

BUTLER COUNTY COMMISSIONERS

Donald L. Dixon T.C. Rogers Cindy Carpenter

INVITATION TO BID

ITB NO. SO-2025-09-01

BUTLER COUNTY SHERIFF'S OFFICE
FLEET MAINTENANCE FOR SHERIFF VEHICLES

BID DATE AND TIME:
WEDNESDAY, SEPTEMBER 24, 2025
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. SO-2025-09-01

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 Wednesday, September 24, 2025 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 Fleet Maintenance for Sheriff Vehicles in accordance with specifications under Contract No. SO-2025-09-01.

Specifications may be obtained by query at <https://bids.bcoho.gov>. To access the ITB packet on the Butler County Board of Commissioners website, please scroll down until the project is found: Butler County Sheriff's Office Fleet Maintenance for Sheriff Vehicles, ITB No. SO-2025-09-01, or by query at www.butlersheriff.org/category/request-for-bids/. To access the ITB packet on the Butler County Sheriff's Office, scroll down until the project is found.

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 bid date.

Butler County reserves the right to award the bid 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 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. SO-2025-09-01 Butler County Sheriff's Office Fleet Maintenance for Sheriff Vehicles".

By order of the Board of Butler County Commissioners.

Cindy Carpenter

Donald L. Dixon

T.C. Rogers

Attest: Nirali V. Desai, Deputy Clerk

Publish 1 time: Wednesday, September 10, 2025
Hamilton Journal-News

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

WEDNESDAY, SEPTEMBER 24, 2025

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

BUTLER COUNTY SHERIFF BID REQUEST

DATE: August 22, 2025

CONTRACT NUMBER: SO-2025-09-01

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

FOR FURTHER INFORMATION CONTACT:
Debbie Maloney
PHONE NUMBER:
(513) 785-1011

Sealed bids will be received in this office until: 10:30 a.m. est. on Wednesday, SEPTEMBER 24, 2025

Using Department: BUTLER COUNTY SHERIFF'S OFFICE
Delivered To: BUTLER COUNTY COMMISSIONERS, ATTN: CLERK OF THE BOARD, 315 HIGH STREET, 6TH FLOOR, HAMILTON, OH 45011

Your written bid is requested for the following:

The Butler County Sheriff's Office (BCSO) is requesting bids for Fleet Maintenance of Sheriff vehicles. The bid shall include all related prices on the attached specification sheets for repair and maintenance of Butler County Sheriff's Office vehicles. The specification sheets are categorized by model year and make of fleet inventory (see attachment #1)

Lube, Oil and Filter service (LOF) (see Attachment #2) and recommended scheduled maintenance will include ALL fluids needed for proper engine, drivetrain, and coolant capacities. LOF will be required to be completed at vehicle drop-off in an expedited manner. All other services shall be completed as soon as possible.

Category (A) should identify products that either meet or exceed OEM specifications and standards. Specific vehicles listed as **PATROL must** meet a "Pursuit Rated" Certification on products identified in Category (A). (See attachment #3)

Category (B) should identify products recommended by the individual vendor. (See attachment #3)

Attachment #3 requests bids for mechanical labor rate for unspecified work and for various fluids used for the maintenance of the BCSO fleet.

Please email Debbie Maloney at dmaloney@butlersheriff.org to request Attachment #1 in Excel format for electronic entry if preferred.

The Butler County Sheriff's Office may request an on-site facility visit prior to awarding bid.

Any emergencies that arise that are not included in the contract will be put in the form of a resolution and be submitted for approval and payment. The contract is binding for two years with the option to renew at the end of each particular year for an additional year of service for a potential of three more years. Butler County reserves the right to award partial bids to multiple bidders. Bids will be reviewed for services, cost, as well as, location of facilities. Bidders may

receive bid awards for some but not all of the items on the specified list. All items must be bid per single unit to be considered. Vendors are not required to bid on all items.

Any questions concerning items should be directed in writing to Debbie Maloney at dmaloney@butlersheriff.org or Lieutenant Jeff Schuster at jschuster@butlersheriff.org.

Bids shall be sealed and bear on its face the Name and Address of the bidder and be plainly marked "BID ON CONTRACT SO-2025-09-01 BUTLER COUNTY SHERIFF'S OFFICE FLEET MAINTENANCE OF SHERIFF VEHICLES".

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.

Bidder is required to use the County Bid Form.

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.

BID FORM

**CONTRACT NO. SO-2025-09-01
BUTLER COUNTY SHERIFF'S OFFICE
FLEET MAINTENANCE OF SHERIFF VEHICLES**

Company Name: _____

Contact Name & Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Company Website: _____

Submitted By: _____
Authorized Signature

Date: _____

Attachment #1

<u>2022-Current Dodge Durango Pursuit</u>		PATROL		
	<u>Manufacturer</u>	<u>Part Number(s)</u>	<u>Price</u>	<u>Labor Cost</u>
LOF with Safety Inspection (6 Quarts)				
Fuel Filter				
Air Filter				
Cabin Filter				
Battery				
Wiper Blades	Contour		pair	
Rear Wiper Blade				
Headlamp Bulb Replacement				
All other Bulb(s) Replacement				
Serpentine Belt				
Belt Tensioner				
Front Brake Pads	a)			
	b)			
Front Brake Rotors	a)			
	b)			
Rear Brake Pads	a)			
	b)			
Rear Brake Rotors	a)			
	b)			
Resurface Rotors	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX		
Transmission Service w/Filter				
PTU Service (Power Transfer Unit)				
A/C Service				
Rear End Service				
Coolant Flush				
Fuel System Treatment / Clean Throttle Body				
Spark Plug(s)			ea.	
Coil Pack with Boot			ea.	
Plug Wires (if appl.)				
Notes / Recommendations:				

2020-Current Ford PIU (Police Interceptor Utility) PATROL

Attachment #1	<u>Manufacturer</u>	<u>Part Number(s)</u>	<u>Price</u>	<u>Labor</u>
LOF with Safety Inspection (6 Quarts)				
Fuel Filter				
Air Filter				
Cabin Filter				
Battery				
Wiper Blades Contour			Pair	
Rear Wiper Blade				
Headlamp Bulb Replacement				
All other Bulb(s) Replacement				
Serpentine Belt				
Belt Tensioner				
Front Brake Pads	a)			
	b)			
Front Brake Rotors	a)			
	b)			
Rear Brake Pads	a)			
	b)			
Rear Brake Rotors	a)			
	b)			
Resurface Rotors	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Transmission Service w/Filter				
PTU Service (Power Transfer Unit)				
A/C Service				
Rear End Service				
Coolant Flush				
Fuel System Treatment / Clean Throttle Body				
Spark Plug(s)			ea.	
Coil Pack with Boot			ea.	
Plug Wires (if appl.)				
Notes / Recommendations:				

2014-2019 Ford PPI SUV (Police Pursuit Interceptor) PATROL

Attachment #1	Manufacturer	Part Number(s)	Price	Labor
LOF with Safety Inspection (6 Quarts)				
Fuel Filter				
Air Filter				
Cabin Filter				
Battery				
Wiper Blades Contour			Pair	
Rear Wiper Blade				
Headlamp Bulb Replacement				
All other Bulb(s) Replacement				
Serpentine Belt				
Belt Tensioner				
Front Brake Pads	a)			
	b)			
Front Brake Rotors	a)			
	b)			
Rear Brake Pads	a)			
	b)			
Rear Brake Rotors	a)			
	b)			
Resurface Rotors	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Transmission Service w/Filter				
PTU Service (Power Transfer Unit)				
A/C Service				
Rear End Service				
Coolant Flush				
Fuel System Treatment / Clean Throttle Body				
Spark Plug(s)			ea.	
Coil Pack with Boot			ea.	
Plug Wires (if appl.)				
Notes / Recommendations:				

2023-Current Ford Transit Van 350

<u>Attachment #1</u>	<u>Manufacturer</u>	<u>Part Number(s)</u>	<u>Price</u>	<u>Labor</u>
LOF with Safety Inspection (12 Quarts)				
Fuel Filter				
Air Filter				
Cabin Filter				
Battery				
Wiper Blades Contour			Pair	
Headlamp Bulb Replacement				
All other Bulb(s) Replacement				
Serpentine Belt				
Belt Tensioner				
Front Brake Pads	a)			
	b)			
Front Brake Rotors	a)			
	b)			
Rear Brake Pads	a)			
	b)			
Rear Brake Rotors	a)			
	b)			
Resurface Rotors	XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Transmission Service w/Filter				
Transfer Case Service				
Front and Rear Axle Fluid Service				
A/C Service				
Coolant Flush				
Fuel System Treatment / Clean Throttle Body				
Spark Plug(s)			ea.	
Coil Pack with Boot			ea.	
Plug Wires (if appl.)				
Notes / Recommendations:				

2015 - Current Chevrolet G-Series Van 3500

Attachment #1	Manufacturer	Part Number(s)	Price	Labor
LOF with Safety Inspection (7 Quarts)				
Fuel Filter				
Air Filter				
Cabin Filter				
Battery				
Wiper Blades Contour			Pair	
Headlamp Bulb Replacement				
All other Bulb(s) Replacement				
Serpentine Belt				
Belt Tensioner				
Front Brake Pads	a)			
	b)			
Front Brake Rotors	a)			
	b)			
Rear Brake Pads	a)			
	b)			
Rear Brake Rotors	a)			
	b)			
Resurface Rotors	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX		
Transmission Service w/Filter				
Rear End Service				
A/C Service				
Coolant Flush				
Fuel System Treatment / Clean Throttle Body				
Spark Plug(s)			ea.	
Coil Pack with Boot			ea.	
Plug Wires (if appl.)				
Notes / Recommendations:				

Recommended Scheduled Maintenance Request

Attachment #2

2022-Current Dodge Durango Pursuit

Every: 5,000 mi. – LOF with Safety Inspection

:30,000 mi. – Cabin/Air/Fuel Filter Maintenance

:70,000 mi. – Transmission/Transfer Case Service

:100,000 mi. – Spark Plugs (Tune up)/PCV Inspection/Coolant Flush

:125,000 mi. – Scheduled Maintenance at discretion of BCSO

2020-Current Ford Police Interceptor Utility

Every: 5,000 mi.- LOF with Safety Inspection

:30,000 mi. – Cabin/Air/Fuel Filter Maintenance

:60,000 mi. – Spark Plugs (Tune Up)

:100,000 mi. - Transmission/Transfer Case Service

:125,000 mi. – Scheduled Maintenance at discretion of BCSO

2014 – 2019 Ford PPI SUV (Police Pursuit Interceptor)

Every: 5,000 mi. - LOF with Safety Inspection

: 30,000 mi. – Cabin/Air/Fuel Filter Maintenance

: 50,000 mi. – Transmission Service /PTU/ Rear End Service

: 75,000 mi. – Spark Plugs (Tune up)

: 125,000 mi. – Scheduled Maintenance at discretion of BCSO

2023-Current Ford Transit Van 350

Every: 5,000 mi. – LOF with Safety Inspection

:30,000 mi. – Cabin/Air/Fuel Filter Maintenance – Torque rear axle U bolts to specs.

:60,000 mi. – Spark Plugs (Tune up)

:125,000 mi. – Scheduled Maintenance at discretion of BCSO

2015 – Current Chevrolet G-Series Van 3500

Every: 5,000 mi. – LOF with Safety Inspection

: 30,000 mi. – Cabin/Air/Fuel Filter Maintenance

: 50,000 mi. – Transmission Service

: 100,000 mi. – Spark Plug Replacement / Plug Wire Inspection

: 150,000 mi. – Scheduled Maintenance at discretion of BCSO

Safety Inspection Requirement

We are aware that many individual vendors currently provide the BCSO with a Safety Inspection during every Lube, Oil and Filter (LOF) Service. Although, certain duties or tasks may differ. Listed is a BCSO Safety Inspection checklist required at LOF service.

All Exterior Lights are functional (i.e. headlights, running lights, etc.)

Windshield wipers are in working condition

Inspect all tires. Notification requested for any defects

Check all Tires for correct pressure

Inspection of undercarriage and components

Inspection of drivetrain and components

Inspection of steering and components

Inspection of front and rear suspension and components

Lubricate all components equipped with grease fittings

Inspection of front and rear Brakes.

Brake pad thickness in millimeters to be provided to BCSO

Check all fluids and top off if needed

Inspect all drive belts and hoses

Inspect battery posts/terminals for connection and corrosion

Check air filter (cabin filter if applicable)

Inspect engine compartment and air flow for restrictions

Grease hood latch and door hinges with proper lubricant when needed

Fluids/Labor

Attachment #3

Fluid Weights and Certifications recommended by vehicle manufacturers must be adhered to, unless otherwise requested by the BCSO.

ALL items listed under Category (A) must either meet, or exceed, OEM applications with acceptance to Law Enforcement Pursuit Rated products.

The additional Category (B) will be for products recommended by Individual Vendors. (If none, leave blank)

Labor

	<u>Labor rate</u>
Mechanical Labor Rate for unspecified work:	
1/2 hour rate	
1 hour rate	

Oil

Gasoline/E85 Engines

<u>Manufacturer</u>	<u>Price Per Quart</u>
Conventional:	
Semi-Synthetic Blend:	
Full Synthetic:	

Diesel Engines

<u>Manufacturer</u>	<u>Price per Quart</u>
A)	
B)	

Transmission Fluid

<u>Manufacturer</u>	<u>Price per Quart</u>
A)	
B)	

Gear Oil

<u>Manufacturer</u>	<u>Price per Quart</u>
A)	
B)	

Additive:	
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Coolant

<u>Manufacturer</u>	<u>Price per Gallon</u>
A)	
B)	

Washer Fluid

<u>Manufacturer</u>	<u>Price per Gallon</u>
A) Rain-X All Season	
B)	

Brake Fluid

<u>Manufacturer</u>	<u>Price per Quart</u>
A)	
B)	

Power Steering Fluid

<u>Manufacturer</u>	<u>Price per Quart</u>
A)	
B)	

A/C Freon

<u>Manufacturer</u>	<u>Price per Pound</u>
A) R-134a	
B)	
Leak Detection Dye	each

Form SUB W-9 (Rev JUN 2025)	Butler County Ohio Substitute Form W9 / Ohio Reporting Form Request for Taxpayer Identification Number and Certification
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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 **email to AP@bcoho.gov** 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) or any other Ohio pension system (SERS, STRS, etc.)
- 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 (<u>C</u> = C Corp, <u>S</u> = S Corp, <u>P</u> = Partnership) _____	
<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, 4th Floor 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): [] [] - [] [] [] [] [] [] [] [] 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a pension benefit from Ohio Public Employees Retirement System (OPERS) or any other Ohio retirement system?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
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 _____



The Butler County Auditor's Office offers the ability for vendors to receive payments from the County 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 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. The first payment processed after we receive all documentation will continue to be a paper check. Once we are able to verify the banking information provided, via the prenote process, all future payments will be sent electronically.

Action:	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE/UPDATE	<input type="checkbox"/> INACTIVATE
Payee Name:			Phone No:
Taxpayer ID:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Butler County Employee: YES <input type="checkbox"/> NO <input type="checkbox"/>
SSN:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address:			
E-mail (Required):			
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:



NON-MEMBER ACKNOWLEDGMENT

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

Employer Services: 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 (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

[Redacted Name Fields]

Date of Birth: Month Day Year

[Redacted Date of Birth Fields]

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

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

Employer Contact

First Name

MI

Last Name

J I L L M C O L E

Employer Code

2 0 2 5

Employer Contact Phone Number

5 1 3 — 8 8 7 — 3 1 5 5

Service Provided to Public Employer

[Redacted Service Provided Fields]

Start Date of Service

Month Day Year

[Redacted Start Date Fields]

End Date of Service

Month Day Year

[Redacted End Date Fields]

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified 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 this service. 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. **A copy of this form must be sent to OPERS.**

Signature _____ Today's Date ____/____/____
Do not print or type name

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

STATE OF OHIO)
)ss.
COUNTY OF)

Page 1 of 1

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
