

Form **13533**  
(October 2015)

Department of the Treasury - Internal Revenue Service

## VITA/TCE Partner Sponsor Agreement

We appreciate your willingness and commitment to serve as a sponsor in the Volunteer Income Tax Assistance (VITA) or Tax Counseling for the Elderly (TCE) volunteer tax return preparation programs.

To uphold taxpayers' civil rights, maintain program integrity and provide for reasonable protection of information provided by the taxpayers serviced through the VITA/TCE Programs, it is essential that partners and volunteers adhere to the strictest standards of ethical conduct and the following key principles be followed.

- Partners and volunteers must keep confidential the information provided for tax return preparation.
- Partners and volunteers must protect physical and electronic data gathered for tax return preparation both during and after filing season.
- Partners using or disclosing taxpayer data for purposes other than current, prior, or subsequent year tax return preparation must secure the taxpayer's consent to use or disclose their data.
- Partners and volunteers must delete taxpayer information on all computers (both partner owned and IRS loaned) after filing season tax return preparation activities are completed.
- Partners and site coordinators are expected to keep confidential any personal volunteer information provided.
- Partners will educate and enforce the Volunteer Standards of Conduct and Civil Rights Laws and the impact on volunteers, sites, taxpayers and the VITA/TCE Programs for not adhering to them.

1. Sponsor Name:

Lexington-Fayette Urban County Government

2. Street Address:

200 East Main Street

3. City:

Lexington

4. State:

KY

5. Zip Code:

40507

6. Telephone Number:

859-258-3828

7. E-Mail Address:

paulak@lexingtonky.gov

Please review this form and Form 13615 *Volunteer Standards of Conduct*. By signing and dating this form, you are agreeing:

- a) To the key principles,
- b) All volunteers participating in your return preparation site will complete the volunteer standards of conduct training, and
- c) All volunteers will agree to the Volunteer Standards of Conduct by signing and dating Form 13615.
- d) To uphold the civil rights assurances as listed in the Pub 4299, *Privacy, Confidentiality and Civil Rights*
- e) Form 13615 will be validated and signed by a partner designated official (Site Coordinator, partner, instructor or IRS contact).

The IRS may terminate this agreement and add you to a volunteer registry, effective immediately for disreputable conduct that could impact taxpayers' confidence in any VITA/TCE Programs operated by you or your coalition members.

Sponsor Signature

Jim Gray

Print Name

Mayor

Title

Date

1-NOV-2018

### Privacy Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301.

We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers.

Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

Form **13324**  
(Rev. 10-2014)

Department of the Treasury -- Internal Revenue Service

**Internal Revenue Service Civil Rights Assurance for  
Sub-recipients under SPEC Partnership Agreements**

Sub-Recipient Organization Name Lexington-Fayette Urban County Government		Phone Number 859-258-3828
Address: 200 East Main Street (Site-498 Georgetown Street)		
City Lexington	State KY	Zip Code 40507
Primary Recipient Organization Name		

The organization referenced above agrees to fulfill the obligations set forth in this assurance in consideration of and for the purpose of obtaining federal property or other federal financial assistance from a "Partner" under agreement with the Internal Revenue Service (IRS). The "Sub-recipient" agrees that it must comply with applicable provisions of federal laws and policies prohibiting discrimination, including but not limited to those detailed in paragraph 1.

1. **Title VI of the Civil Rights Act of 1964** (Pub L. 88-352), as amended, which prohibits discrimination on the basis of race, color, or national origin; **Section 504 of the Rehabilitation Act of 1973** (Pub L. 93-112) as amended which prohibits discrimination on the basis of disability; **Title IX of the Education Amendments of 1972** (Pub L. 92-318), as amended, which prohibits discrimination on the basis of sex in education programs or activities; and the **Age Discrimination Act of 1975** (Pub L. 94-135), as amended, which prohibits discrimination on the basis of age; in accordance with those laws and the implementing regulations.

As clarified by **Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency**, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with Title VI, the "Sub-Recipient" must take reasonable steps to ensure that LEP persons have meaningful access to its programs in accordance with Department of Treasury implementing regulations and Department of Justice LEP Policy Guidance. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. The Sub-Recipient is encouraged to consider the need for language services for LEP persons served or encountered both in developing budgets and in conducting programs and activities. Assistance and information regarding LEP obligations may be found at <http://www.lep.gov> or by contacting the IRS Civil Rights Division as indicated on this form.

2. The Sub-Recipient will conduct its activities so that no person is excluded from participation in, is denied the benefits of, or is subject to discrimination, as prohibited by the statutes identified in paragraph 1, in the distribution of services and/or benefits provided under this federal financial assistance program.
3. To compile and submit information to the Internal Revenue Service (IRS) Civil Rights Division concerning its compliance with the federal laws and policies outlined in paragraph 1.

**Internal Revenue Service Civil Rights Assurance for  
Sub-recipients under SPEC Partnership Agreements**

4. Within 30 days of any finding issued by a federal or state court or by a federal or state administrative agency that the "Sub-recipient" has discriminated on the basis of race, color, national origin (including limited English proficiency), disability, sex (in education programs or activities), or age in the delivery of its services or benefits, a copy of such finding shall be forwarded to the IRS Civil Rights Division at the following address:

Operations Director, Civil Rights Division  
Internal Revenue Service  
Room 2413  
1111 Constitution Avenue, NW  
Washington, D.C. 20224

5. To inform the public that persons who believe they have been discriminated against on the basis of race, color, national origin (including limited English proficiency), disability, sex (in education programs or activities), or age, in the distribution of services and benefits resulting from this federal financial assistance program may file a written complaint with the Director, Civil Rights Division, at the above address. Civil Rights posters indicating the process for filing complaints of discrimination for the public must be conspicuously displayed at all times by the "Sub-recipient".

6. To forward to the Civil Rights Division all complaints of discrimination filed by the public against the "Sub-recipient" that is directly related to the services and/or benefits provided by this IRS federal financial assistance program.

The partner and sub-recipients, its successors, transferees and assignees, upon the breach or violation of this agreement, the IRS may, at its option: a) Terminate or refuse to render or continue federal financial assistance for the aid of the property, facility, project, service, or activity, b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the state in which the breach or violation occurs.

Partners and sub-recipients receiving federal financial assistance shall be obligated to comply with this assurance for a period not to exceed one year from the date signed. Each subsequent receipt of federal financial assistance will require a new signed assurance form.

The organizational official whose signature appears below is authorized to sign this assurance and commit the "Sub-recipient" to the above provisions.

Jim Gray, Mayor

\_\_\_\_\_  
**NAME AND TITLE OF ORGANIZATIONAL AUTHORIZED OFFICIAL**  
(Please Print)

\_\_\_\_\_  
**SIGNATURE OF ORGANIZATIONAL AUTHORIZED OFFICIAL**

\_\_\_\_\_  
**DATE**

# Volunteer Site Information Sheet

**Purpose:** Information provided on this form is used by our IRS toll-free assistance line and is posted to the VITA Site Locator Tool on irs.gov to help taxpayers locate the nearest volunteer tax preparation site. Review the information below carefully. Update and/or correct missing or existing information. Return the completed form to your local IRS contact. If the site information changes after submitting this form, please provide your local IRS contact with the updated information immediately.

## Site Information

Site Name: Charles Young Center	Is the site open to public? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Address: 540 East Third Street	Is the site an appointment only site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State: Lexington	If yes to the above question, please provide the phone number for site. 211
Zip Code: 40508	If yes to the above question, please provide the contact name for site. Call Specialists
Site Identification Number (SIDN) S43013888	Federal e-file <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	State e-file <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
First day open/ Last day open 01/21/2019 / 04/09/2019	Does the site use the Virtual Delivery Method for return preparation? If "Yes" <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is the site a mobile only site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What languages are offered at the site? English	Does the site Prepare Non-Resident Alien/Foreign Student/Scholar Returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does the site offer Certifying Acceptance Agent (CAA) service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does site prepare prior year returns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the site offer Financial Education and Asset Building Services? If Yes, Relationship Manager is required to complete Form 14099 - SPEC Financial Education & Asset Building Partner Assessment Tool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Program Type: FSA, VITA, VITA Grant, Military, AARP, TCE VITA CKEEP

## Site Operating Hours

Day	Time		Comments (e.g. holiday closures, alternative opening times)
	Open	Close	
MON	5:00 P.M.	8:00 P.M.	Closed Monday, February 18, 2019
TUE	5:00 P.M.	8:00 P.M.	
WED			
THUR			
FRI			
SAT			
SUN			

## Site Coordinator or Contact

Name: Paula King	Best Time to Call: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Mailing Address: 200 East Main Street, 5th floor	Email Address: paulak@lexingtonky.gov
City, State, Zip: Lexington, KY 40507	Is this a revision of information you previously provided for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Phone Number: 859-258-3828	Date of this revision:

## IRS Use Only

Date Form 13715 Received in Territory Office:	
Date SPECTRM Updated:	
SEID of employee who updated SPECTRM:	
I certify the information provided on this form match the data in SPECTRM.	
Territory Manager Approval (Signature & Date):	

**Privacy Act and Paperwork Reduction Notice** – Our legal right to ask for information is 5 U.S.C. 301 and 26 USC 7801. The primary purpose of asking for this information is to assist us in providing services to taxpayers at sites supporting IRS volunteer income tax preparation and outreach programs. The time estimated for participation is 30 minutes. We may provide information to volunteers who coordinate activities and staffing at taxpayer assistance sites. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to promote your assistance in these programs. For more information about uses, see the Privacy Act notice for SPEC Total Relationship Management (SPECTRM) in the Federal Register: July 19, 2004 (Volume 69, Number 137) [Notices] [Pages 43055-43056]