INVITATION TO BID

ITB NO. 19-12-012

BUTLER COUNTY SHERIFF'S OFFICE
SECURITY SCANNING SYSTEMS

BID DATE AND TIME:
TUESDAY, DECEMBER 3, 2019
10:30 A.M. (EST)

BIDS MUST BE RETURNED TO:
BUTLER COUNTY COMMISSIONER'S OFFICE
ATTN: TAWANA KEELS
315 HIGH STREET, 6TH FLOOR
HAMILTON, OH 45011
Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Tawana Keels, 315 High Street, 6th Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Tuesday, December 3, 2019 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Commissioners' Conference Room on the 6th Floor in the Butler County Government Services Center, for the Security Scanning Systems in accordance with specifications under Contract No. 19-12-012.

Specifications may be obtained at the office of the Butler County Commissioners; by query at www.butlercountyohio.org/commissioner or by query at 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 any 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 ninety (90) 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. 19-12-012 Security Scanning Systems”.

By order of the Board of Butler County Commissioners.

Donald L. Dixon, President
T. C. Rogers, Vice President

Cindy Carpenter, Commissioner
Attest: Flora R. Butler, Clerk

Publish 1 time: Tuesday, November 19, 2019
Hamilton Journal-News
BID REQUEST

DATE: October 29, 2019

BIDS MUST BE RETURNED TO:
BUTLER COUNTY COMMISSIONERS
ATTN: TAWANA KEELS
315 HIGH STREET, 6TH FLOOR
HAMILTON, OHIO 45011

Sealed bids will be received in this office until: 10:30 a.m. est. December 3, 2019
Using Department: BUTLER COUNTY SHERIFF’S OFFICE
Delivered To: BUTLER COUNTY GOVT SERVICES CENTER, 315 HIGH STREET, 6TH FLOOR, HAMILTON, OHIO 45011

Your written bid is requested for the following:

The Butler County Sheriff’s Office headquartered in Hamilton, Ohio is requesting formal bids for Security Scanning Systems to be used in the Butler County Courts. The bid should include pricing for hand held metal detectors, walk-through multi-zone metal detectors and an X-ray inspection system.

The furnishing of documentation materials is encouraged.

Hand Held Metal Detectors

- NIJ-0602.02 standard compliant or most current security standard
- Wide search area capabilities
- High immunity to external interference
- High sensitivity of magnetic and non-magnetic objects
- Programmable sensitivity should also be an option
- Full digital design
- Calibration-free operations
- Indoor and outdoor use
- Storage and carry container
- Long life rechargeable batteries
- Various alarm capabilities – for example, visual, audio, vibration
- Individual docking/charging stations for each detector
- List of other accessories available and associated costs

Walk-Through Multi-Zone Metal Detector

- Unit must be capable of offering various location zones including body cavities
- High sensitivity of magnetic, mixed alloy metal weapons and non-magnetic objects
- Compliant with and certified to current security standards for weapons detection
- High immunity to external interference
- Efficient, simple installation
- Reliable visual and audio signals and alarms
- Password protected programming capabilities
- List of other accessories available and associated costs
X-ray Inspection Systems

- One unit with a tunnel opening of 24” (wide) by 22” (high) and,
- One unit with a tunnel opening of 21” (wide) by 13” (high) and must measure less than 50” (length) and 30” (width)
- Real time image processing
- Programmable priority keys
- High image resolution
- Compliant with all laws and regulation in regards to X-ray emitting devices

General Terms

- Delivery, installation, calibration, testing and training shall occur no later than 30 days after receipt of approved purchase order
- All state licensing fees and assistance with licensing process must be included
- Continuous training for staff must be included at no additional charge
- Provision of 24/7 Toll Free Support Line and 24/7 On-Line Help Desk
- Bi-annual calibration and annual certification (if applicable)
- Initial Warranty shall be for one year after purchase and shall include coverage of all parts labor and other expenses with no out of pocket expenses to purchaser. Extended Warranty is optional but if purchased, contains the same terms as Initial Warranty
- All software upgrades provided through-out term of Initial Warranty and Extended Warranty if purchased

Total bid(s) are to be shown on the BID FORM provided. Butler County reserves the right to reject all bids.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked "BID ON CONTRACT 19-12-012, Security Scanning Systems".

Any questions should be directed in writing to Sergeant Jason Owens at jowens@butlersheriff.org or Debra Maloney, at dmaloney@butlersheriff.org.

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 FORM

CONTRACT NO. 19-12-012
BUTLER COUNTY SHERIFF’S OFFICE
SECURITY SCANNING SYSTEMS

Company Name:__________________________________________________________

Contact Name & Title:____________________________________________________

Address:________________________________________________________________

Phone:____________________ Fax:____________________________

E-mail Address:__________________________________________________________

Company Website:________________________________________________________

Submitted By:__________________________________ Authorized Signature

Date: __________________
Security Scanning Systems

CONTRACT NO. 19-12-012

BUTLER COUNTY SHERIFF’S OFFICE

Deadline for Bid Submission: 10:30 a.m., December 3, 2019

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. 19-12-012. 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: ________________________________
PLEASE NOTE

BID MUST BE SEALED, DELIVERED TO, AND RECEIVED IN THE BUTLER COUNTY BOARD OF COMMISSIONER’S 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, DECEMBER 3, 2019

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 Ohio
Substitute Form W-9 / Ohio Reporting Form
Request for Taxpayer Identification Number and Certification

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.6041-1 and Ohio Revised Code section 3121.69-3121 8911, please complete and return by fax with tax cover sheet to 813-887-3129; 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 goods 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/designed 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"

☐ Individual/Sole Proprietor (or single-member LLC) ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate
☐ Limited Liability Company - Tax classification (L = 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 box above for the tax classification of the single-member owner.

Address Line 1 (number, street, and apt. or suite no.)
Requestor's name and address
Auditor of Butler County
130 High Street, Fiscal Services Dept.
Hamilton, OH 45011

Address Line 2

City, state, and ZIP code

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):

Social Security Number (SSN):

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 8-R Form (Notice of Re-employment of an OPERS Beneficiary)

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

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

First Name
MI
Last Name

STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name
MI
Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service
Month Day Year

End Date of Service
Month Day Year

PEDACKN (Revised 12/2012)
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

PEDACKN (Revised 12/2012)  Page 2
For your convenience, the Butler County Auditor's Office offers the opportunity to receive future payments electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information.

<table>
<thead>
<tr>
<th>Action:</th>
<th>□ ADD</th>
<th>□ CHANGE/UPDATE</th>
<th>□ INACTIVATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payee Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxpayer ID:</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td>-</td>
<td>Butler County</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Employee:</td>
<td></td>
</tr>
<tr>
<td>Required E-mail Address:</td>
<td></td>
<td>YES □ NO □</td>
<td></td>
</tr>
<tr>
<td>Bank Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Routing Number:</td>
<td></td>
<td>Savings Acct No:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Checking Account No:</td>
<td></td>
</tr>
</tbody>
</table>

**ATTACH VOIODED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION**

**Authorization:** This authorizes the Butler County Auditor’s Office to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor’s Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
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
DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT
(This Affidavit Must Be Executed For The Bid To Be Considered)

STATE OF OHIO

COUNTY OF __________

I, ________________________________ (name of party signing affidavit)
having affirmed under oath that at the time of bid for ______________________ to be opened
________________________, was submitted on ________________ delinquent personal property
(Date) (Date)
taxes in the amount of $__________ (______________________________ Dollars)
were due and unpaid to the County of Butler including the interest in the amount of $__________
______________________________ Dollars) and penalties in the amount of
$__________ (______________________________ Dollars). This document
when given to the County Auditor shall satisfy the requirements of ORC 5719.042.

(Name of Individual Company)

(Taxes Filed Under the Name of)

(Signature)

(Complete Address)

(Telephone)

Sworn to and subscribed before me this __________ day of ____________________________

SEAL

NOTARY PUBLIC
My commission expires_______

Attachment B
Page 1 of 1
NON-COLLUSION AFFIDAVIT

STATE OF OHIO  )
COUNTY OF    )ss.

I, ________________________________,

(name of party signing affidavit)

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