

Procedures for Administration of The Mellon Foundation Loan Repayment Program

- A. Before graduation, Mellon Fellows should:
1. Discuss all Mellon loan repayment/deferment procedures with the coordinator.
 2. **Verify lender/servicer names, addresses and telephone numbers.**
 3. Understand the Fellow's responsibility for completing necessary forms in a timely manner. *If loans are sold, Fellows must notify the Mellon Mays Undergraduate Fellowship Program at Emory of new lender and address.*

B. Once the Fellow has completed the Loan Repayment Packet, he/she will forward the packet on a yearly basis, to:

MMUF Program Coordinator
c/o Mr. Gevin Brown
Department of African American
Studies Emory University
550 Asbury Circle/207 Candler Library
Atlanta, GA 30322

The Loan Repayment Packet should include:

- The Mellon Foundation Graduate Study Verification (GSV) Form
- The transcript showing full-time graduate study
- The statement of total loan indebtedness from the lender (with name, address, telephone number of the lender and loan account number(s))
- Supplier Information Form (Your lender needs to complete this form, and you only need to submit it the first year you request loan repayment.)
- ACH Authorization Form (Your lender needs to complete this form, and you only need to submit it the first year you request loan repayment)

Please note: If your loans are in deferment in excess of \$1,250, please speak with your lender to determine whether a third party making a payment has the potential to jeopardize your deferment status.

C. The Mellon Mays Undergraduate Fellowship Program at Emory University will prepare a Reimbursement Form to pay the lender directly. The Mellon Mays Undergraduate Fellowship Program at Emory University will retain copies of all checks mailed to lenders and follow-up with the student should they have any questions.

MELLON FOUNDATION GRADUATE STUDY VERIFICATION FORM

Use this form to request that the Mellon Foundation, through its grant to Emory University, repay a portion of your undergraduate debt. The process is described above.

STUDENT: Complete this section and submit the form to your graduate school Registrar after the academic year has ended.

Student's name: _____

Social Security Number: _____ - _____ - _____

Current Mailing Address: _____

Telephone Number (_____) _____

Program of Graduate Study: _____

Academic year to be verified: _____ / _____ to _____ / _____
Month year month year

Lender Name, Address and Telephone: _____

Loan Account #: _____

GRADUATE SCHOOL REGISTRAR: Please complete this section to verify that the above named student has been enrolled full-time in graduate work at your university for this past academic year.

Student's field of study: _____

Date student began graduate work: _____

Most recent academic year of full-time graduate work completed: / to / _____
Mo. Yr. Mo. Yr.

If Ph.D. degree has been earned, date earned: _____

Registrar's name _____

Signature: _____ Date: _____

Address: _____

Telephone Number: (_____) _____



Emory ACH Payment Authorization Form

Emory Employee: Email Form toactspay@emory.edu

Vendor Information

Vendor Name, Vendor Division Name, Vendor Address, Vendor Primary Contact Name, Vendor Primary Contact Phone, Vendor Primary Contact Email*

* Remittance information will be sent to this email address.

Banking Information

Name of Receiving Bank, Routing Number, Account Number, Bank Contact Name, Bank Contact Phone, Bank Contact Email

Vendor Authorization

We hereby authorize, with the signature below, Emory University Payment Services to deposit all payments into the above referenced account.

Vendor Authorized Signature, Authorized Signer's Title, Authorized Signer's Phone, Date of Signature

For Emory Payment Services Use Only

Emory Vendor ID (PeopleSoft), Bank Information Entered on, Bank Information Entered by, Vendor Maintenance Information Verified by



EMORY UNIVERSITY

PROCUREMENT & PAYMENT SERVICES

Supplier/Individual Information Form

This form is used to establish or update a record within the Emory University Procurement & Payment Services' system and meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and internal requirements for supplier establishment. This form is to be completed in the place of the Federal W-9 form. International individuals/entities should complete the appropriate W-8 form.

FORM INSTRUCTIONS:

The Emory University employee that is requesting goods or services from the supplier must complete the Emory University Contact Information portion of this form before sending the form to the supplier. The supplier is to complete the remaining portions of this two-page form and return to Emory University Procurement and Payment Services by email at strategicsourcing@emory.edu. Do not return this form to the IRS.

NOTE TO SUPPLIER: Submission of this form does not authorize a supplier to provide goods or services to Emory University until the supplier is notified by Procurement.

Emory University Contact Information *(This must be completed by an Emory University employee before sending the form to the supplier.)*

Employee Name: Emory Email:
 School/Department: Campus Phone:

Supplier/Individual Name and Information

Legal Name: DBA Name, if different:
 DUNS Number: Foreign ID:
 Contact Name: Phone: Email:
 TIN (select one) Employer Identification Number (EIN) Social Security Number (SSN) Taxpayer Identification Number:
 Entity Type (select one) Individual/sole proprietor or single member LLC C Corporation S Corporation Partnership Trust/estate Foreign
 Limited liability company (LLC)
 If LLC, select tax classification: C Corporation S Corporation Partnership
 Note: For a single-member LLC that is disregarded, do not check LLC. Instead, check the appropriate box above for the tax classification of the single-member owner.
 Other (explain):
 Exemption Code:
 Exemption from FATCA reporting, if any:

Legal Mailing Address	Line 1:	<input type="text"/>		
	Line 2:	<input type="text"/>		
	City/State/Zip:	<input type="text"/>		
	Website:	<input type="text"/>	Phone:	<input type="text"/>
Ordering Address (if different than above) <i>This does not apply to Individuals.</i>	Method to receive orders:	<input type="checkbox"/> Email <input type="checkbox"/> Fax		
	Line 1:	<input type="text"/>		
	Line 2:	<input type="text"/>		
	City/State/Zip:	<input type="text"/>	Phone:	<input type="text"/>
Remit To Address (if different than above)	Line 1:	<input type="text"/>		
	Line 2:	<input type="text"/>		
	City/State/Zip:	<input type="text"/>	Cash Discount Payment Terms:	<input type="text" value="None"/>

Certifications

Under penalties of perjury, I certify by signing below 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).
- 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.
- My firm is not currently debarred, suspended, or proposed for debarment by any federal entity and I agree to notify Emory University Payment Services of any change in status.
- My firm does not currently have any employees, vendors, or other types of contractual relationships in place with parties on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated National (SDN) List. This list can be found at the following URL: <http://www.ustreas.gov/offices/enforcement/ofac/sdn/>
- Are you a U.S. citizen or other U.S. person as defined in the U.S. Department of Treasury Form W-9? Yes No
- Are you or any Officer, Owner or Partner in this company an employee of Emory University? Yes No
- Is a direct family member of any of the above an Emory University employee (spouse, partner, etc.)? Yes No
- Does your firm agree to Emory's payment terms of Net30? Yes No

Signature: _____

Date: _____



EMORY UNIVERSITY

PROCUREMENT & PAYMENT SERVICES

Legal Name:

DBA Name, if different:

Business Classification & Diversity Information *(This does not apply to Individuals.)*

All suppliers must select either "Large Business Concern (LBC)" or "Small Business Concern (SBC)" from the options below. Additionally, everyone should select any sub-classification that applies and multiple sub-classifications may be appropriate. Failure to complete this Section of the form could result in payment delays.

Large Business Concern (LBC)
Dominant in field of operations per Federal Acquisitions Circular (FAC 9.201).

Sub-classifications:
(select all that apply)

Minority-Owned Business (MBE)
Minimum 51% owned, controlled and operated day-to-day by one or more minority individuals; includes the following categories:
• African American • Hispanic American
• Asian-Pacific American • Asian-Indian American
• Native American (American Indian, Eskimo, Aleut, Native Hawaiian)

Woman-Owned Business (WBE)
Minimum 51% owned and controlled by one or more women who have active involvement in day-to-day operations.

Small Business Concern (SBC)
Independently owned and operated, and meets industry size and receipt requirements for small businesses per SBA 13 CFR 121. Section 3 of the Small Business Act.

Sub-classifications:
(select all that apply)

Small Disadvantaged Business (SDB)
Minimum 51% owned, controlled and operated day-to-day by one or more socially disadvantaged individuals. May be Section 8(a)-certified per 13 CFR 124.1002. Small Disadvantaged Ethnicity definitions include the following categories:
• African American • Hispanic American
• Asian-Pacific American • Asian-Indian American
• Native American (American Indian, Eskimo, Aleut, Native Hawaiian)

Woman-Owned Small Business (WOSB)
Minimum 51% owned, controlled and operated day-to-day by one or more women.

Historically Black Colleges/Universities & Minority Institutions
An institution determined by the Secretary of Education to meet the requirements of 34 CFR Section 608.2. The term also means any nonprofit research institution that was an integral part of such a college or university before November 14, 1986.

HUBZone Small Business (HUB Zone)
SBA certified, is small and is located in an 'historically underutilized business zone' and is owned, controlled and operated at least 51% by U.S. citizens and at least 35% of employees reside in HUB zone.

Veteran-Owned Small Business (VOSB)
Minimum 51% owned, controlled and operated day-to-day by one or more U.S. veterans.

Service Disabled Veteran-Owned Small Business (SDVOSB)
Minimum 51% owned by one or more service-disabled veterans (if publicly owned, minimum 51% of the stock is owned by one or more service-disabled veterans), and the management and daily business operations of which are controlled by one or more service-disabled veterans (if permanently and severely disabled, by their spouse or primary care giver).

Alaskan Native Corporations (ANCs) & Indian Tribes

Registered in System for Award Management (SAM)

Additional Information

Information about becoming a new supplier at Emory University can be found online by visiting the Procurement & Payment Services website, including information about doing business on campus, preferred payment methods, and our Supplier Code of Ethical Conduct. URL: https://www.finance.emory.edu/home/Procure_and_Pay/for_suppliers/

Emory University Procurement seeks opportunities to foster relationships with qualified small and diverse businesses. More information can be found online by visiting the Office of Supplier Diversity website. URL: https://www.finance.emory.edu/home/Procure_and_Pay/supplier_diversity/

Signature: _____

Date: _____