

BUTLER COUNTY COMMISSIONERS
Donald L. Dixon T.C. Rogers Cindy Carpenter

INVITATION TO BID

ITB NO. 21-05-003

BUTLER COUNTY SHERIFF'S OFFICE
SHOOTING RANGE PARKING LOT
AND DRIVEWAY

BID DATE AND TIME:
TUESDAY, MAY 25, 2021
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

LEGAL AD AND NOTICE TO BIDDERS
CONTRACT NO. 21-05-003

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, May 25, 2021 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 Shooting Range Parking Lot and Driveway in accordance with specifications under Contract No. 21-05-003.

Specifications may be obtained at the office of the Butler County Commissioners; by query at www.butlercountyohio.org/commissioner or 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 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 opening date of the bid.

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. 21-05-003 Butler County Sheriff's Office Shooting Range Parking Lot and Driveway.

By order of the Board of Butler County Commissioners:

Cindy Carpenter, President
Donald L. Dixon, Vice President
T. C. Rogers, Member
Attest: Flora R. Butler, Clerk

Publish 1 time: Tuesday, May 4, 2021
Hamilton Journal-News

Bid Form

Government Services Center
Sixth Floor Conference Center
Contract Number 21-05-003

Deadline for Bid Submission: 10:30 a.m., May 25, 2021

Company Name: _____

Contact Name & Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Company Website: _____

**Attach bid information as stated on separate paper in the front of your bid proposal.
Your bid proposal must be the first document of your bid packet.**

Submitted By: _____

Authorized Signature

Date

**BUTLER COUNTY COMMISSIONERS
BID REQUEST**

DATE: April 12, 2021

CONTRACT NUMBER: 21-05-005

BIDS MUST BE RETURNED TO:

FOR FURTHER INFORMATION

CONTACT:

BUTLER COUNTY COMMISSIONERS

ATTN: CLERK OF THE BOARD

315 HIGH STREET, 6TH FLOOR

HAMILTON, OHIO 45011

Debra Maloney

PHONE NO. (513) 785-1011

Sealed bids will be received in this office until: 10:30 a.m. est. on May 25, 2021 Using Department:

BUTLER COUNTY SHERIFF'S OFFICE

Delivered To: BUTLER

COUNTY GOVERNMENT 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 the removal of an asphalt entrance driveway and parking area and then resurface the same area with gravel. This project will be completed at the Butler County Sheriff's Office Shooting Range located at 2067 Woodsdale Road, Trenton (Madison Township), Ohio 45067. The specifications of this project will encompass the following:

General

- Entrance driveway is 18' x 660' for a square foot area of 11,880 (1320 SY)
- Parking area is 81' x 118' for a square foot area of 9,558 (1062 SY)
- Remove and dispose of the existing asphalt entrance driveway and parking area. This item should be bid per cubic yard of asphalt removed and should include all required excavation down to the subgrade elevation of the new driveway/parking area section.
- Project area must be evaluated at the pre-bid meeting in order to determine whether drainage is required to avoid washout/runoff surrounding the driveway or parking area. If drainage is needed then include description and pricing for installation of the product.
- Fill in deep dips in driveway with #2 sized aggregate to provide a sturdy base for finer aggregates.
- Spread to grade, 304 sized limestone aggregate at a thickness of 5 inches, then spray with water and roll/compact gravel.
- Clearing and grubbing of area in preparation of new gravel.
- Vendor must provide construction layout stakes and surveying.
- Vendor will be required to re-seed any area around the work site that was disturbed by the project.
- Vendor will be required to obtain permits required for this project from the local government entity in which the Range resides.
- NOTE: The Shooting Range is located on a closed solid waste landfill. The Vendor will be required to ensure that they do not disturb the methane gas cap located on the property.
- Vendor must provide layout/drawings pricing of the project at time of bid.
- Mandatory Pre-Bid Site Visit – May 10 and/or May 12, 2021 at 10:00 am.

The Contractor will be responsible for:

- Project management
- Site supervision
- Project accounting
- Construction debris removal
- Contractors risk and liability insurance

- Freight charges
- Building permits

Bidder requirements:

A mandatory pre-bid conference is scheduled for Wednesday, May 10 and/or May 12, 2021 at 10:00 a.m. on site at 2067 Woodsdale Road, Trenton (Madison Township), Ohio. Please email RSVP to Mike Armocida at marmocida@butlersheriff.org and Lt. Carrie Schultheiss at cschultheiss@butlersheriff.org.

Contractors are responsible for including all pertinent product data (if applicable) in the returned bid package. Literature, brochures, data sheets, specification information, completed forms requested as part of the bid package and any other facts which may affect the evaluation and subsequent contract award should be included. Materials such as legal documents and contractual agreements, which the bidder wishes to include as a condition of the bid, should also be in the returned bid package. Failure to include all necessary and proper supplemental materials may be cause to reject the entire bid.

Performance Bond

Once the contract has been awarded, the Contractor shall file a 100 % performance bond within ten (10) days after the award of the contract. A performance bond must be by a surety company licensed to do business in Ohio as a surety. The performance bond must be in the name of the Butler County Commissioners. The performance bond will be returned to the Contractor after the full and faithful performance of the contract.

All performance bonds must indemnify Butler County against all damage suffered by failure to perform the contract according to its provisions and in accordance with the plans, details, and specifications therefor and to pay all lawful claims of subcontractors, material suppliers, material suppliers, and laborers for labor performed or material furnished in carrying forward, performing , or completing the contract and agree this is for the benefit of Butler County and any subcontractor having a just claim.

Insurance

The contractor shall carry appropriate insurance on its employees, products and property, including Worker Compensation and general liability, in the minimum coverage amount of \$1,000,000.00 with an Umbrella policy of \$2,000,000.00.

The contractor shall provide the County, not later than the date of commencement of service under the contract, with certificates of insurance for the foregoing coverages that designate Butler County, Ohio as an additional insured with respect to the Contractor's participation in the contract and which include a provision that the coverage shall not be cancelled, terminated or otherwise modified without a 30-day prior written notice provided to the County. Cancellation of insurance will be cause for immediate cancellation of the contract.

The County requires reimbursement by the successful bidder for any expenses paid to County employees, by way of Worker's Compensation, when that injury has been caused by the negligence of the provider of the services or goods required by the contract.

Contract

Unless all bids are rejected, the County shall award the Contract to the lowest and best bidder. Bidder shall be experienced, equipped and able to meet monetary obligations. In order to make this determined the County may make such investigations as necessary, and the bidder shall furnish to the County all such information and data requested for this purpose, including experience, finances, equipment and personnel. The County shall make such investigation as necessary into similar past contractual relationships of the bidder, and the bidder shall furnish to the County all such information and data requested for this purpose. Based on the above determinations and other criteria, the County will

award the contract to the lowest and/or best bidder. Such bid shall be held firm for a minimum of ninety (90) days.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any or all bids, to accept other than the lowest bid or to accept the bid which is in the best interest of the County as determined by the Board. Without limiting the generality of the foregoing proposals which are incomplete, obscure, irregular, contain erasures, omit a bid price, fail to list manufacturers of equipment or subcontractors (if applicable), or are accompanied by an insufficient or irregular certified check or bid bond, may be rejected.

Prevailing Wage – only applicable if bid is over \$75,000

Ohio's prevailing wage law will apply to this contract if the total bid package exceeds \$75,000, as involved work upon a public improvement. Prevailing wage rates at the time of the contract will be included. The rate of pay set forth in those prevailing wage rate schedules and as the same are modified from time to time during the performance of the contract shall be binding pay obligations of the successful bidder/contractor and any of its subcontractors. The County directs bidder's attention to the website of the Ohio Department of Commerce, Division of Labor and Worker Safety, Wage and Hour Bureau website, https://www.com.ohio.gov/documents/dico_prevailingwagecontractorrequire.pdf for information.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked "**BID ON CONTRACT 21-05-003 Butler County Sheriff's Office Shooting Range Parking Lot and Driveway**".

Any questions concerning items should be directed in writing to Jeff Riegert at marmocida@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 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.

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, MAY 25, 2021

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

Butler County Ohio
Substitute Form W9 / 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 1.0641-1 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:

- 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.
- Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
- 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.
- 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).
- 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 = C Corp, S = S Corp, P = Partnership) _____
 Other _____
 Exempt from backup withholding

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.

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

Requestor's name and address

Address Line 2

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

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):

		-							
--	--	---	--	--	--	--	--	--	--

and / or

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 SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

Part V Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- 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.
- 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 _____

**ROGER
REYNOLDS**
BUTLER COUNTY AUDITOR CPA

Office Phone: 513-887-3154

Office Fax: 513-887-3149

130 High Street
Hamilton, Ohio 45011

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.

Action: <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE/UPDATE <input type="checkbox"/> INACTIVATE			
Payee Name:		Phone No:	
Taxpayer ID:	-	Butler County Employee:	YES <input type="checkbox"/> NO <input type="checkbox"/>
SSN:	- -		
Address:			
Required E-mail Address:			
Bank Name:			
Bank Routing Number:	<input type="checkbox"/> Savings Acct No:		
	<input type="checkbox"/> Checking Account No:		

ATTACH VOIDED 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

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

Employer Outreach: 1-888-400-0965
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

First Name

MI

Last Name

STEP 2: Public Employment Information

Name of Public Employer

B E U T L E R C O U N T Y O H I O

Employer Contact

First Name

MI

Last Name

J I L L

M C O L E

Employer Code

Employer Contact Phone Number

2 0 2 5 - 0 2 8 3

5 4 3 - 8 8 7 - 3 4 5 5

Service Provided to Public Employer

Start Date of Service

Month Day Year

/ /

End Date of Service

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**

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)
)ss.
 COUNTY OF _____)

I, _____,
 (name of party signing affidavit) (title)
 having affirmed under oath that at the time of bid for _____ to be opened
 (Project or Item Bid)
 _____, 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 _____

