCU/MI – Historically black colleges and universities or minority institutions

Historically black colleges and universities or minority institutions, each as defined in 48 CFR 2.101. A recent list of HCBU and post-secondary MI is available at <http://www.ed.gov/offices/OCR/minorityinst.html>.

N/A – None of the above

Do not complete section below. This is for Lilly use ONLY:

Vendor Code: _____ Material Group Code: _____

Comments: