

STATE OF MISSOURI
APPLICATION FOR FEDERAL/STATE PUBLIC ASSISTANCE
(PL 93-288 AS AMENDED/RSMo. CHAPTER 44)

APPLICANT INFORMATION	FEMA - <u>4885</u> - DR – MO Declaration Date <u>July 22, 2025</u>	
Date	TYPE OF (APPLICANT) APPLICANT Check appropriate box or boxes [x] <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State Agency [] C. City [] E. Special District [] G. Other [] </div> <div style="width: 45%;"> B. County [] D. Township [] F. Private Non-Profit [] (Specify) _____ </div> </div>	
Legal Name		
FEIN#		
UEI#		
PA ID#	Applicant's Fiscal Year from _____ to _____	
Mailing Address		State Emergency Management Agency P. O. Box 116, 2302 Militia Dr. Jefferson City, MO 65102 Phone: 573-526-9234 Sema.pa@sema.dps.mo.gov
TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION IS TRUE AND CORRECT, THE DOCUMENT HAS BEEN TRULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Print Name of Authorized Representative	Title	Telephone Number
Signature of Authorized Representative		Date

BELOW THIS LINE FOR SEMA USE ONLY

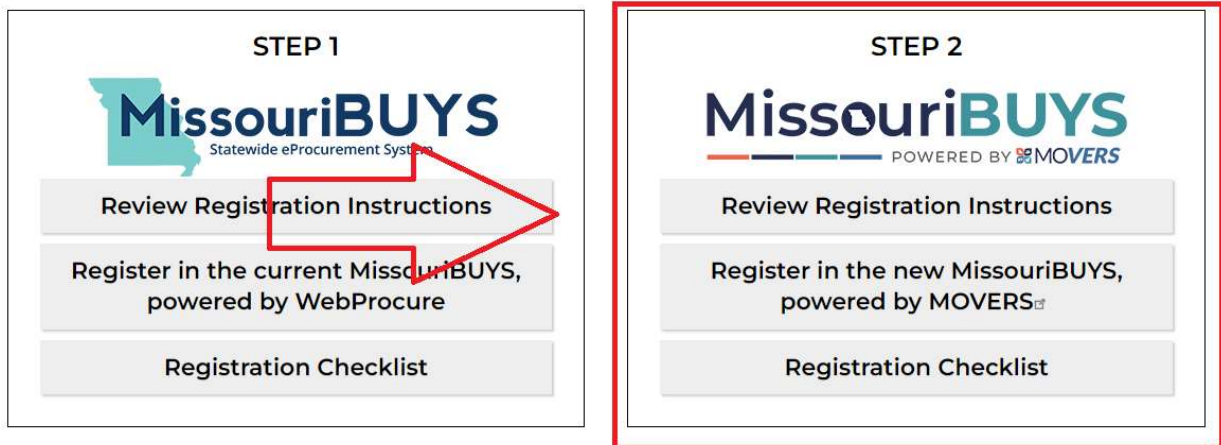
Funding Type	PW# Version#	
Action	Project#	
Federal	State	Total

Review prepared by:		
Signature	Title	Date
	Alternate GAR	

The State of Missouri now requires that Applicants register with MissouriBuys. This online system replaces the previous Vendor Input form. Registration is required prior to payments being made. In order to register, please follow the instructions below.

Please go to: <https://missouribuy.mo.gov/supplier-registration>

You will register on the RIGHT side under Step 2:

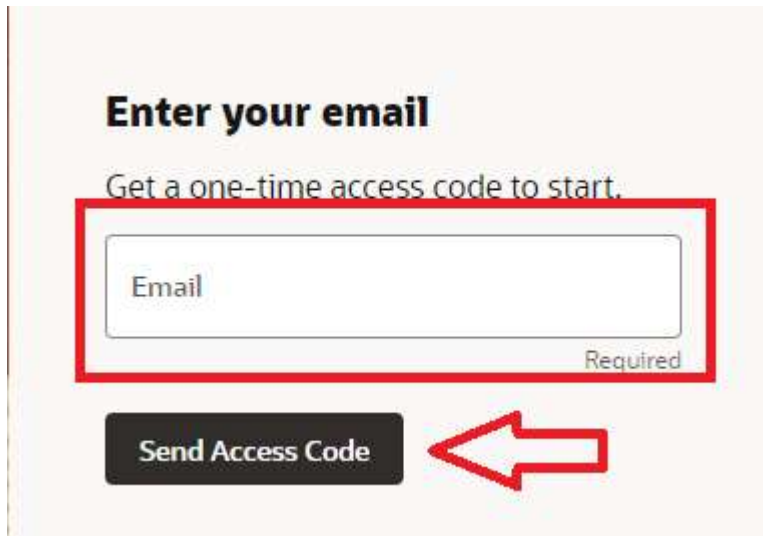


You will select "Register in the new MissouriBuys, powered by MOVERS"



A box will pop up stating you are exiting to a site that is not part of the government (.gov) domain, and you select "OK"

This will take you to the new page and on the Right you will enter your e-mail to get a one-time access code to start. Even though it says "Supplier Registration," this is also for our locals to reimburse expenses.



Enter your email

Get a one-time access code to start.

Email Required

Send Access Code ←

Once you receive your access code, please follow the online prompts to complete Registration.

Self-Service Supplier Registration Process

Topic Overview

MissouriBUYS is the State of Missouri's secure, web-based statewide eProcurement system powered by MOVERS (an Oracle product).

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Self-Service Supplier Registration Process

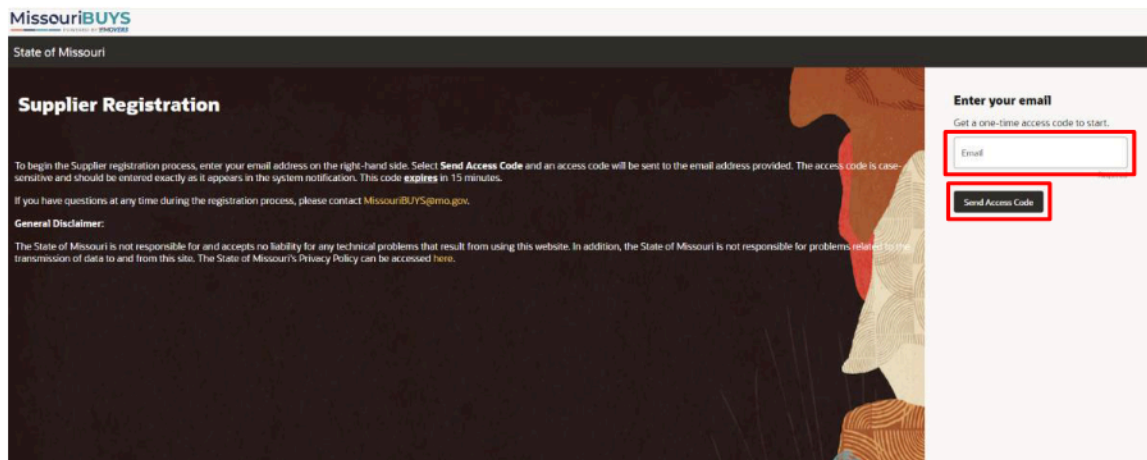
Introduction

This guide provides an overview and step-by-step instructions for a supplier to follow and complete the Supplier registration process in MissouriBUYS, powered by MOVERS. As a security feature, after 10 minutes of inactivity, you will be given a two-minute warning, with a pop-up as shown below. After 2 more minutes of inactivity the system will log you out. A pop-up box will appear on the screen, click **Continue** to stay logged in.

Note: If at any time during registration you need to complete the process at a later time, click **Save**. Otherwise, once you click **Continue**, your work will automatically be saved, and the system will prompt the next page.

Access MissouriBUYS, powered by MOVERS Supplier Registration

1. Navigate to the [Self-Service Supplier Registration](#) page.
2. To begin the Self-Service Supplier Registration process, enter your email address on the right-hand side and select **Send Access Code**.



MissouriBUYS
State of Missouri

Supplier Registration

To begin the Supplier registration process, enter your email address on the right-hand side. Select **Send Access Code** and an access code will be sent to the email address provided. The access code is case-sensitive and should be entered exactly as it appears in the system notification. This code **expires** in 15 minutes.

If you have questions at any time during the registration process, please contact MissouriBUYS@mo.gov.

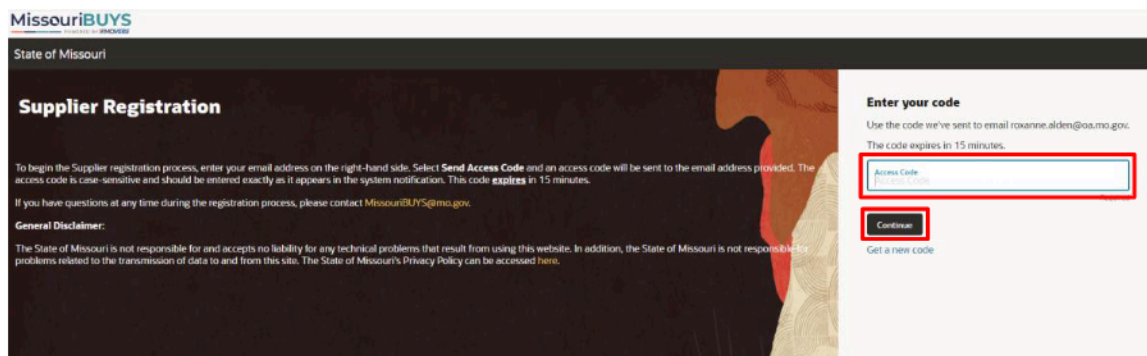
General Disclaimer:
The State of Missouri is not responsible for and accepts no liability for any technical problems that result from using this website. In addition, the State of Missouri is not responsible for problems related to the transmission of data to and from this site. The State of Missouri's Privacy Policy can be accessed [here](#).

Enter your email
Get a one-time access code to start.

Email

Send Access Code

3. Enter the access code received in the system notification in the **Access Code** field and click **Continue**. The access code is case-sensitive and should be entered exactly as it appears in the system notification. The code **expires** in 15 minutes.



MissouriBUYS
State of Missouri

Supplier Registration

To begin the Supplier registration process, enter your email address on the right-hand side. Select **Send Access Code** and an access code will be sent to the email address provided. The access code is case-sensitive and should be entered exactly as it appears in the system notification. This code **expires** in 15 minutes.

If you have questions at any time during the registration process, please contact MissouriBUYS@mo.gov.

General Disclaimer:
The State of Missouri is not responsible for and accepts no liability for any technical problems that result from using this website. In addition, the State of Missouri is not responsible for problems related to the transmission of data to and from this site. The State of Missouri's Privacy Policy can be accessed [here](#).

Enter your code
Use the code we've sent to email roanne.alden@mo.gov.
The code expires in 15 minutes.

Access Code

Continue
Get a new code

Self-Service Supplier Registration Process

Enter Supplier Details

On the **Supplier Details** screen, provide your supplier information as you are guided through each of the sections listed on the right-hand side of the screen. Required fields are labeled under the field on the right-hand side. **The information entered on your registration must match your uploaded, hand-signed, and dated Internal Service W-9 Form.**

Supplier Details

Follow the prompts below to begin your self-service registration.

Helpful Tips:

In the TIN Type field, select FEIN or SSN before selecting your Registration Type. If using **FEIN**, select **Parent/Headquarters** or **Branch/DBA** from the Registration Type dropdown. If using **SSN**, select **Individual** or **Branch/DBA** from the Registration Type dropdown. If you are registering as a Branch/DBA, type in the name of the Parent/Headquarters or Individual in the Note to Approver field. As a reminder when registering as a Branch/DBA, do not enter your Taxpayer ID in the Taxpayer ID field.

To agree to the [State of Missouri's Privacy Policy](#), select **I (We) Agree** in the Agree to Privacy Policy drop down before selecting **Continue**.

Please attach a signed and dated **Internal Revenue Service W-9 Form** in the Drag and Drop box below. The form must be hand signed and dated within the last 12 months of submitting the registration. Digital signatures are not accepted. Failure to attach a signed and dated W-9 form will result in your registration not being created. If you do not have a W-9 form, you may click **Save** and complete your registration later.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

Supplier **1**

Website **2**

Country **3**

Taxpayer ID **4**

Organization Type **5**

Note to Approver

Additional Information

TIN Type

Registration Type

Payment Notification Email Address

Updated just now

Cancel

Save

Continue

1 | 6

Supplier Details

Contacts

Addresses

Bank Accounts

Products and Services

Questionnaire

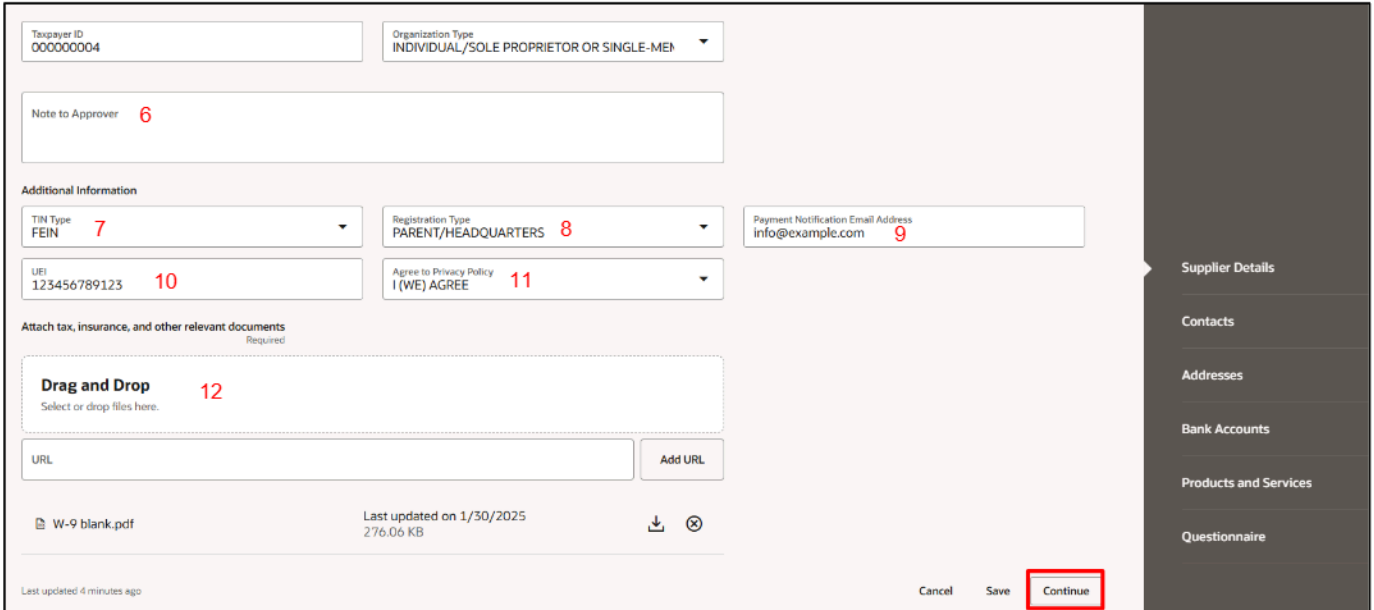
- In the **Supplier** field, enter the Legal Name of the entity/individual. The system will not allow duplicative names. The Legal Name must match, excluding punctuation, the entity/individual name on record with the IRS for your Tax Identification Number. **Ensure your registration information matches the information on your W-9.**
 - If you want to register both your Parent/Headquarters and Branch/DBA (Doing Business As) companies with the State of Missouri, please create your Parent/Headquarters Registration first, then create a separate Branch/DBA Registration. Please do not list your DBA name within your Supplier name when completing your Parent/Headquarters Registration.
 - Once you have completed your Parent/Headquarters Registration, please create a Branch/DBA registration and enter the name in which you conduct business.
- In the **Website** field, if desired, enter your business website's URL.
- In the **Country** field, click on the drop-down arrow to choose your country. You can also start typing the country and a list of options will be provided to select from.
- In the **Taxpayer ID** field, enter your 9-digit Taxpayer ID. Do not enter any hyphens, spaces, or dashes.

Self-Service Supplier Registration Process

- a. This will be either your Social Security Number (SSN) or your Federal Employer Identification Number (FEIN). Do not enter your 9-digit SSN or FEIN if you are registering your Branch/DBA Supplier name. Instead, leave the Taxpayer ID field blank.

Note: The State of Missouri uses this information to associate your registration with the state's financial system for Federal tax reporting.

5. In the **Organization Type** field, click on the drop-down arrow to select the correct Organization Type.



The screenshot shows a web form for supplier registration. At the top, there are two input fields: 'Taxpayer ID' with the value '000000004' and 'Organization Type' with a dropdown menu showing 'INDIVIDUAL/SOLE PROPRIETOR OR SINGLE-MEN'. Below these is a 'Note to Approver' field with the number '6' in red. The 'Additional Information' section contains several fields: 'TIN Type' with a dropdown showing 'FEIN' and the number '7' in red; 'Registration Type' with a dropdown showing 'PARENT/HEADQUARTERS' and the number '8' in red; 'Payment Notification Email Address' with the value 'info@example.com' and the number '9' in red; 'UFI' with the value '123456789123' and the number '10' in red; and 'Agree to Privacy Policy' with a dropdown showing 'I (WE) AGREE' and the number '11' in red. Below this is a section for attaching documents, labeled 'Attach tax, insurance, and other relevant documents Required', with a 'Drag and Drop' area and the number '12' in red. There is also a 'URL' field and an 'Add URL' button. At the bottom, there is a file upload section showing a file named 'W-9 blank.pdf' with a size of '276.06 KB' and a date of 'Last updated on 1/30/2025'. At the very bottom, there are 'Cancel', 'Save', and 'Continue' buttons, with 'Continue' highlighted by a red box. A sidebar on the right contains links to 'Supplier Details', 'Contacts', 'Addresses', 'Bank Accounts', 'Products and Services', and 'Questionnaire'.

6. In the **Note to Approver** field, add any additional notes that may apply. For example, in the case of an ownership change or business restructure, please add the prior supplier name. Do not enter any sensitive information in the **Note to Approver** field, such as SSN, FEIN, or bank information.

Note: If you are registering your Branch/DBA registration, please add the Parent/Headquarters company name in the **Note to Approver** field.

7. In the **TIN Type** field, click the drop-down arrow to select **Social Security Number** or **Federal Employer Identification Number**, depending on how you are doing business with the State of Missouri.
8. In the **Registration Type** field, you will enter whether you are an Individual, Parent/Headquarters or Branch/DBA.
 - a. **Individual** applies to you if are doing business as yourself or as a sole proprietor.
 - b. **Parent/Headquarters** applies to your organization if it is the parent or headquarters location of your organization.
 - c. **Branch/DBA (Doing Business As)** applies to your organization if it is a child company or branch location of another entity. If you are registering your Branch/DBA, please double check the following.

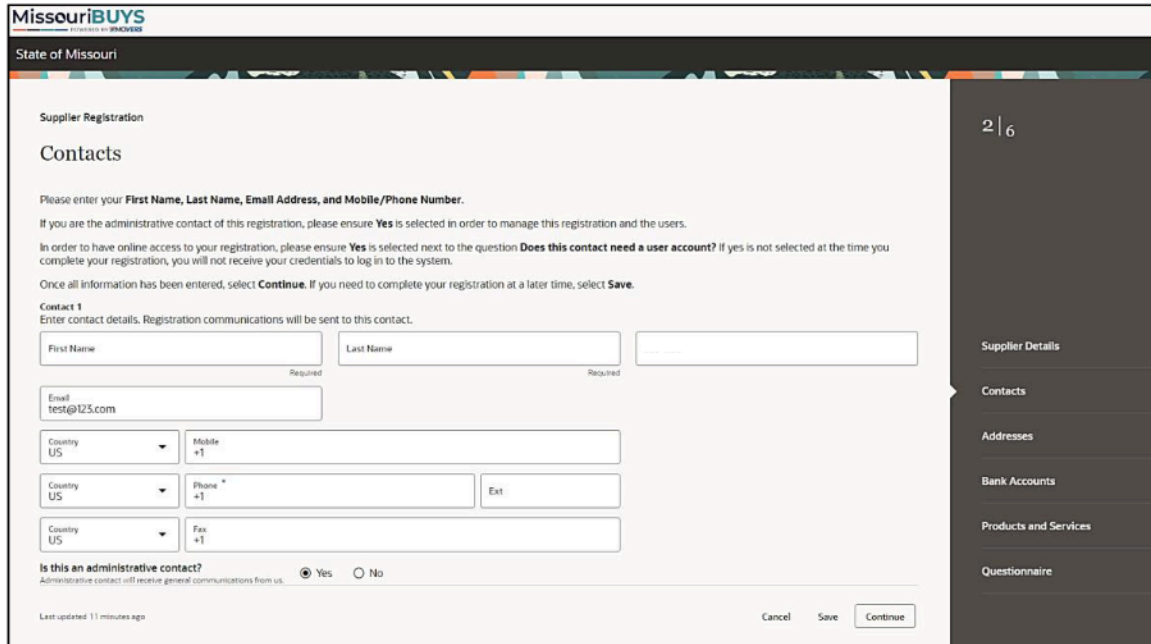
Self-Service Supplier Registration Process

- i. In the **Supplier** field, ensure you have entered your DBA name only.
 - ii. In the **Taxpayer ID** field, ensure you have left it blank.
 - iii. In the **Note to Approver** field, ensure you have provided the Individual or Parent/Headquarters name.
9. In the **Payment Notification Email Address** field, enter an email address for which you want to receive an email notification when a payment has been made to this supplier.
Note: Payment notifications will be generated with a future release of the MOVERS system.
10. In the **UEI** field, enter the Unique Entity Identifier (UEI) number, if applicable. Please leave this field blank if you have not applied for and been assigned a UEI number by the federal government.
 - a. This field is not required.
 - b. The UEI number must contain 12 characters. You must enter exactly 12 characters to proceed with your registration.
11. In the **Accept Terms and Conditions** field, click the drop-down arrow and select **I (We) Agree**.
12. In the **Drag and Drop** box, upload a hand-signed and dated Internal Service W-9 Form and select **Continue**. Ensure your registration information matches the information on your W-9.
Note: Please attach a signed and dated **Internal Revenue Service W-9 Form** in the “Drag and Drop” box below. The form must be hand-signed and dated within 12 months of submitting the registration. Digital signatures are **not accepted**. The W-9 Form can be found on the [IRS official website](#). Ensure you are using the latest version of the W-9 Form from the IRS. Failure to attach the latest version of the W-9 that is hand-signed and dated will result in your registration not being created. If you do not have a W-9 form, you may click **Save** and complete your registration later.

Self-Service Supplier Registration Process

Enter Contacts

The **Contacts** screen is where you will enter your contact information and create additional contacts who will need access to the MissouriBUYS Supplier Portal. Each contact may be assigned to one or both of the supplier role(s).



MissouriBUYS
 State of Missouri

Supplier Registration

Contacts

Please enter your **First Name, Last Name, Email Address, and Mobile/Phone Number**.

If you are the administrative contact of this registration, please ensure **Yes** is selected in order to manage this registration and the users.

In order to have online access to your registration, please ensure **Yes** is selected next to the question **Does this contact need a user account?** If yes is not selected at the time you complete your registration, you will not receive your credentials to log in to the system.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

Contact 1
 Enter contact details. Registration communications will be sent to this contact.

First Name Last Name

Email test@t25.com

Country US Mobile +1

Country US Phone +1 Ext

Country US Fax +1

Is this an administrative contact? ☒ Yes ☐ No

Administrative contact will receive general communications from us.

Last updated 11 minutes ago

Cancel Save Continue

2 | 6

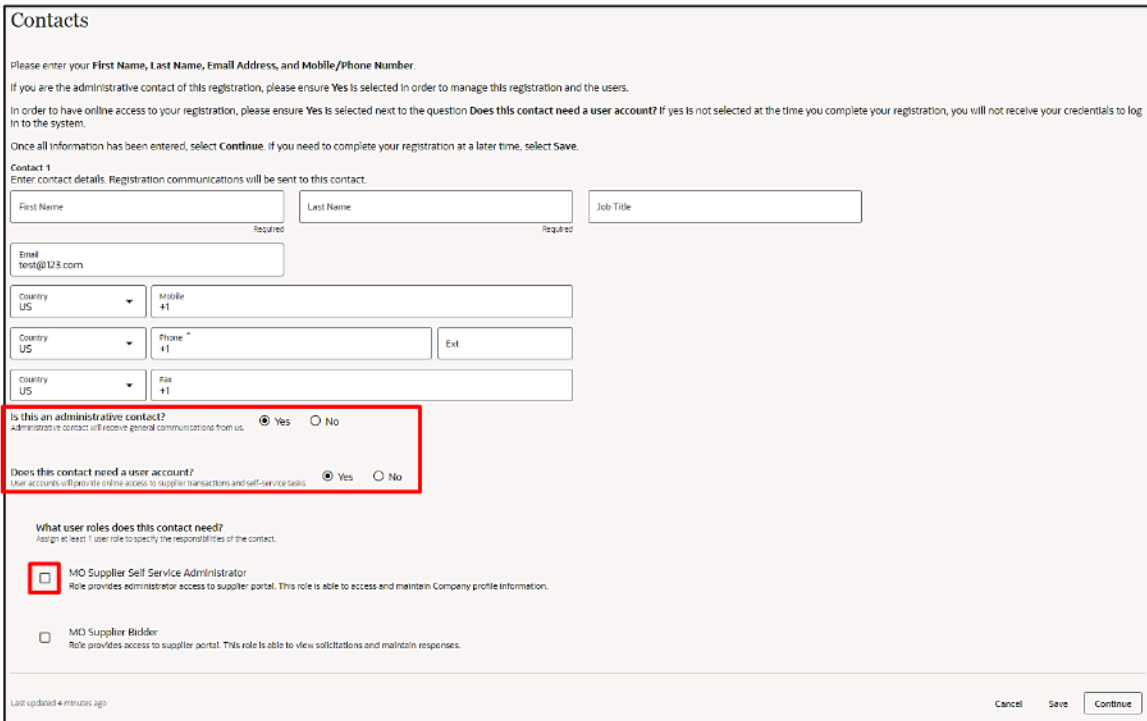
Supplier Details
 Contacts
 Addresses
 Bank Accounts
 Products and Services
 Questionnaire

1. Enter your contact details with your **First Name, Last Name, and Email**.
2. Provide either a **Mobile** or **Phone** number in case the State of Missouri Supplier Management Team needs to contact you regarding your registration.
 - a. If entering a **Mobile** number:
 - i. In the field to the left, verify the **Country** selected is "US".
 - ii. In the **Mobile** field, enter your mobile phone number, starting with "+1" which automatically populates, and your area code first.
 - b. If entering any other **Phone** number:
 - i. In the **Phone** field, first, enter your phone number, starting with "+1" which automatically populates, and your area code.
 - ii. In the **Ext** field, enter your extension, if applicable.
3. In the **Fax** field, enter your fax number.
 - a. In the field to the left, verify the **Country** selected is "US".
 - b. In the **Fax** field, first, enter your mobile phone number, starting with "+1" which automatically populates, and your area code.
 - c. This field is not required.
 - d. In the **Job Title** field, enter your job title. This field is not required.

Self-Service Supplier Registration Process

4. Verify your response for “Is this an administrative contact?” and “Does this contact need a user account?”.

- a. The **Yes** radio button will be selected by default for both.



Contacts

Please enter your **First Name, Last Name, Email Address, and Mobile/Phone Number**.

If you are the administrative contact of this registration, please ensure **Yes** is selected in order to manage this registration and the users.

In order to have online access to your registration, please ensure **Yes** is selected next to the question **Does this contact need a user account?** If yes is not selected at the time you complete your registration, you will not receive your credentials to log in to the system.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

Contact 1
Enter contact details. Registration communications will be sent to this contact.

First Name Last Name Job Title

Email Required

Country Mobile Required

Country Phone Required Ext.

Country Fax

Is this an administrative contact?
Administrative contact will receive general communications from us. ☒ Yes ☐ No

Does this contact need a user account?
User accounts will provide online access to supplier transactions and self-service tools. ☒ Yes ☐ No

What user roles does this contact need?
Assign at least 1 user role to specify the responsibilities of the contact.

☒ **MO Supplier Self Service Administrator**
Role provides administrator access to supplier portal. This role is able to access and maintain Company profile information.

☐ **MO Supplier Bidder**
Role provides access to supplier portal. This role is able to view solicitations and maintain responses.

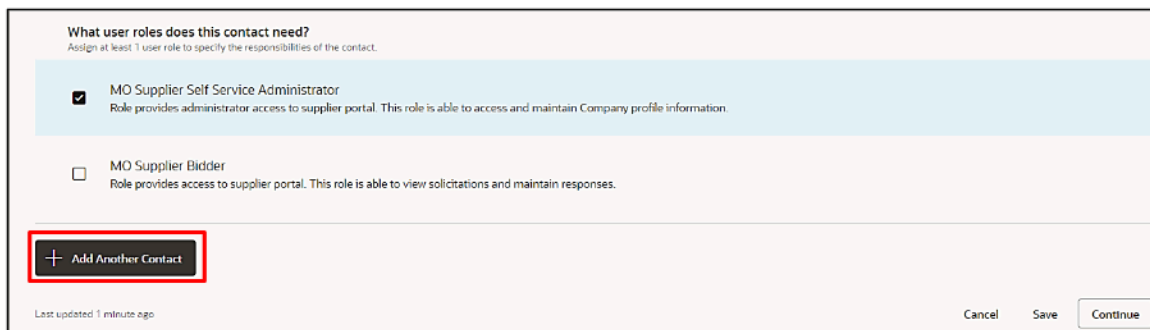
Last updated 4 minutes ago

Cancel Save **Continue**

5. Verify “What user roles does this contact need?”. You will need to assign **at least** one role to specify the responsibilities of the contact. You can select all boxes if needed.

- a. **Tip:** As the supplier profile owner, you need to select the “MO Supplier Self Service Administrator” role. This role allows the user to manage the profile and grant contacts access to the supplier application.

6. If you would like to add another contact, click on **Add Another Contact** at the bottom of the page.



What user roles does this contact need?
Assign at least 1 user role to specify the responsibilities of the contact.

☒ **MO Supplier Self Service Administrator**
Role provides administrator access to supplier portal. This role is able to access and maintain Company profile information.

☐ **MO Supplier Bidder**
Role provides access to supplier portal. This role is able to view solicitations and maintain responses.

+ Add Another Contact

Last updated 1 minute ago

Cancel Save **Continue**

7. To edit a previously entered contact, click on the **Pencil** icon on the right-hand side.

- a. If you would like to remove a contact, you can click on the **Trash** icon adjacent to the **Pencil** icon. The **Trash** icon will appear on all contacts, so be sure you verify that you are deleting the correct contact.

Self-Service Supplier Registration Process

Contact 2

First Name

Sandy

Last Name

McTest

Job Title

Email

user@example.net

Mobile

+1 215 555 5554

Phone

+1 215 222 0000

Fax

Is this an administrative contact?

Administrative contact will receive general communications from us.

☒ Yes
 ☐ No

Does this contact need a user account?

User accounts will provide online access to supplier transactions and self-service tasks.

☒ Yes
 ☐ No

What user roles does this contact need?

Assign at least 1 user role to specify the responsibilities of the contact.

8. Click **Continue**.

Contacts

Please enter your First Name, Last Name, Email Address, and Mobile/Phone Number.

If you are the administrative contact of this registration, please ensure **Yes** is selected in order to manage this registration and the users.

In order to have online access to your registration, please ensure **Yes** is selected next to the question **Does this contact need a user account?** If yes is not selected at the time you complete your registration, you will not receive your credentials to log in to the system.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

Contact 1

Enter contact details. Registration communications will be sent to this contact.

First Name

Todd

Last Name

Tester

Job Title

Tester

Email

test@123.com

Country

US

Mobile

+1 573 888 9999

Country

US

Phone *

+1 573 888 9990

Ext

Country

US

Fax

+1

Is this an administrative contact?

Administrative contact will receive general communications from us.

☒ Yes
 ☐ No

Does this contact need a user account?

User accounts will provide online access to supplier transactions and self-service tasks.

☒ Yes
 ☐ No

What user roles does this contact need?

Assign at least 1 user role to specify the responsibilities of the contact.

☒ MO Supplier Self Service Administrator
 Role provides administrator access to supplier portal. This role is able to access and maintain Company profile information.

Last updated 24 minutes ago

Cancel

Save

Continue

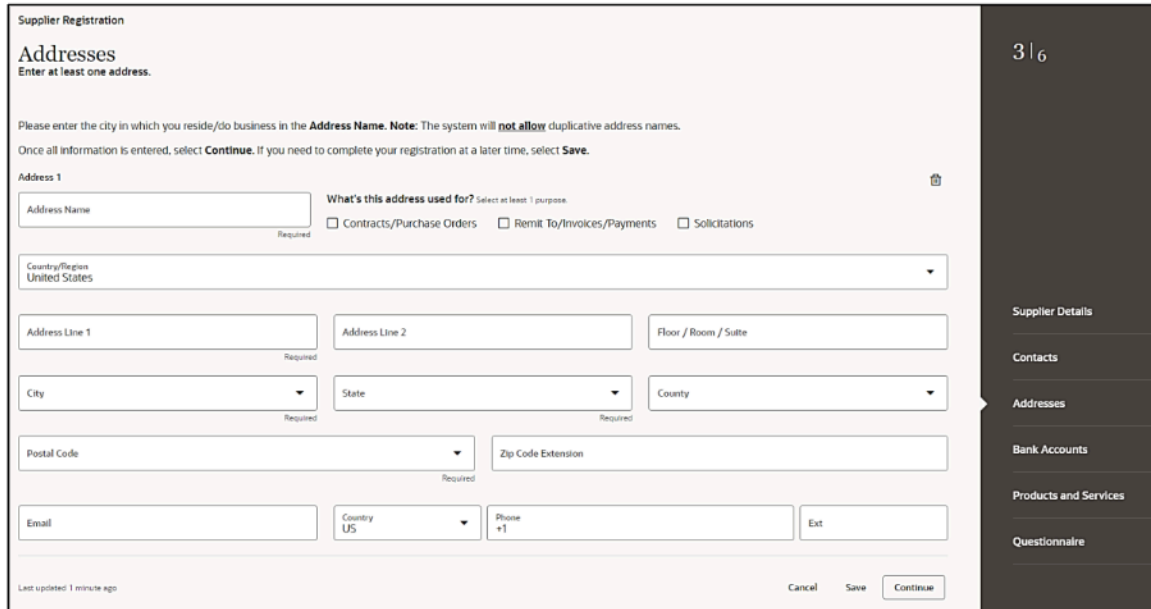
Rev 3/11/2025

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Self-Service Supplier Registration Process

Enter Addresses

The **Addresses** screen is where you will enter your address. You will need to enter the address that is on your W-9 and can add additional addresses, such as a PO Box address. **The information entered on your registration must match your uploaded, hand-signed, and dated Internal Service W-9 Form.**



1. In the **Address Name** field, enter the city in which you reside/do business.
Note: The system will not allow duplicative address names.
2. Select at least one box for which the address will be used: **Contracts/Purchase Orders**, **Remit To/Invoices/Payments**, and/or **Solicitations**.
3. In the **Country/Region** field, enter the country.
4. In the **Address Line 1** field, enter your physical address. **Ensure your registration information matches the information on your W-9.**
5. In the **Address Line 2** field, enter the PO Box information, if applicable. This is not a required field.
6. In the **Floor/Room/Suite** field, enter the floor, room, or suite, if applicable. This is not a required field.

Self-Service Supplier Registration Process

Address 1

Address Name **1**
Jefferson City

What's this address used for? Select at least 1 purpose. **2**
☒ Contracts/Purchase Orders ☒ Remit To/Invoices/Payments ☒ Solicitations

Country/Region **3**
United States

Address Line 1 **4**
111 Test St.

Address Line 2 **5**

Floor / Room / Suite **6**
3rd Floor

City
Jefferson City

State
MO

County
Cole

Postal Code
65101

Zip Code Extension

7. In the **Postal Code** field, enter your zip code. This should auto-populate with several choices for you to choose from. Select the correct city and county associated with your zip code.

Address Name
Required

What's this address used for? Select at least 1 purpose.
☐ Contracts/Purchase Orders ☐ Remit To/Invoices/Payments ☐ Solicitations

Country/Region
United States

Address Line 1
111 Test St.

Address Line 2

Floor / Room / Suite
3rd Floor

City
Required

State
Required

County

Postal Code
65101

Zip Code Extension

Phone
+1

Ext

alden@oa.mo.gov

Owner

Cancel Save Continue

Last updated 5 minutes ago

8. In the **Zip Code Extension** field, enter the four-digit zip code extension, if known; however, it is not required.
9. Once you have entered the address information, you will be able to associate a Contact to this address by selecting the applicable checkbox.

Which contacts are associated to this address?

☒ Todd Tester user@example.com

9. To add another address, click on **Add Another Address** at the bottom of the page.

Self-Service Supplier Registration Process

Which contacts are associated to this address?

<input checked="" type="checkbox"/>	Toby McTest	Owner
-------------------------------------	-------------	-------

[+ Add Another Address](#)

Last updated: 7 minutes ago

Cancel Save Continue

10. Click on the **Pencil** icon on the right-hand side to edit the address. Only the MO Supplier Self Service Administrator will be able to edit address information.
 - a. If you would like to remove an address, you can click on the **Trash** icon adjacent to the **Pencil** icon. The **Trash** icon will appear on all addresses. Please ensure you are deleting the correct address.

Address 2

Address Name: Toby's Construction 001

What's this address used for? Select at least 1 purpose.

☐ Contracts/Purchase Orders ☒ Remit To/Invoices/Payments ☐ Solicitations

Address: PO BOX 000, JEFFERSON CITY, MISSOURI COLE 65102, UNITED STATES

[Edit](#) [Trash](#)

Bank Accounts

The **Banks Accounts** screen is where you will add the bank information to receive payments from the State of Missouri. The State of Missouri strongly encourages all vendors to sign up for direct deposit of their payments. ACH/EFT is a faster, more secure method of payment. It saves costs and is more environmentally friendly than a paper check.

Supplier Registration

Bank Accounts

The State of Missouri recommends adding Automated Clearing House (ACH) information at the time of supplier registration. **The State of Missouri will only accept an account with a financial institution within the United States.** The State of Missouri will only accept one bank account per address.

Please enter the **Address Name** provided on the "Addresses" page for which you would like to associate this banking information.

By setting up your ACH information with the State of Missouri, you agree to the terms and conditions below:

I (We) acknowledge that the ACH information provided below is correct.

I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

Bank account 1

Country: United States

Routing Number: 1

Bank:

Account Number:

Account Type:

Name on Account:

[+ Add Another Bank Account](#)

Updated just now

Cancel Save Continue

4 | 6

- Supplier Details
- Contacts
- Addresses
- Bank Accounts
- Products and Services
- Questionnaire

Self-Service Supplier Registration Process

1. To enter your routing number in the **Routing Number** field, you can do it one of three ways:
 - a. Start by typing in the number in the field.
 - b. Start by typing in the name of the bank.
 - c. Click on the drop-down arrow in the **Routing Number** field and you can scroll down until you find your routing number to select. Select the correct bank and routing number from the resulting list of banks and routing numbers that will populate in the dropdown, as shown in the screenshot below.

The State of Missouri recommends adding Automated Clearing House (ACH) information at the time of supplier registration. **The State of Missouri will only accept an account with a bank account per address.**

Please use the dropdown menu to select the bank and branch information to associate this banking information.

Conditions below:

at the depository financial institution named and to credit the same such account. I (We) with the provision of U.S. law. This authorization is to remain in full force and effect until the State of termination in such time and in such manner as to afford the State of Missouri and the financial institution at a later time, select **Save**.

Routing Number	Bank	Bank Branch
086300012	OLD NATIONAL BANK	086300012
086300041	FIFTH THIRD BANK	086300041
086314367	GERMAN AMERICAN BANK	086314367
086314464	INDIANA MEMBERS CREDIT UNION	086314464
086500087	BANK OF AMERICA, N.A.	086500087
086500142	COMMERCE BANK	086500142
086500346	U.S. BANK, N.A.	086500346

Routing Number
2
Required

Bank
2a
Required

Account Number
3
Required

Account Type
4
Required

Name on Account
5
Required

+ Add Another Bank Account

- Once you have selected the appropriate listing for the **Routing Number** field, the **Bank** field will automatically populate.
 - If you choose to find your **Bank** before your **Routing Number**, the routing number will not automatically populate, and you will need to enter the routing number or find it in the dropdown list, similar to Step 1, above.
- Now that you have entered your **Bank** and **Routing Number** you will need to type in your account number in the **Account Number** field.
- In the **Account Type** field, choose your account type using the drop-down arrow.
- In the **Name on Account** field, enter the name associated with the bank account. This will be the name on the account at the bank (i.e., Sandy Smith or Sandy's Floral Shop).
- To add a bank account, click on **Add Another Bank Account**.

Self-Service Supplier Registration Process

Bank account 1

Country
United States

Branch Number
281580417

Bank
MISSOURI CREDIT UNION

Account Number
0000

Currency
US Dollar

Account Type
Checking

Name on Account
Clayton's Collision Center

Address Name
Jefferson City

+ Add Another Bank Account

Last updated 37 minutes ago

Cancel Save **Continue**

Note: The State of Missouri will only accept one bank account per registration or address, whichever is applicable. Please enter the **Address Name** provided on the “Addresses” screen for which you would like to associate this banking information.

- After completing all applicable fields, select **Continue** in the bottom right-hand corner.

Bank account 1

Country
United States

Branch Number
281580417

Bank
MISSOURI CREDIT UNION

Account Number
0000

Currency
US Dollar

Account Type
Checking

Name on Account
Clayton's Collision Center

Address Name
Jefferson City

+ Add Another Bank Account

Last updated 37 minutes ago

Cancel Save **Continue**

Products and Services

The **Products and Services** screen is where you will select solicitation opportunity categories for which you would like to receive notifications based on products/services your organization provides. The section below describes how you will identify and select categories and sub-categories that align with products/services your business provides.

Self-Service Supplier Registration Process

Supplier Registration

Products and Services

If you wish to receive solicitation opportunity notifications posted by the State of Missouri agencies, please select the UNSPSC commodity/service codes that best align with the products and/or services that you or your organization provide. If you select a higher level code, you will receive bidding email notifications for the higher level code and all of its sub-level codes. Otherwise, no action is necessary, and you may proceed to the next step in your registration.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

Category	Description
<input type="checkbox"/> 10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES	LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES
<input type="checkbox"/> 11000000 - MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS	MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS
<input type="checkbox"/> 12000000 - CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS	CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS
<input type="checkbox"/> 13000000 - RESIN AND ROSIN AND RUBBER AND FOAM AND FILM AND ELASTOMERIC MATERIALS	RESIN AND ROSIN AND RUBBER AND FOAM AND FILM AND ELASTOMERIC MATERIALS
<input type="checkbox"/> 14000000 - PAPER MATERIALS AND PRODUCTS	PAPER MATERIALS AND PRODUCTS
<input type="checkbox"/> 15000000 - FUELS AND FUEL ADDITIVES AND LUBRICANTS AND ANTI CORROSIVE MATERIALS	FUELS AND FUEL ADDITIVES AND LUBRICANTS AND ANTI CORROSIVE MATERIALS

Last updated now

Cancel

Save

Continue

516

Supplier Details

Contacts

Addresses

Bank Accounts

Products and Services

Questionnaire

- To receive notifications for a specific category and all its sub-categories, check the box next to the desired category. You can select as many categories as needed.

Category	Description
<input checked="" type="checkbox"/> 10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES	LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES
<input type="checkbox"/> 11000000 - MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS	MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS
<input type="checkbox"/> 12000000 - CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS	CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS
<input type="checkbox"/> 13000000 - RESIN AND ROSIN AND RUBBER AND FOAM AND FILM AND ELASTOMERIC MATERIALS	RESIN AND ROSIN AND RUBBER AND FOAM AND FILM AND ELASTOMERIC MATERIALS









Rev 3/11/2025

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Self-Service Supplier Registration Process

2. To only receive notifications from a sub-category within a parent category, click on the triangle next to a folder to view sub-categories. **Check the boxes** next to categories or sub-categories for which you would like to receive notifications on bidding opportunities.
 - a. If a triangle is present next to a sub-category folder, more sub-categories are also available within that folder.

Note: Solicitation invitations based on UNSPSC codes that you selected will be generated with a future release of the MOVERS system.

Category	Description
<input type="checkbox"/>  10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES	LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES
<input type="checkbox"/>  10100000 - LIVE ANIMALS	LIVE ANIMALS
<input type="checkbox"/>  10101500 - LIVESTOCK	LIVESTOCK
<input checked="" type="checkbox"/>  10101501 - CATS	CATS
<input checked="" type="checkbox"/>  10101502 - DOGS	DOGS
<input type="checkbox"/>  10101504 - MINK	MINK
<input type="checkbox"/>  10101505 - RATS	RATS
<input type="checkbox"/>  10101506 - HORSES	HORSES

3. Click **Continue**.








Supplier Registration

Products and Services

If you wish to receive solicitation opportunity notifications posted by the State of Missouri agencies, please select the UNSPSC commodity/service codes that best align with the products and/or services that you or your organization provide. If you select a higher level code, you will receive bidding email notifications for the higher level code and all of its sub level codes. Otherwise, no action is necessary, and you may proceed to the next step in your registration.

Once all information has been entered, select **Continue**. If you need to complete your registration at a later time, select **Save**.

2 selected
View Selected
Clear Selected

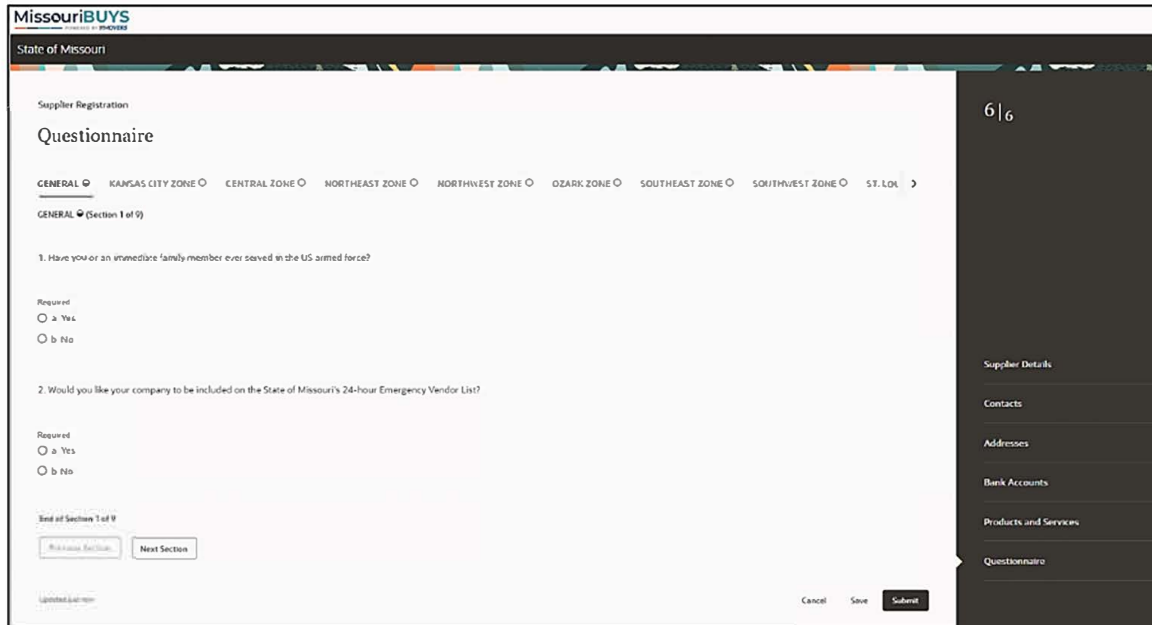
Category	Description
<input type="checkbox"/>  10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES	LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES
<input type="checkbox"/>  11000000 - MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS	MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS
<input type="checkbox"/>  12000000 - CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS	CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS
<input type="checkbox"/>  12130000 - EXPLOSIVE MATERIALS	EXPLOSIVE MATERIALS
<input type="checkbox"/>  12131500 - EXPLOSIVES	EXPLOSIVES
<input checked="" type="checkbox"/>  12131501 - DYNAMITE	DYNAMITE
<input checked="" type="checkbox"/>  12131502 - EXPLOSIVE CARTRIDGES	EXPLOSIVE CARTRIDGES

Last updated 2 minutes ago
Cancel
Save
Continue

Self-Service Supplier Registration Process

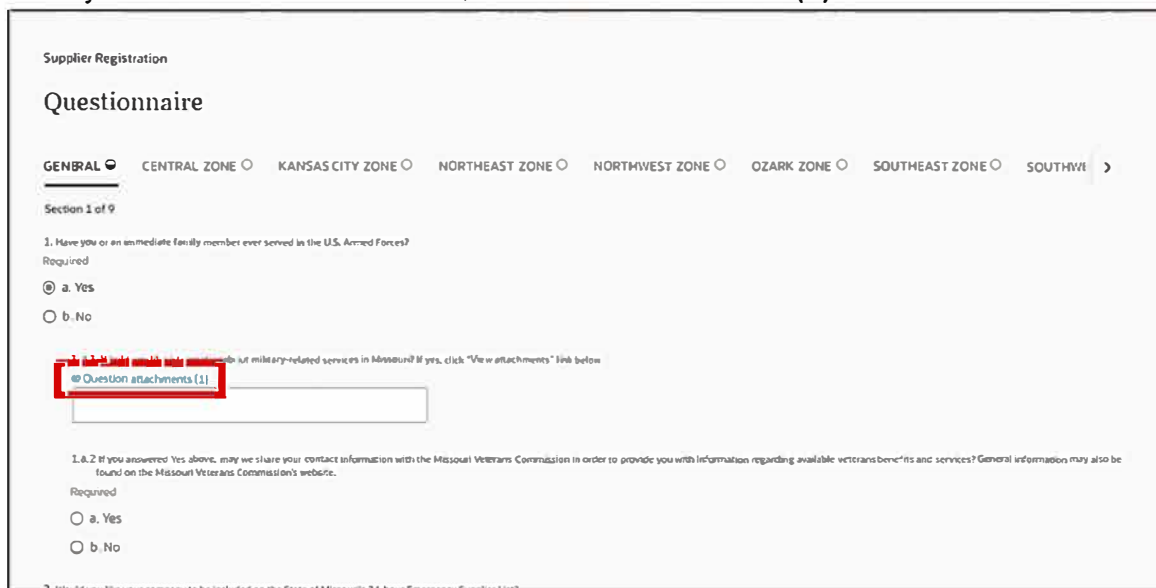
Questionnaire and Application Submission

The **Questionnaire** screen is where you will be asked a series of questions and be able to submit your registration.



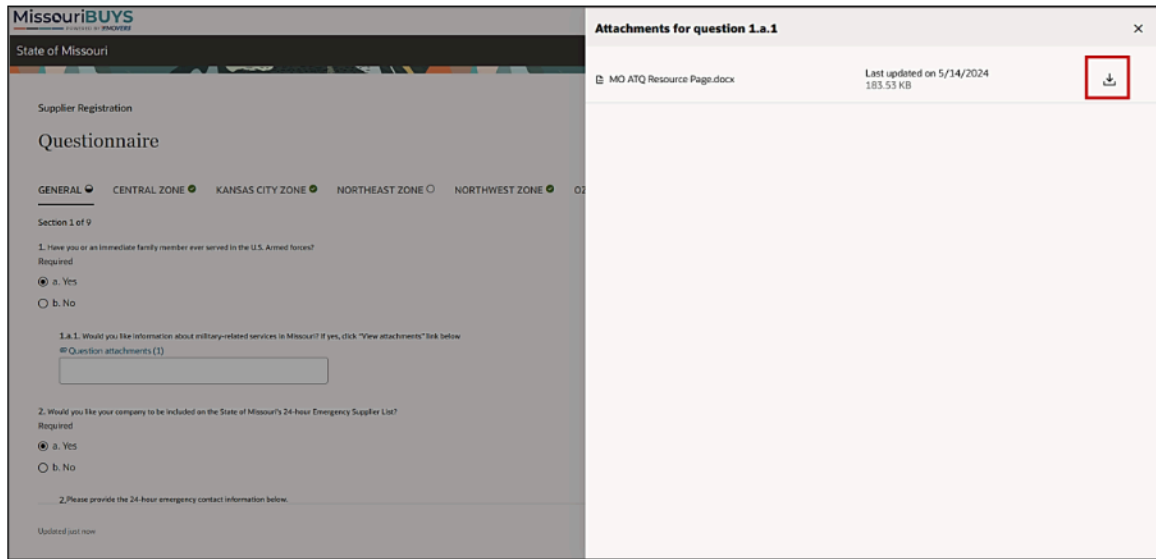
1. For question number 1, select **Yes** or **No** stating whether you or an immediate family member have ever been in the US Armed Forces.

- a. If **Yes** was selected, there will be two more questions below. To learn more about the military-related services in Missouri, click **View Attachments(1)** to view the document.



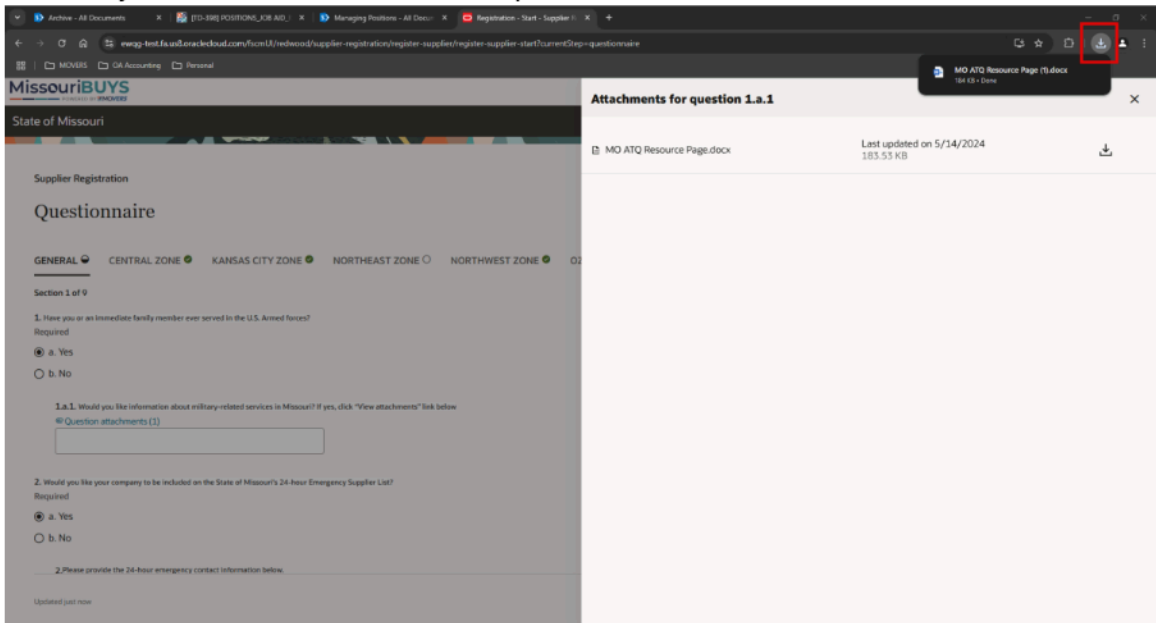
Self-Service Supplier Registration Process

- b. On the Attachments for question 1.a.1 screen, click the download arrow.



The screenshot shows the MissouriBUYS Supplier Registration Questionnaire on the left and a pop-up window titled "Attachments for question 1.a.1" on the right. The questionnaire is for the State of Missouri and includes sections for General information, Central Zone, Kansas City Zone, Northeast Zone, and Northwest Zone. The current section is "Section 1 of 9". Question 1 asks if the user or an immediate family member ever served in the U.S. Armed forces. Question 1.a.1 asks if the user would like information about military-related services in Missouri. The Attachments window shows a document named "MO ATQ Resource Page.docx" with a download arrow icon highlighted by a red box.

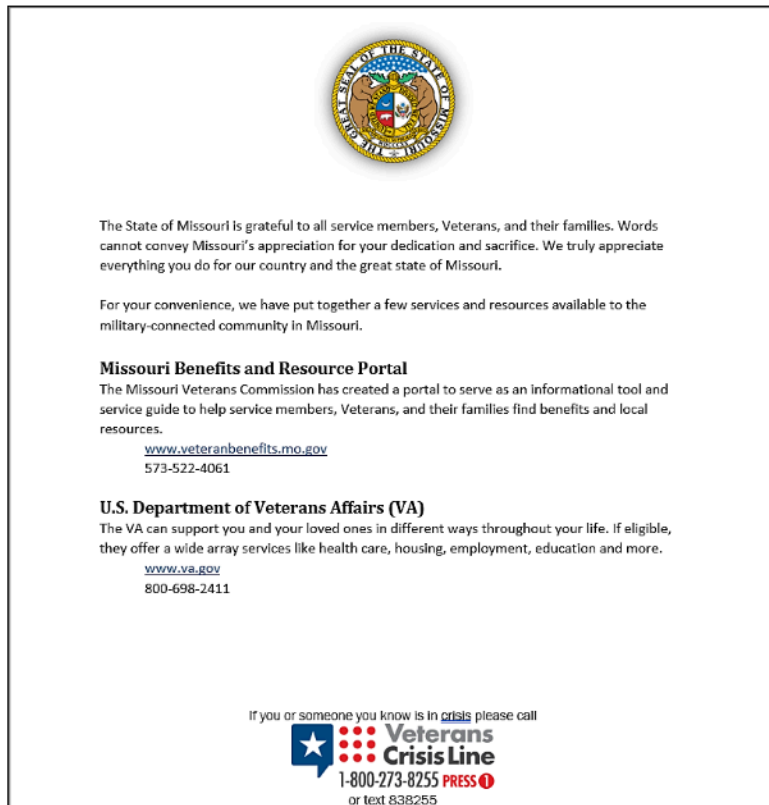
- c. Click on your browser's downloads to open the document.



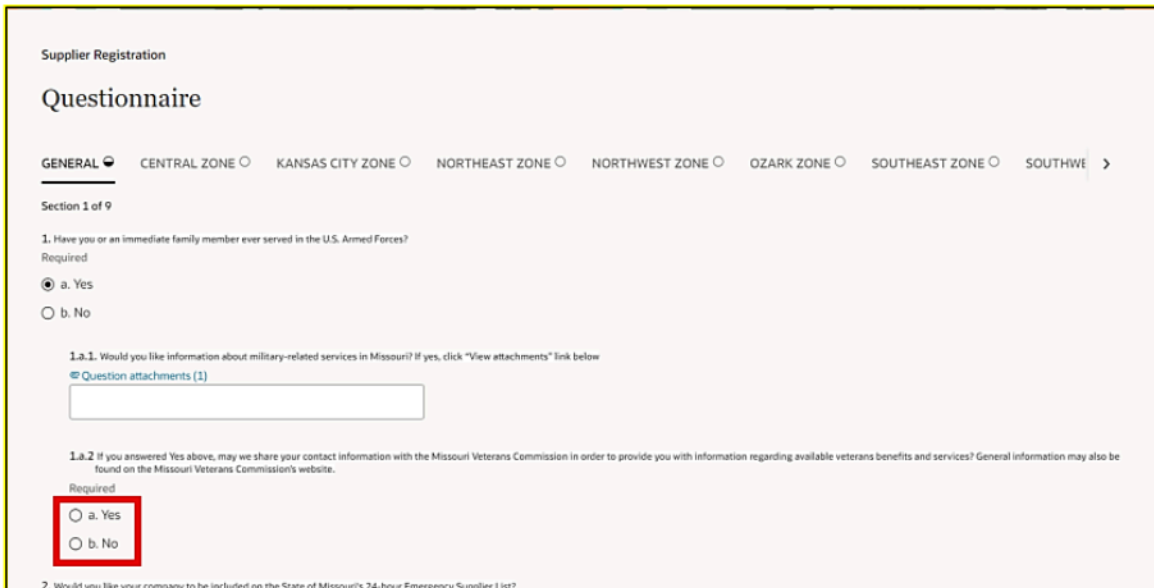
This screenshot is similar to the previous one, but it includes a browser download bar at the top right. The download bar shows the file "MO ATQ Resource Page (1).docx" with a download icon highlighted by a red box. The background shows the same MissouriBUYS Supplier Registration Questionnaire and Attachments for question 1.a.1 pop-up window.

Self-Service Supplier Registration Process

- d. The document will open for you to review.



- e. For question 1.a.2, select **Yes** or **No**



The screenshot shows the 'Supplier Registration Questionnaire' interface. It includes a navigation bar with tabs for 'GENERAL', 'CENTRAL ZONE', 'KANSAS CITY ZONE', 'NORTHEAST ZONE', 'NORTHWEST ZONE', 'OZARK ZONE', 'SOUTHEAST ZONE', and 'SOUTHWEST ZONE'. The 'GENERAL' tab is selected. The questionnaire is divided into sections, with 'Section 1 of 9' currently displayed. Question 1 asks if the user or an immediate family member has ever served in the U.S. Armed Forces. Question 1.a.1 asks if the user would like information about military-related services in Missouri. Question 1.a.2, which is highlighted with a red box, asks if the user would like their contact information shared with the Missouri Veterans Commission. The 'a. Yes' radio button is selected.

4. For question number 2, select **Yes** or **No** stating whether or not you would like to be included on the State of Missouri's 24-hour Emergency Supplier List. If you select **Yes**, you will need to complete the following information in steps (3a – 3e) in the below the screenshot. If you select **No**, you can skip steps 3a – 3e.

Self-Service Supplier Registration Process

Note: By indicating you wish to be listed on the State of Missouri's 24-hour Emergency Supplier List, participating suppliers are registered to provide disaster assistance in the event of an emergency. It is estimated that this emergency assistance could be required for up to eight (8) weeks or until regular contracting/bidding procedures could be followed. In the event your services would be required, response time is very critical. Response to the agency within two (2) hours may be necessary as delivery of goods or services at the emergency location within four (4) hours may be required. For some classes or types of work, you may be required to provide proof of the appropriate insurance (general liability, professional liability, other non-professional liability, crime, errors and omissions liability, etc.) to be included on the emergency supplier list. This will ensure that your company can begin work immediately upon receiving a call from agency staff in case of an emergency.

Emergency Contact Name
 Required

2.a.2. Emergency Contact Email
 Required

2.a.3. Confirm Emergency Contact Email
 Required

2.a.4. Emergency Contact Phone(10 digits, no spaces or hyphens)
 Required

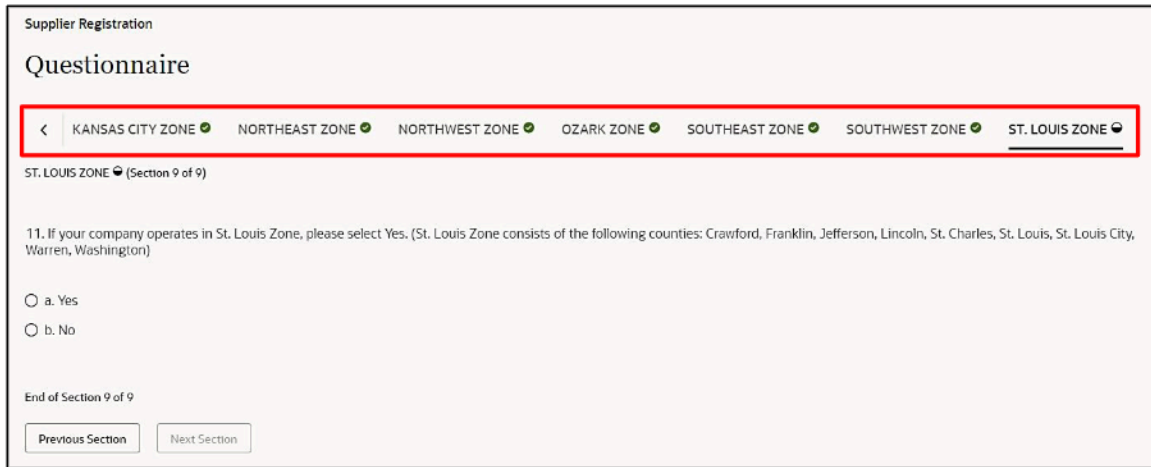
2.a.5. Confirm Emergency Contact Phone
 Required

- a. In the **Emergency Contact Name** field enter your emergency contact name.
 - b. In the **Emergency Contact Email** field, enter your emergency contact email.
 - c. Confirm your email by re-entering it.
 - d. In the **Emergency Contact Phone** field, enter your phone number starting with your area code without spaces or hyphens.
 - e. Confirm your phone number by re-entering it without spaces or hyphens.
5. In the screenshot below, you will see the different zones in the State of Missouri where the supplier will provide supplies and/or services.

Note: If you see a circle next to the zone, it means that it is not completed, only half completed.








Self-Service Supplier Registration Process


- a. If your organization operates only in select locations of the State of Missouri, please select **Yes** on the specific zone where you are available to provide products and/or services.
- b. If you support statewide products and/or services, please select **Yes** on all zones.



Supplier Registration

Questionnaire

< KANSAS CITY ZONE  NORTHEAST ZONE  NORTHWEST ZONE  OZARK ZONE  SOUTHEAST ZONE  SOUTHWEST ZONE  ST. LOUIS ZONE 

ST. LOUIS ZONE  (Section 9 of 9)

11. If your company operates in St. Louis Zone, please select Yes. (St. Louis Zone consists of the following counties: Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren, Washington)

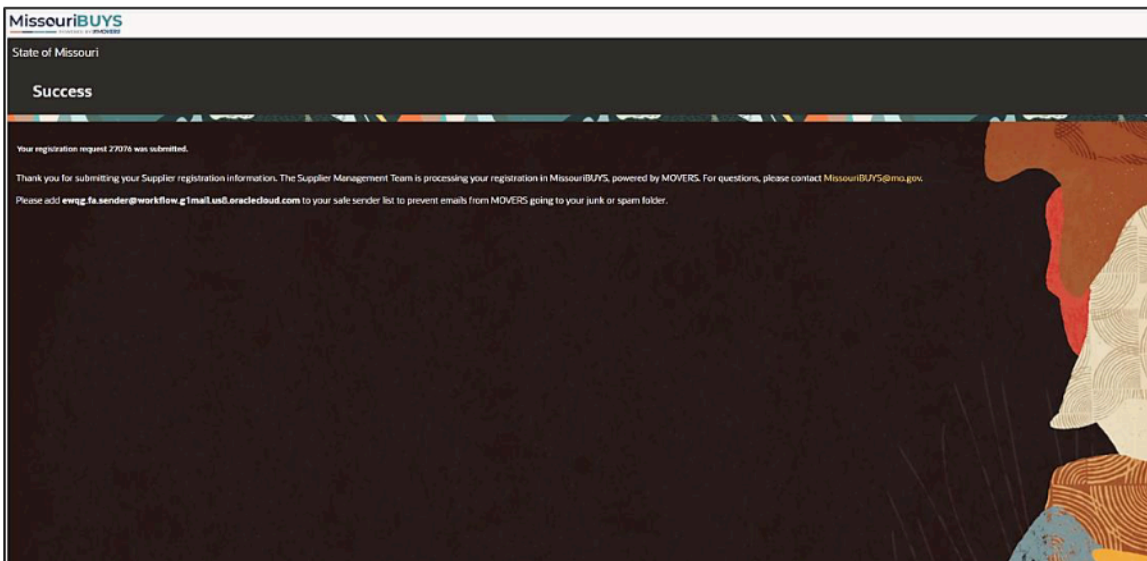
☐ a. Yes

☐ b. No

End of Section 9 of 9

[Previous Section](#) [Next Section](#)

6. Click **Submit** to submit your registration.
7. Once you have submitted your registration application, you will be redirected to a “Success” page stating, “Your registration request ##### was submitted.”



MissouriBUYS

State of Missouri

Success

Your registration request 27976 was submitted.

Thank you for submitting your Supplier registration information. The Supplier Management Team is processing your registration in MissouriBUYS, powered by MOVERS. For questions, please contact MissouriBUYS@mo.gov.

Please add ewgg_fa.sender@workflow.g1mail.us to your safe sender list to prevent emails from MOVERS going to your junk or spam folder.

Self-Service Supplier Registration Process

8. If your registration has been successfully submitted, you will receive a system notification via email confirming your business relationship is *Prospective*. If your registration has not been successfully submitted, you will receive a system notification requesting additional information. Once your registration is complete and approved by the State of Missouri, your business relationship will be *Spend Authorized* in MissouriBUYS, powered by MOVERS. For questions, please contact MissouriBUYS@mo.gov.

Below is an example of the system notification you will receive if your registration has been successfully submitted as *Prospective*.



Your Supplier Registration Request has been submitted successfully as *Prospective*.

Request Details

Request Number	23010
Request Date	04/29/2024
Requested By	Todd Tester
Supplier	Lilacs Travel the World

User account information will be sent in a separate notification.

Once your Prospective registration request is fully reviewed and approved by the State of Missouri, you will receive a Spend Authorization approval notification.

Please **DO NOT REPLY** to this notification.

Need Assistance?
 Supplier Management Team | State of Missouri
 Monday-Friday | 8 a.m. to 5 p.m. CT (excluding state holidays)
 573-751-2971 | MissouriBUYS@mo.gov

Self-Service Supplier Registration Process

Below is an example of the system notification you will receive if your registration has not been successfully submitted and additional information is required.

Note: Please add ewgg.fa.sender@workflow.g1mail.us8.oraclecloud.com to your safe sender list to prevent system notifications from MOVERS going to your junk or spam folder.


 POWERED BY MOVERS

Your supplier registration request requires additional information.

Request Details

Request Number	28001
Request Date	06/25/2024
Requested By	John Owens
Supplier	Dynamic Groups
Reason for Additional Information	Please provide Taxpayer ID.

Resubmit your registration request using the link: [Update your supplier registration request](#). You will have to use the same email address to which you received this notification.

Please **DO NOT REPLY** to this notification.

Need Assistance?
 Supplier Management Team | State of Missouri
 Monday-Friday | 8 a.m. to 5 p.m. CT (excluding state holidays)
 573-751-2971 | MissouriBUYS@mo.gov

Self-Service Supplier Registration Process

Date of Change	Page #	Type of Change	Level of Impact	Description
7/8/2024	18,19,20	Screenshot Update	Moderate	Updated all screenshots below step 5 of the Questionnaire and Application Submission section.
7/8/2024	19	Verbiage Update	Moderate	Moved the "Prospective" system notification screenshot above the other "additional information" system notification and included verbiage explaining the screenshot.
7/8/2024	3	Verbiage Update	Moderate	Updated Step 1 verbiage.
7/8/2024	3,4	Verbiage Update	Moderate	Updated Step 4 verbiage and added a note.
7/8/2024	4	Verbiage Update	Low	Moved note from Step 8 to Step 7.
7/8/2024	5	Verbiage Addition	Moderate	Added sub-steps to Step 9c.
7/8/2024	20	Verbiage Addition	Low	Added clarifying text above updated screenshot.
12/4/2024	12	Verbiage Addition	Low	Updated verbiage to make the instructions more clear in the bank account section.
12/9/2024	16-23	Added instructions and screenshots	High	Added new screenshots and instructions for the updated veteran questions on the supplier registration portal.
1/30/2025	3-5, 11-12	New screenshots and instructions	High	Added new screenshots and instructions for the UEI field on Supplier Details page and the Name on Account field on the Bank Accounts page.

State of Missouri
Public Assistance Grant Certification Form

The individuals identified below are hereby authorized to execute and file Application for Public Assistance on behalf of the designated jurisdiction for the purpose of obtaining and administering available state and federal financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available.

These individuals are authorized to represent and act for this jurisdiction in all dealings with the State of Missouri for all matters pertaining to such disaster assistance required by the agreements and assurances listed on FEMA Form 20-16, the SEMA Public Assistance Program Requirements, and the SEMA Audit Compliance Requirements Checklist.

By signing this certification, we are verifying that we have read and understand the information and requirements listed on the three documents mentioned above. We further understand that we remain responsible for compliance with all other pertinent federal, state, and local policies and procedures in the administration of Public Assistance funds received as a result of this application. Failure to comply with these requirements will result in the de-obligation of federal/state funds associated with that non-compliance.

Applicant Organization

Mailing Address

Senior Jurisdictional Authority	Authorized Representative	Financial Officer/Alternate Contact
_____ Print Name	_____ Print Name	_____ Print Name
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number
_____ Email	_____ Email	_____ Email
_____ Signature	_____ Signature	_____ Signature

MISSOURI STATE EMERGENCY MANAGEMENT AGENCY (SEMA)
PUBLIC ASSISTANCE PROGRAM REQUIREMENTS

The Applicant must identify and report all Disaster related damage within sixty days of their Recovery Scoping Meeting with FEMA. Damages identified after FEMA has conducted the Applicant's Recovery Transition Meeting must be reported to SEMA.

Projects are written to restore disaster damaged eligible facilities to their pre-disaster condition and function.

Codes and Standards which change the pre-disaster construction of a facility are eligible for consideration only if they are in writing and they were formally adopted by the Applicant PRIOR to the disaster declaration date or if they are a legal Federal or State requirement applicable to the type of restoration.

Applicants must follow the Scope of Work (SOW) in the approved projects. Work not identified in the scope of work is ineligible. The Applicant is responsible for informing SEMA of any condition(s) that create a need to change the Scope of Work BEFORE incurring costs or proceeding with the work.

All project work must be completed by the project completion deadline for each project. Only costs incurred up to the approved completion date will be considered for reimbursement. If additional time is needed due to circumstances beyond the control of the Applicant, a written request must be sent to SEMA.

The Applicant MUST submit a written request for an Improved or Alternate project to SEMA and receive a written approval prior to starting construction.

An Applicant may submit an appeal for additional small project funding if the actual cost for ALL small projects exceeds the approved project amount for ALL small projects. The written appeal must be submitted to SEMA no later than 60 days after the last small project work was completed. The appeal must include cost documentation for ALL small projects.

The FEMA Project Completion and Certification Report P.4 must be completed, signed, and returned to SEMA once the Scope of Work is completed.

Suspended projects will not receive funding until ALL the requirements identified in the comments section of the project are met.

Applicants with large projects must submit a project cost summary and all associated invoices to SEMA following the completion of each large project. The project cost summary must list all labor, equipment, materials, and contract costs associated with the project's scope of work.

The Applicant understands and accepts responsibility under the Code of Federal Regulations (CFR), 2 CFR Part 200.305 to minimize the time elapsing between the transfer of funds to us and the disbursement of those funds.

The Applicant shall promptly, but at least quarterly, remit interest earned to SEMA for return to FEMA.

The Missouri State Prevailing Wage Laws are applicable for all public works construction that would have previously been covered. The Governor will determine the applicability of the Missouri State Prevailing Wage Laws for each disaster.

The Applicant certifies that they are not identified on the General Services Administration System for Award Management (SAM), <https://www.sam.gov/portal/SAM/>, Excluded Parties List (Debarred List) or the Missouri Office of Administration Debarred Contractors List, Debarred Contractors | Office of Administration (mo.gov).

The Applicant certifies that they will not contract with any entity identified on the General Services Administration System for Award Management (SAM), <https://www.sam.gov/portal/SAM/> or the Missouri Office of Administration Debarred Contractors List, Debarred Contractors | Office of Administration (mo.gov).

The Applicant certifies they will adhere to Revised Statutes of Missouri (RSMo) Sections 285.525 through 285.555 regarding the hiring of Illegal Immigrants by the Applicant or any contractor or subcontractor. We understand that failure to comply with this requirement will subject us to the penalties described in the references mentioned above.

The Applicant is required to submit quarterly reports to SEMA on all projects that have not received final payment.

The Applicant may appeal any determination previously made by FEMA or SEMA. The Applicant's appeal must be made in writing and submitted to SEMA within sixty (60) days after the date of the action which is being appealed.

If an Applicant expends \$1,000,000.00 or more in total Federal financial assistance in one Applicant's fiscal year (including ALL Federal funds, not just disaster assistance) a copy of the Single Audit or Program Audit (as required by the Single Audit Act of 1984) must be submitted to SEMA.

Applicants must maintain all source documentation for each project for 3 years after the date of transmission of the final expenditure report for project completion as certified by the Recipient. [2 CFR 200.334]

Payments may be delayed until SEMA receives required documentation such as Corps of Engineers permit or Missouri Department of Natural Resources 401 permit.

The Applicant will immediately notify SEMA if/when they receive any other funds (insurance, CDBG, DNR, USACE, donations, etc.) that will be applied to the project Scope of Work or non-Federal share.

Contracting with small and minority businesses, women's business enterprises, and labor surplus area firms. The Applicant must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. See 2 CFR §200.321 for additional details.

Please initial to certify that you have read and understand the conditions of this program. _____

MISSOURI STATE EMERGENCY MANAGEMENT AGENCY (SEMA) AUDIT COMPLIANCE REQUIREMENTS

As a result of recent decisions by the U.S. Department of Homeland Security Office of the Inspector General (OIG) it has become necessary to obtain additional certification of each Public Assistance Applicants' understanding of federal requirements associated with the receipt and expending of federal grants.

(IMPORTANT: Approval of your procurement procedures, cost documentation, source documents, etc., by representatives of the Federal Emergency Management Agency (FEMA) does NOT provide any assurance that the U.S. Department of Homeland Security OIG auditors will not require that you return disaster grant funds should they (OIG) disagree with those procedures.)

These procedures have been implemented as a direct result of U.S. DHS OIG audit reports and to prevent the potentially devastating effects of having to return federal funds following a disaster.

The State Emergency Management Agency reserves the right, as the recipient for federal disaster funds, to conduct periodic records reviews of any Applicant's records and to cease payments to any Applicant found to be non-compliant with these requirements.

The following items must be read, understood, and initialed by each Applicant BEFORE signing the certification. NO payments will be made on any (project worksheet) sub-award until this and all other required documents/forms have been completed, signed, and provided to Missouri SEMA.

The Applicant's accounting practices must identify the application of federal funds or account for costs by specific project as required by federal regulations and FEMA guidelines. The Code of Federal Regulations (CFR), 44 CFR Part 7.930 and 2 CFR 200.302 states that Applicants must document and maintain records that adequately identify the source and application of funds for financially assisted activities.

Effective control and accountability must be maintained for all award and sub-award cash, real and personal property, and other assets.

The Applicant must establish a project file (or site file for multiple-site projects) containing the corresponding project and all documentation pertaining to the project (or site).

The Applicant must follow the same or more stringent internal controls when accounting for and expending disaster grant funds as it does for its annual operating revenue.

The Applicant must maintain documentation by project, reconcile source documentation to invoices, and determine the validity of all project invoices before filing claims.

The Applicant must follow federal procurement standards as set forth in Code of Federal Regulations (CFR) 44 and 2 CFR Part 200, to include:

- a. Performance of procurement transactions in a manner providing full and open competition except under certain circumstances.
- b. Applicants must maintain records sufficient to detail the significant history of the procurement, including rationale for the method of procurement, the basis of contractor selection, and basis for the contract price.
- c. Applicants must document a cost or price analysis in connection with every procurement action including contract modifications.

- d. Time and material type contracts are prohibited unless no other contract is suitable, and the contract includes a ceiling price that the contractor exceeds at its own risk. FEMA also generally limits these contracts to a reasonable time frame.
- e. The Applicant must negotiate profits as a separate element for contracts lacking price competition and, in all cases, where cost analyses are performed.
- f. The Applicant must take the affirmative steps, as established in 2 C.F.R. § 200.321(a).

The Applicant understands that improperly contracted work will result in the total ineligibility for the project.

This checklist is NOT all inclusive and each Applicant should be familiar with the requirements of Code of Federal Regulation (2 CFR Part 200 and 44 CFR). Particularly important is Part 206 (Federal Disaster Assistance for Disasters Declared on or After November 23, 1988)

Please initial to certify that you have read and understand the conditions of this program. _____

ASSURANCE OF COMPLIANCE WITH 2 CFR 200.317 – 200.327

This Assurance of Compliance form (SEMA-PA-4) satisfies the requirements of 2 CFR 200.331 which stipulates that SEMA, as a pass-through entity, provide required information related to, but not limited to, procurement as follows:

- (2) All requirements imposed by the pass-through entity on the Applicant so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award;
 - (3d) Monitor the activities of the Applicant as necessary to ensure that the sub-award is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the sub-award; and that sub-award performance goals are achieved.
1. Review your **Procurement Policy** for compliance with Federal Procurement Policy Standards and 2 CFR 200.317 – 200.327 and submit your **Jurisdictional Review** to SEMA;
 2. Submit a copy of your **Procurement Policy** to SEMA, with the submission of State Forms, for review of compliance.
 3. SEMA will review your **Procurement Policy**, in accordance with your **Jurisdictional Review**, for compliance and will recommend solutions for any issue(s) which may cause risk to the preservation of eligibility.

Common issues for consideration include, but are not limited to: 1. 200.318 (a) The non-Federal entity must use its own documented procurement procedures which reflect applicable State, local, and tribal laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in this section. 2. 200.320 (2) (i) The acquisition of property or services, the aggregate dollar amount of which is higher than the micro-purchase threshold but does not exceed the simplified acquisition threshold. If small purchase procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources as determined appropriate by the non-Federal entity. 3. 200.320 (b) (1) A procurement method in which bids are publicly solicited and a firm fixed-price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is the lowest in price. 4. 200.320 (c) There are specific circumstances in which noncompetitive procurement can be used. Noncompetitive procurement can only be awarded if one or more of the following circumstances apply: (1) The acquisition of property or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold (see paragraph (a)(1) of this section); (2) The item is available only from a single source; (3) The public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation; (4) The Federal awarding agency or pass-through entity expressly authorizes a noncompetitive procurement in response to a written request from the non-Federal entity; or (5) After solicitation of a number of sources, competition is determined inadequate.	
5. 200.321 (a) When possible, the recipient or subrecipient should ensure that small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms (See U.S. Department of Labor's list) are considered as set forth below. 6. 200.321 (b) Such consideration means: (1) These business types are included on solicitation lists; (2) These business types are solicited whenever they are deemed eligible as potential sources; (3) Dividing procurement transactions into separate procurements to permit maximum participation by these business types; (4) Establishing delivery schedules (for example, the percentage of an order to be delivered by a given date of each month) that encourage participation by these business types; (5) Utilizing organizations such as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and (6) Requiring a contractor under a Federal award to apply this section to subcontracts. 7. 200.322 (a) As appropriate and to the extent consistent with law, the non-Federal entity should, to the greatest extent practicable under a Federal award, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). The requirements of this section must be included in all subawards including all contracts and purchase orders for work or products under this award. 8. 200.327 The non-Federal entity's contracts must contain the applicable provisions describe in appendix II of 2 CFR Part 200.	

Applicant Jurisdiction:			
Authorized Representative		Senior Jurisdictional Authority*	
Print Name		Print Name	
Title		Title	
Signature		Signature	
Date		Date	
Phone Number		Phone Number	
Email Address		Email Address	
* If the Authorized Representative also holds the position of Senior Jurisdictional Authority please include the signature and contact information of another jurisdictional authority who can certify compliance. (Example: county clerk, fiscal manager, etc.)			

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div>	TITLE <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div>
APPLICANT ORGANIZATION <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div>	DATE SUBMITTED <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div>

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ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009
Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
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15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
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17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

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CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

[Redacted]

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: [Redacted] * First Name: [Redacted] Middle Name: [Redacted]

* Last Name: [Redacted] Suffix: [Redacted]

* Title: [Redacted]

* SIGNATURE: [Redacted]

* DATE: [Redacted]

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013

Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:
☒ Prime ☐ SubAwardee

 * Name
 * Street 1 Street 2
 * City State Zip
 Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <div style="border: 1px solid black; height: 1.2em; background-color: yellow; width: 95%;"></div>	7. * Federal Program Name/Description: <div style="border: 1px solid black; height: 1.2em;"></div> CFDA Number, if applicable:
8. Federal Action Number, if known: <div style="border: 1px solid black; height: 1.2em; width: 95%;"></div>	9. Award Amount, if known: \$

10. a. Name and Address of Lobbying Registrant:
 Prefix * First Name Middle Name
 * Last Name Suffix
 * Street 1 Street 2
 * City State Zip

b. Individual Performing Services (including address if different from No. 10a)
 Prefix * First Name Middle Name
 * Last Name Suffix
 * Street 1 Street 2
 * City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** Signature:**
***Name:** Prefix * First Name Middle Name
 * Last Name Suffix
Title: **Telephone No.:** **Date:**