

**BUTLER COUNTY COMMISSIONERS**

*Donald L. Dixon T.C. Rogers Cindy Carpenter*

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**INVITATION TO BID**

ITB NO. 18-05-004

**BUTLER COUNTY SHERIFF'S OFFICE  
STEP VAN (SWAT COMMAND CENTER)**

**BID DATE AND TIME:  
TUESDAY, MAY 8, 2018  
10:30 A.M. (EST)**

**BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONER'S OFFICE  
ATTN: TAWANA KEELS  
315 HIGH STREET, 6<sup>TH</sup> FLOOR  
HAMILTON, OH 45011**

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**LEGAL AD AND NOTICE TO BIDDERS**  
**CONTRACT NO. 18-05-004**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Tawana Keels, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Tuesday, May 8, 2018 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Commissioners' Conference Room on the 6<sup>th</sup> Floor in the Butler County Government Services Center, for a Step Van (SWAT Command Center) in accordance with specifications under Contract No. 18-05-004.

Specifications may be obtained at the office of the Butler County Commissioners; by query at [www.butlercountyohio.org/commissioner](http://www.butlercountyohio.org/commissioner) or by query at [www.butlersheriff.org/category/request-for-bids/](http://www.butlersheriff.org/category/request-for-bids/).

Bidders are required to complete and submit with bid ALL forms that are included with the specifications packet. Bidders are required to use the forms furnished by the County when submitting their bid.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board, and to hold bids valid for sixty (60) days from the bid date.

Butler County reserves the right to award partial bids to multiple bidders. Bidders may receive bid awards for some but not all of the items on the specified list.

Bids are to be SEALED and delivered to the office of the Butler County Commissioner's Office, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked "Bid on Contract No. 18-05-004 Step Van (SWAT Command Center)".

By order of the Board of Butler County Commissioners:  
Cindy Carpenter, President  
Donald L. Dixon, Vice President  
T. C. Rogers, Commissioner  
Attest: Flora R. Butler, Clerk

Publish 1 time: Tuesday, April 24, 2018  
*Hamilton Journal-News*

## **PLEASE NOTE**

**BID MUST BE SEALED, DELIVERED TO, AND RECEIVED IN THE BUTLER COUNTY BOARD OF COMMISSIONERS OFFICE ON THE SIXTH FLOOR OF THE BUTLER COUNTY GOVERNMENT SERVICES CENTER, 315 HIGH STREET, HAMILTON, OHIO, BY**

***10:30 a.m. local time on***

***Tuesday, May 8, 2018***

**ANY BID DELIVERED AFTER THE TIME SPECIFIED, ACCORDING TO THE CLOCK IN THE COMMISSIONER'S OFFICE, WILL NOT BE ACCEPTED FOR ANY REASON.**

**BUTLER COUNTY COMMISSIONERS  
BID REQUEST**

DATE: April 2, 2018  
BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONERS  
ATTN: TAWANA KEELS  
315 HIGH STREET, 6<sup>TH</sup> FLOOR  
HAMILTON, OHIO 45011

CONTRACT NUMBER: 18-05-004  
FOR FURTHER INFORMATION CONTACT:  
  
Debra Maloney  
PHONE NO. (513) 785-1011

Sealed bids will be received in this office until: 10:30 a.m. est. on May 8, 2018 Using Department:  
BUTLER COUNTY SHERIFF'S OFFICE Delivered To: BUTLER  
COUNTY GOV'T SERVICES CENTER, 315 HIGH STREET, 6<sup>TH</sup> FLOOR, HAMILTON, OHIO 45011

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Your written bid is requested for the following:

The Butler County Sheriff's Office is accepting bids for one (1) step van to be used as a SWAT Command Center.

Please see the included attachment for bid specifications.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board.

Butler County reserves the right to award partial bids to multiple bidders. Bidders may receive bid awards for some but not all of the items on the specified list.

All items must be bid to be considered.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked "BID ON CONTRACT 18-05-004 Step Van (SWAT Command Center)".

Any questions concerning items should be directed in writing to Sgt. Ed Tanner at [etanner@butlersheriff.org](mailto:etanner@butlersheriff.org) or Debra Maloney, Staff Accountant, at [dmaloney@butlersheriff.org](mailto:dmaloney@butlersheriff.org).

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Bidders Please Note: Butler County is an equal opportunity employer and has specific certifications regarding equal opportunity that are applicable to all contracts/purchases in excess of \$2,000.00.

A copy of the Bid Tabulation may be obtained by sending a stamped, self-addressed envelope.

*IMPORTANT:* Bids to be sealed and endorsed on the outside of the envelope with the name of the bidder and item bid upon.

Bidder is required to use the County Bid Form.

**Bid Specifications**  
**2018-05-004**  
**Step Van (SWAT Command Center)**

**Any bid that doesn't satisfy the listed requirements may not be considered:**

- A 22-foot step van
- Interior width 93" and height 85"
- GM 6.0 liter V8 engine
- 2200HS automatic transmission
- Black exterior
- 40 gallon rectangular aluminized steel fuel tank
- 225/70R 19.5 radial tires
- LED clearance and marker lights
- Two side door entries (please quote both)
  - sedan doors
  - sliding doors
- 29" twin rear door
- Front/rear air conditioning, and front/rear heater
- Chrome bumpers
- Aluminum rims inside/outside
- Volume capacity up to 1,150 cubic feet
- Desk installed on driver side (in cargo area) with bench seat
- One row of shelving on passenger side (in cargo area)
- Standard driver and passenger front seats

**OTHER OPTIONS TO BE DETERMINED (please provide quote):**

- Translucent roof
- Aluminum roof
- Installation of generator
- Passenger side door with steps leading into cargo area
- Air compressor
- Installation of 240v electrical outlet in cargo area
- Any other options will be taken under consideration

# Bid Form

Government Services Center  
Sixth Floor Conference Center  
Contract Number 18-05-004

Deadline for Bid Submission: 10:30 a.m., May 8, 2018

Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

**TOTAL NOT TO EXCEED \$ \_\_\_\_\_**

Include additional cost breakdown if necessary.

Submitted By: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_  
Date

# VENDOR INFORMATION

**CONTRACT NO. 18-05-004**

BUTLER COUNTY SHERIFF'S OFFICE  
STEP VAN (SWAT COMMAND CENTER)  
COUNTY CORRECTION COMPLEX

Deadline for Bid Submission: 10:30 a.m., Tuesday, May 8, 2018

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I.R.S. EMPLOYER IDENTIFICATION NO.: \_\_\_\_\_

WORKERS' COMPENSATION NO.: \_\_\_\_\_

YEAR COMPANY FOUNDED: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

CONTACT PERSON FOR BID: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT FAX: \_\_\_\_\_

CERTIFICATION: This bid has been completed in accordance with the Specifications for Contract No. 18-05-004. I hereby certify that, to the best of my knowledge, the information contained herein, is accurate, complete, and current as of this date. I also certify that I have the authority to submit this proposal and to negotiate, sign, modify, and terminate contracts on behalf of the above named organization.

SIGNATURE: \_\_\_\_\_

TYPED/PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## CIVIL RIGHTS COMPLIANCE

Vendor agrees that in the performance of this agreement there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

\_\_\_\_\_  
Signature of Representative of Vendor

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date

Attachment A





**NON-COLLUSION AFFIDAVIT**

STATE OF OHIO )

)ss.

COUNTY OF )

I, \_\_\_\_\_,  
(name of party signing affidavit) (title)

being duly sworn, do depose and say:

That \_\_\_\_\_  
(Name of Individual or Company)

its agent, officers or employees have not directly or indirectly entered into any agreement,  
participated in any collusion, or otherwise taken any action in restraint of free competitive  
bidding  
in connection with this proposal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

SEAL  
\_\_\_\_\_  
Ohio

My commission expires  
\_\_\_\_\_

<b>Form</b> <b>SUB W-9</b> (Rev JUN 2015)	<b>Butler County Ohio</b> <b>Substitute Form W9 / Ohio Reporting Form</b> <b>Request for Taxpayer Identification Number and Certification</b>
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In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0841-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to 513-887-3129; or by mail to:

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

To properly complete the form, the following information must be provided:

1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. Part III, you must check "Yes" or "No" to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, birth date, and description of the type of good or service you will provide the county.
4. Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
5. Part V, sign the form and enter today's date.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return). DO NOT LEAVE BLANK. If you are an individual or file under your name put your name here.

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

Check appropriate box for federal tax classification: (check only one box) if individual PART III below is ALWAYS "YES"

- |   |   |  |                                      |                                       |
|---|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietor (or single-member LLC)  | <input type="checkbox"/> C Corporation  | <input type="checkbox"/> S Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust/Estate |
| <input type="checkbox"/> Limited Liability Company - Tax classification (C = C Corp, S = S Corp, P = Partnership) | 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. |  |                                      |                                       |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Exempt from backup withholding   |  |                                      |                                       |

Address Line 1 (number, street, and apt. or suite no.)

Address Line 2

City, state, and ZIP code

Requestor's name and address

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.

For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>																				
and / or	Social Security Number (SSN):																				
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**Part III Additional Information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?

- Yes  
 No

If "Yes" is checked, you MUST complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.

Printed first name, middle initial, and last name

Date good or service provided (MM / DD / YY)  
/ /

Birth date (MM / DD / YY)  
/ /

Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional Information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?

- Yes  
 No

If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", You must answer this question "Yes" or "No". If you answer "Yes" Please fill out the SR-5 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

**Part V 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).
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 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.
3. I am a US person (including a US resident alien).

**Certification Instructions:** You must cross out exempt from backup withholding 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.  
The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of U.S. person \_\_\_\_\_

Date \_\_\_\_\_



# INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0865  
www.opers.org



This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

## STEP 1: Personal Information

Social Security Number

630-88-8888

First Name

MI Last Name

JILL M GOLE

## STEP 2: Public Employment Information

Name of Public Employer

BURLEIGH COUNTY OHIO

Employer Contact

First Name

MI Last Name

JILL M GOLE

Employer Code

Employer Contact Phone Number

202508 513-887-3455

Service Provided to Public Employer

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

/ /

**STEP 3: Acknowledgment**

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_  
Do not print or type name

**PLEASE RETURN THIS FORM TO THE BUTLER COUNTY  
AUDITOR'S OFFICE AT 130 HIGH STREET, 4TH FLOOR  
HAMILTON, OHIO 45011**