



Kenton County School District | It's about ALL kids.

Issue Paper

DATE:

July 28, 2023

AGENDA ITEM (ACTION ITEM):

Consider/Approve Annual support/subscription services renewal for Heartland NutriKids Meal Planning and Nutrient Analysis software.

APPLICABLE BOARD POLICY:

01.1 Legal Status of the Board.

HISTORY/BACKGROUND:

NutriKids Meal Planning and Nutrient Analysis builds and scales recipes for use in the district cafeterias. The nutrient analysis component of the software helps to create menu items that meet the nutrition standards of the National School Lunch and School Breakfast Program.

FISCAL/BUDGETARY IMPACT:

\$475 annual subscription paid from Student Nutrition funds.

RECOMMENDATION:


Approval to execute the annual support/subscription services renewal for Heartland NutriKids meal planning and nutrient analysis software.

CONTACT PERSON:

Elizabeth Hord, Student Nutrition Director


Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Heartland

Heartland Payment Systems
dba Heartland School Solutions
PO Box 936565
Atlanta, GA 31193-6565

THIS IS A QUOTATION for Annual Support/Subscription Services Renewal. Please sign and provide a purchase order number, or respond with changes needed by 08/31/2023. If your establishment does not require purchase orders, please sign as agreement and return to us; invoices will be forthcoming.

Annual Support/Subscription Renewal 2023/2024

Bill To:

Kenton County Schools
1055 Eaton Dr
Accounts Payable
Ft Wright

KY 41017-9655

Billing Contact Information:

First: Elizabeth Last: Hord
Email address:
Phone Number: (859) 957-2659

If address information is incorrect, please make corrections above.

Please be aware the above billing contact will be sent all future invoices, statements, and other billing communications.

Customer #	Contract #	Location (if applicable)	Terms	Invoice Date
5368660-110881	NKD_00019937	INDEPENDENCE KY	Net 30	Open

Line Items Are Accurate

Coverage Start Date	Coverage End Date	Product Code	Item Description	Quantity	Annual Unit Price	Extended Price
08/01/2023	07/31/2024	HSS0371	SUP: NK MP Network Annual	1	\$ 150.00	\$ 150.00
08/01/2023	07/31/2024	HSS0366	SUP: NK Director MP and NA Annual	1	\$ 325.00	\$ 325.00

Coverage Start Date	Coverage End Date	Product Code	Item Description	Quantity	Annual Unit Price	Extended Price
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Renewal Quotation Total:	\$	475.00
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If you require a PO to be referenced on your invoice, please provide the PO# _____

First Name:

Last Name:

Email:

Date:



January 1, 2023

RE: 2023 Heartland Payment Systems, LLC IRS Form W-9

Please find attached a Form W-9 for Heartland Payment Systems, LLC ("Heartland").

Due to Heartland's status as a single member LLC which is disregarded for federal income tax purposes, the name, entity type and federal employer identification number ("FEIN") of Heartland's parent company, Global Payments Inc. will appear on line 1, line 3 and Part I of the form respectively.

When setting up Heartland in your system, please use the following information:

Legal Name: Global Payments Inc.
Doing Business as: Heartland Payment Systems, LLC
FEIN: 58-2567903
Remit to Address: PO Box 936565, Atlanta, GA 31193-6565

If you have any questions or concerns regarding this form, please contact Chris Muth at christopher.muth@globalpay.com or 404-926-9805. Please refer all other questions about your account to your sales representative.

Regards,

A handwritten signature in black ink, appearing to be "CM" or "Chris Muth", written in a cursive style.

Chris Muth
Director, Indirect Tax

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Global Payments Inc.

2 Business name/disregarded entity name, if different from above

Heartland Payment Systems, LLC dba Heartland School Solutions

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any) **D**

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

PO Box 936565

6 City, state, and ZIP code

Atlanta, GA 31193-6565

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

- -

or

Employer identification number

5 8 - 2 5 6 7 9 0 3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

01/01/2023

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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



8320 S. Hardy Drive • Tempe, AZ 85282

P: 800.724.9853 Opt. 8

heartlandschoolsolutions.com

January 1st, 2023

Remittance Address and Banking Instructions Change Notification

Dear Heartland School Solutions Customer,

To ensure a more efficient delivery and application of your payments we are updating our banking instructions. Note the following instructions for all payment methods:

ACH/Wire Payment Instructions

Bank Name: Wells Fargo N A

Bank Address: Atlanta, Georgia

Account Name: Heartland

Account Number: 4113004105

Routing Number: 121000248

SWIFT/BIC code: WFBIUS6S

(Please ensure that the invoice number is included in the ACH/Wire Payment Instructions)

Remittance Address for Payment by Check

Heartland

PO Box 936565

Atlanta, Georgia 31193-6565

Remittance Address for Overnight Payment by Check

Lockbox Services 936565

Heartland

Attn: Lockbox 936565

3585 Atlanta Avenue

Hapeville, Georgia 30354-1705

If you have any questions or need additional information please feel free to contact us via email at HSSForms@e-hps.com or call us at 1-800-724-9853 option 8.

Thank you,

Heartland School Solutions

Accounting Department

Email: HSSForms@e-hps.com

