

## **Proposal for Communications and Policy Consulting Services FILED**

**Submitted by: Heartland Communications LLC**  
**Submitted to: Chairman of the Jackson County Legislature**  
**Date: August 1, 2025**

OCT 14 2025

MARY JO SPINO  
COUNTY CLERK

### ***1. Introduction***

This proposal outlines an arrangement for professional services designed to support the effectiveness and responsiveness of the Jackson County Legislature. Heartland Communications LLC is pleased to submit this proposal to provide communications and policy consulting services in support of the Legislature's work.

This engagement will serve the full Legislature, and Heartland Communications LLC will report directly to the Chairman of the Legislature, who will serve as the primary point of contact for assignments and oversight.

The objective of this engagement is to ensure the Legislature has access to professional advisory services that facilitate effective communication, thoughtful policy analysis, and informed decision-making.

### ***2. Scope of Services***

Heartland Communications LLC proposes to provide the following services:

#### **1. Policy Support:**

The firm will conduct policy research, provide analysis to support legislative initiatives, with a focus on housing policy and related areas of interest as assigned, and will develop briefing materials, memos, and reports to assist legislators in evaluating proposals and making informed decisions.

#### **2. Communications Strategy:**

The firm will assist in drafting public communications to promote legislative initiatives and respond to media inquiries, and will manage messaging to ensure consistent, clear, and accurate public statements on behalf of the Legislature. In particular, the firm will provide support for adoption and ongoing use of Indigov software to improve constituent communications.

#### **3. Legislative Meetings:**

Point of contact will attend Monday Legislative Meetings and other relevant sessions as assigned to monitor proceedings, provide on-the-spot support, and ensure timely support.

**3. Term**

This engagement will commence upon acceptance of this proposal and continue through December 31, 2025, unless terminated earlier by either party. This time frame ensures continuity and allows services to be adjusted as needed throughout the period of engagement.

**4. Fee Structure**

A professional services fee of \$5,000 per month will be billed monthly for services provided under this agreement. Payment will be due upon invoicing.

**5. Firm Qualifications**

The firm's principal has experience assisting policymakers, community leaders, and organizations on a range of communications, strategic planning, policy, and advisory matters.

**6. Point of Contact**

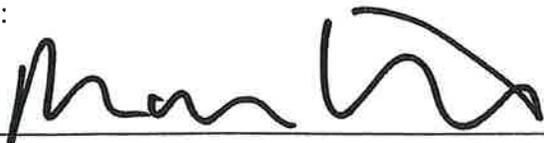
Marcus Winn  
winn.marcus@gmail.com  
913-535-6604

**7. Acceptance**

If this proposal meets your expectations, please indicate acceptance below. Heartland Communications LLC is prepared to begin work immediately upon acceptance.

Submitted by:  
Marcus Winn  
Owner, Heartland Communications LLC

Acceptance:

Signature: 

Name, Title: Marcus Winn, Owner

Date: 10/13/25

APPROVED AS TO FORM  
  
County Counselor

ATTEST:  
  
Clerk of the County Legislature

# Request for Taxpayer Identification Number and Certification

Goto [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see **Purpose of Form**, below.

<b>Print or type.</b> See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  <b>Marcus Winn</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p> <p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.</p> <p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.  <b>444 N 17th St</b></p> <p><b>6</b> City, state, and ZIP code  <b>Kansas City, KS 66102</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):          Exempt payee code (if any) _____          Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: center;"><b>(Applies to accounts maintained outside the United States.)</b></p> <p>Requester's name and address (optional)</p>
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## Part I Taxpayer Identification Number (TIN)

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

**Social security number**

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

**Employer identification number**

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## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>9/25/25</b>
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## General Instructions

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

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

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**REVENUE CERTIFICATE**

There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation of \$25,000.00 is herein authorized.

10/10/2025  
Date

Cheryl L. Colter  
Director of Finance and Purchasing  
Account No. 001-0112-56790  
SCON-10001362 DM