



Real Skills for Real Life

WINTER CONFERENCE

2019 INFORMATION

TABLE OF CONTENTS

| | |
|---|-----------|
| <u>General Information</u> | <u>3</u> |
| <u>Tentative Schedule</u> | <u>4</u> |
| <u>FCS Body of Knowledge</u> | <u>5</u> |
| <u>Registration Information</u> | <u>6</u> |
| <u>Award Information</u> | <u>7</u> |
| <u>Lodging Information</u> | <u>8</u> |
| <u>Hotel W9</u> | <u>9</u> |
| <u>Affidavit of Exemption from City Tax</u> | <u>10</u> |
| <u>Sales Tax Exemption Certificate</u> | <u>11</u> |
| <u>Credit Card Authorization for Tax Exempt</u> | <u>12</u> |

2018—2019 CATFACS Board

| | |
|-----------------------|---|
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| Legislation | Arielle Bergmann |
| Membership | Ashley Acuff |
| Middle School | Brittany Chavini |
| Professional Grants | Sahvanna Mease Jordan Sveen |
| Professional Partners | Dawn Mallette Michelle Dennis Robert Van Dyke |
| Public Relations | Ashley Acuff |

CONFERENCE INFORMATION

CATFACS members will gather Thursday, January 31 through Friday, February 1 at the Embassy Suites Hotel in Colorado Springs to network with fellow members, attend professional development activities, develop a vision for Family and Consumer Sciences, and build relationships with business and industry professionals that support our profession. Don't miss this amazing opportunity to share our accomplishments, conduct our business, and have fun!

Membership

If you are an ACTE/ CATFACS member, you will have the option of renewing your membership for 2018-2019 on the registration website.

Meals on Your Own

Lunch on Thursday and breakfast and lunch on Friday are included in your registration. The following dining options are onsite at the Embassy Suites:

[14ers](#)

The following restaurants are in the immediate area surrounding the hotel.

- Old Chicago's
- On the Border
- Outback
- Salsa Brava
- The Margarita at Pine Creek
- BJ's Brewhouse
- Hacienda Colorado

Social Event

Join us for fun and socializing with your peers on Thursday evening. FCS is about family and help us build our FCS family at this event.

Tentative Schedule

| Thursday, January 31 | Friday, February 1 |
|--|--|
| <p><i>11:00 am</i> Registration</p> <p><i>11:30 am—12:15 pm</i> Welcome Luncheon <i>Sponsored by Colorado FCCLA</i></p> <p><i>12:15—1:30 pm</i> Keynote Speaker <i>Brooks Harper</i></p> <p><i>2:00—2:45 pm</i> FCS Breakout Sessions</p> <p><i>3:00—3:45 pm</i> FCS Breakout Sessions</p> <p><i>4:00—4:45 pm</i> FCS Breakout Sessions</p> <p><i>6:00—8:00 pm</i> Dinner On Your Own</p> <p><i>8:00—10:00 pm</i> Social Event</p> | <p><i>8:00—8:45 am</i> CATFACS Business Meeting</p> <p><i>9:00—9:30 am</i> FCS Program Update <i>Michelle Dennis</i></p> <p><i>9:40—10:25 am</i> FCS Body of Knowledge Breakout Sessions</p> <p><i>10:35—11:20 am</i> FCS Body of Knowledge Breakout Sessions</p> <p><i>11:30 am—12:15 pm</i> FCS Body of Knowledge Breakout Sessions</p> <p><i>12:15—1:15 pm</i> Awards Luncheon</p> <p><i>1:30—2:30 pm</i> Mini PD Sessions</p> <p><i>2:45—3:45 pm</i> Mini PD Sessions</p> <p><i>4:00—4:30 pm</i> Closing Session</p> |

FCS Body of Knowledge

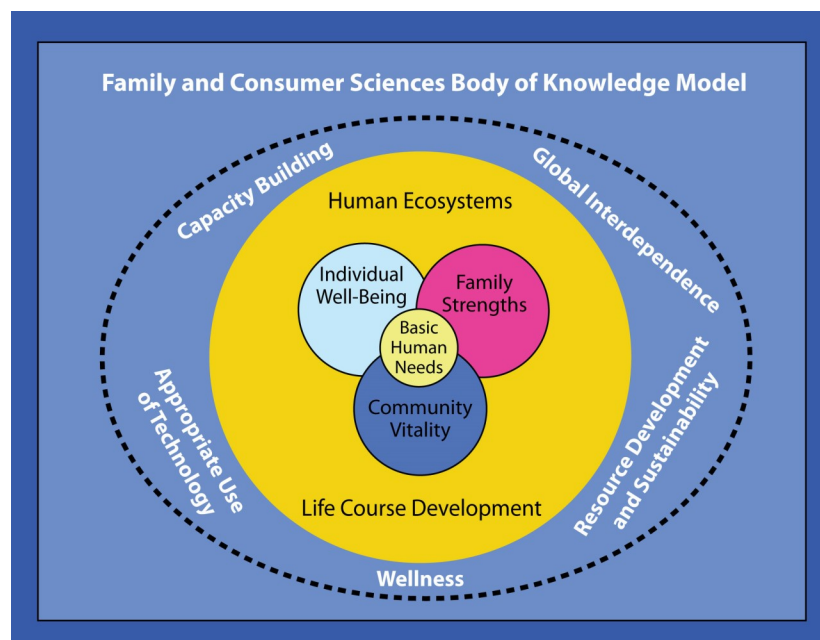
The **field of family and consumer sciences (FCS)** is the comprehensive body of skills, research, and knowledge that **helps people make informed decisions about their well being, relationships, and resources** to achieve optimal quality of life. The field represents many areas, including:

- Human development
- Personal and family finance
- Housing and interior design
- Food science, nutrition, and wellness
- Textiles and apparel
- Consumer issues

Today's FCS professionals **practice in multiple settings** and address the **issues most important to our quality of life**. They are:

- Early childhood, elementary, secondary, university/college, and Extension educators
- Administrators and managers
- Human service professionals,
- Researchers
- Community volunteers
- Business people
- Consultants

The Family and Consumer Sciences (FCS) Body of Knowledge is the current framework that serves as the foundation for the field. [Click here for an overview and explanation of the FCS Body of Knowledge.](#)



Registration Information

Conference attendees must register at <http://www.registernychapter.com/catfacs>

Registration Timeline

| Date | Activity |
|--------------------|---------------------------------|
| November 1 | Registration website opens |
| January 15 | Early Bird Registration ends |
| January 16 | Regulation Registration opens |
| January 24 | Registration closes at midnight |
| February 15 | Payment must be received. |

Payment Information

Payment for State Conference must be RECEIVED by February 15, 2019.

Check Payments

Make check out to CATFACS and send to:

CATFACS
4130 Sunstone Dr
Fort Collins, CO 80525

Credit Card Payments

Credit Card payments may be made through our PayPal account which is a safe, fast, free service to keep payment info confidential. The authorized school/ district representative will enter their card information and payment amount into this secure site.

NO REFUNDS

Registration fees are nonrefundable. Once registration closes on January 24, no additions or deletions can be made and no refunds will be given.

Member Registration Rate

Early Bird Conference Registration: \$160.00
Regulation Conference Registration: \$185.00

Non-Member Registration Rate*

Early Bird Conference Registration: \$310.00
Regulation Conference Registration: \$335.00

* Includes membership to ACTE/ CATFACS.

Award Information

The four CATFACS awards recognize excellence and dedication within the field of career and technical education among our members and supporters. The intent of each award is to seek out individuals who have contributed to the success of Colorado Family and Consumer Sciences (FACS) and Career and Technical Education (CTE) through the quality of their work and their involvement in the CTE community. Nominations are completed on the [Awards Nomination form](#).

Teacher of the Year

Individuals who are currently employed as full-time classroom/laboratory teachers in a family and consumer sciences education program are eligible recipients for this award. Nominees must be classroom/laboratory teachers at the time of selection. Contributions and achievements on which the nomination is based should have been made within the past ten years.

The nominee should have been involved in some capacity in FCS/CATFACS and/or CACTE activities at the local, state, and/or national level and must have been a member of CATFACS/CACTE/ACTE for a minimum of the past five consecutive years.

Distinguished Service by a Member or Friend

To recognize current CATFACS/CACTE member(s) who have made the highest meritorious contributions to family and consumer sciences/career-technical education through active involvement in the professional organization, CATFACS or CACTE.

OR

To recognize an individual or agency outside the field of education that has contributed outstanding service and dedication in the promotion of family and consumer sciences education in Colorado and to CATFACS.

Outstanding New FACS Professional

Individuals who are currently employed as full-time classroom/laboratory teachers in a family and consumer sciences education program are eligible for this award. Nominees must have taught in a family and consumer sciences education program for a minimum of three but not more than five years. (Applicants may be in their sixth year of teaching at the time of application). Age is not a determining factor. This is a competition award and only one individual will be selected.

Outstanding Administrator

The CATFACS Outstanding Administrator Award is presented to an individual who is serving in an educational capacity which is directly or indirectly associated with FCS/career-technical education, and who has demonstrated outstanding service and dedication to FCS/career-technical education in Colorado.

Lodging Information

The official conference hotel for the 2019 CATFACS Spring Meeting is:

Embassy Suites by Hilton

7290 Commerce Center Drive

Colorado Springs, CO 80919

Phone: (719) 599-9100

<https://tinyurl.com/y6wrs239>

Conference lodging rate is \$119.00 per night per room. This rate includes complimentary breakfast and the afternoon manager's special. This rate is good for 3 days prior and 3 days after the official conference dates.

Hotel Check-in: Thursday, January 31, 2019 starting at 3 pm.

Hotel Check-out: Friday, February 1, 2019 by noon

Reservations

Make lodging reservations **by January 10, 2019**. All reservations will be made by using the Hilton website at <http://embassysuites.hilton.com/en/es/groups/personalized/C/COSCCES-XCA-20190131/index.jhtml>

Parking

Self parking is complimentary onsite.

Tax Exempt and Payment

The hotel accepts payment via check, credit card, or wire transfer. ALL the following tax exempt forms must be submitted directly to the hotel prior to or at check in.

State Tax Exempt Certificate

[*Affidavit of Non-Taxable Sale to Tax-Exempt Organization*](#)

All forms must be completed entirely and payment must come directly from the tax exempt entity. No reimbursement is allowed. It is highly recommend that the entity claiming exemption sends in payment prior to the conference to ensure that your tax exemption can be processed in a timely manner.

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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

Colorado Springs Property Sub, LLC

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

Embassy Suites Colorado Springs

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

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

7290 Commerce Center Drive

6 City, state, and ZIP code

Colorado Springs, CO 80919

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

9 0 - 1 0 2 2 5 1 3

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Michelle Bennett

Date ▶

9/12/16

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Return to Issuing Hotel/Motel

Revised - July 1, 2009

Affidavit of Exemption from City of Colorado Springs Sales Tax

The City of Colorado Springs Sales Tax Division requires that this affidavit must be completed by any organization requesting exemption from City Sales or Lodgers Tax at local hotels or motels. If an organization does not complete this form, exemption will not be granted. If you have any question about this affidavit, please contact the Sales Tax Division at (719) 385-5903.

Name of Organization: _____

Address: _____

Yes No

☐ ☐ State tax exempt? State of _____ State Exemption Number _____

Category: Charitable _____ Religious _____ Government _____ Not-for-Profit School _____

Name of Hotel: _____ Date(s) of meeting: _____

Please answer the following questions and return this affidavit to the hotel or motel. *All questions must be answered "Yes" for the purchase to qualify as exempt.*

Yes No

☐ ☐ *Is the organization a governmental entity, a not-for-profit school, a qualified religious organization, or a qualified charitable organization?* (In order for a religious or charitable organization to be qualified, the organization must be classified as 501(c) (3) under the Internal Revenue Code, and the organization must be described in Section 170(c) of the Internal Revenue Code of 1986, i.e., donations to this organization are deductible on the Federal Income Tax Return of the donor. If you do not know absolutely that the organization is a 501(c) (3) and 170(c), or cannot prove it, the organization does not qualify, and this question must be answered "No".)

Yes No

☐ ☐ *Is this purchase billed directly to the organization and paid for directly by the organization from funds of the organization?* Purchases by governmental employees using cash, personal checks or credit cards issued to individuals are not direct purchases by the government and are not tax exempt. Proof of payment with organization funds is required.

Yes No

☐ ☐ *If payment is made by credit card, is the credit card issued to the tax-exempt organization making the purchase and not the individual presenting the card?* (In order for this question to be answered "Yes", the monthly statement of the credit card company must be mailed directly to and paid directly by the tax-exempt organization and not the individual, and the individual presenting the card must have no responsibility or liability for payment of the credit card bill. Proof on payment with organization funds is required.)

The undersigned declares and affirms that the above questions are answered truthfully, that he/she has sufficient knowledge about the purchase to answer the questions completely, and that the purchase is made for use by the organization in its exempt capacity.

Name (Please Print)

Title

Signature

Date

Reviewed by Hotel/Motel: _____

Date

Note: The hotel should keep this affidavit on file as proof of exemption, along with proof of payment with organization funds documentation.



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

| | | | | |
|--|---------------------------------|--|---------------------------------|---------------------------------------|
| Last Name or Business Name | | First Name | | Middle Initial |
| Address | | | | |
| City | | State | ZIP | |
| I Certify That | | | | |
| Name of Firm (Buyer) | | | | |
| Address | | | | |
| City | | State | ZIP | |
| Qualifies As (Check each applicable item) | | | | |
| <input type="checkbox"/> Wholesaler | | <input type="checkbox"/> Retailer | | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Political Subdivision or Governmental Agency | | <input type="checkbox"/> Charitable or Religious | | |
| | | <input type="checkbox"/> Other (Specify) | | |
| If Other, specify here | | | | |
| 1) and is registered with the below listed states and cities within which your firm would deliver purchases to us | | | | |
| which are for resale or lease by us in the normal course of our business which is or | | | | |
| 2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is: | | | | |
| <input type="checkbox"/> Political Subdivision or Governmental Agency <input type="checkbox"/> Charitable or Religious <input type="checkbox"/> Otherwise Exempt By Statute (Specify) | | | | |
| If Otherwise Exempt By Statute, specify here | | | | |
| City or State | State Registration or ID Number | City or State | State Registration or ID Number | |
| City or State | State Registration or ID Number | City or State | State Registration or ID Number | |
| City or State | State Registration or ID Number | City or State | State Registration or ID Number | |
| If the list of states and cities is more than six(6), attach a list to this certificate. | | | | |
| I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state. | | | | |
| General Description of products to be purchased from seller | | | | |
| Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. | | | | |
| Authorized Signature (owner, Partner or Corporate Officer) | | Title | | Date (MM/DD/YY) |

Pursuant to Colo. Code Regs. 39-26-704; 39-26-718(5)(a) and Colorado FYI Tax Publication No. Sales 63, 05/01/2012 provides that sales of tangible personal property or services made to the United States Government, the State of Colorado and its' departments, institutions, counties and municipalities or departments or school districts of said counties and municipalities; nonprofit organizations, churches, and schools are exempt from sales taxes. **As a prerequisite to this exemption, the sale of property or charge for services MUST BE sold directly to, billed directly to and paid for directly by the exempted entity.**

For verification that the charges are directly paid by the exempted entity, please provide the following:

| | |
|--|--|
| GUEST NAME | |
| NAME (as it appears on the credit card) | |
| EXEMPTED COMPANY NAME (as it appears on the credit card) | |
| Type of credit card | |
| Credit Card Number (1 st six digits ONLY) | |
| Credit Card Number (Last 4 digits ONLY) | |
| Room Number | |
| Dates of Stay | |

Cardholder's Signature: _____