INVITATION TO BID

ITB NO. 20-01-001

BUTLER COUNTY SHERIFF’S OFFICE
2020 SAFETY EQUIPMENT FOR VEHICLES
(PARTS, LABOR, AND PARTS & LABOR)

BID DATE AND TIME:
TUESDAY, FEBRUARY 25, 2020
10:30 A.M. (EST)

BIDS MUST BE RETURNED TO:
BUTLER COUNTY COMMISSIONER’S OFFICE
ATTN: CLERK OF THE BOARD
315 HIGH STREET, 6TH FLOOR
HAMILTON, OH 45011
Sealed Bids will be received at the office of the Butler County Commissioner’s Office, Attn: Clerk of the Board, 315 High Street, 6th Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Tuesday, February 25, 2020 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Butler County Commissioners Chambers on the 2nd Floor in the Butler County Government Services Center, for the Butler County Sheriff’s Office Vehicle Safety Equipment in accordance with specifications under Contract No. 20-01-001.

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 the 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 vendors. 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 Commissioners, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked “Bid on Contract No. 20-01-001 Vehicle Safety Equipment.

By order of the Board of Butler County Commissioners:

T. C. Rogers, President
Cindy Carpenter, Vice President
Donald L. Dixon, Member

Attest: Flora R. Butler, Clerk

Publish 1 time: Tuesday, February 11, 2020
Hamilton Journal-News
BUTLER COUNTY COMMISSIONERS
BID REQUEST

DATE: January 28, 2019

BIDS MUST BE RETURNED TO:
BUTLER COUNTY COMMISSIONERS
ATTN: CLERK OF THE BOARD
315 HIGH STREET, 6TH FLOOR
HAMILTON, OHIO 45011

Sealed bids will be received in this office until: 10:30 a.m. est. February 25, 2020
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 is requesting bids for specific vehicle equipment in three optional formats. Each bidder is requested to bid on any or all of the formats and equipment items. The first bid option is a bid for “parts” only, the second bid option is for “labor” only and the third bid option is for “parts and labor”.

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

The total bid package is on particular law enforcement equipment to be installed on approximately ten (10) 2020 PIU marked cruiser Sheriff vehicles and one (1) marked Sheriff K-9 vehicle. The total number of vehicles listed is subject to change.

Please see exhibit A for the specific listing of equipment items required. Each bidder is invited to bid on any or all of the three (3) Bid Options.

Total bid(s) are to be shown on the BID FORM provided.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked “BID ON CONTRACT 20-01-001 -- 2020 Safety Equipment for Vehicles”.

Any questions concerning specific parts and/or labor items should be directed in writing to Lieutenant Todd Langmeyer at tlangmeyer@butlersheriff.org or Debra Maloney, Assistant Finance Director 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 an email to dmaloney@butlersheriff.org.

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.
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, February 25, 2020

ANY BID DELIVERED AFTER THE TIME SPECIFIED, ACCORDING TO THE CLOCK IN THE COMMISSIONER’S OFFICE, WILL NOT BE ACCEPTED FOR ANY REASON.
2020 SAFETY EQUIPMENT FOR VEHICLES  
(Parts, Labor and Parts & Labor)  

CONTRACT NO. 20-01-001  

BUTLER COUNTY SHERIFF'S OFFICE  
Deadline for Bid Submission: 10:30 a.m., February 25, 2020  

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. 20-01-001. 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:____________________________________
Bid Form
Government Services Center
Contract Number 20-01-001
February 25, 2020

Company Name:__________________________________________________________

Contact Name & Title:_____________________________________________________

Address:________________________________________________________________

Phone:_________________ Fax:_______________________________________________

E-mail Address:___________________________________________________________

Company Website:________________________________________________________

2020 Ford PIU Marked Cruisers – identify specific parts/labor on Attachment A

TOTAL NOT TO EXCEED (PARTS ONLY) $________________________

TOTAL NOT TO EXCEED (LABOR ONLY) $________________________

TOTAL NOT TO EXCEED (PARTS AND LABOR) $____________________

2020 Ford PIU Marked K-9 Cruisers – identify specific parts/labor on Attachment A

TOTAL NOT TO EXCEED (PARTS ONLY) $________________________

TOTAL NOT TO EXCEED (LABOR ONLY) $________________________

TOTAL NOT TO EXCEED (PARTS AND LABOR) $____________________

Submitted By:__________________________________________________________

Authorized Signature

__________________________________________ Date
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**Attachment A**

2020 Ford PIU Equipment Request
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<tr>
<th>Description</th>
<th>Code</th>
<th>Qty</th>
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<td>2020 Ford Platinum Equipment Request</td>
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**Attachment A**
Form
SUB W-9
(Rev JUN 2015)

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 regulations 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 I, 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 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”

☐ Individual/ Sole Proprietor (or single-member LLC) ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Limited Liability Company - Tax classification (C = Corp, S = Corp, P = Partnership) ☐ Other

Requestor’s name and address
Auditor of Butler County
130 High Street, Fiscal Services Dept.
Hamilton, OH 45011

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

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 or divorce, you must enter the name you used on the last tax return and 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)

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

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 and 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 your 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 ___________
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.

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</table>

ATTACH VOICED 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.

| Print Name: |  | Title: |  |
| Signature: |  | 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

BUHLER COUNTY OHIO

Employer Contact

First Name
MI
Last Name

Employer Code

Service Provided to Public Employer

Start Date of Service
Month
Day
Year

End Date of Service
Month
Day
Year

PEDACKN (Revised 12/2012)
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
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 ______________________ (Project or Item Bid)
to be opened _____________, was submitted on _____________, delinquent personal property

(Date)

(Delinquent 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)

______________________________
(TaxesFiled Under the Name of)

______________________________
(Signature)

______________________________
(Complete Address)

______________________________
(Telephone)

Sworn to and subscribed before me this _________ day of ______________,__________.

SEAL

NOTARY PUBLIC
My commission expires________
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