

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

# **INVITATION TO BID**

RFP NO. BCSO-2026-06-01

BUTLER COUNTY SHERIFF'S OFFICE  
BUTLER COUNTY JAIL INMATE COMMISSARY

**BID DATE AND TIME:**  
**FRIDAY, JULY 10, 2026**  
**01:30 P.M. (EST)**

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

**LEGAL AD AND NOTICE TO  
BIDDERS  
RFP NO. BCSO-2026-06-01**

Sealed proposals will be received at the office of the Butler County Commissioner's Office, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 01:30 p.m. EST on Friday, July 10, 2026 for the Butler County Jail Inmate Commissary, in accordance with specifications under RFP No. BCSO-2026-06-01.

Specifications may be obtained by query at <https://bids.bcoho.gov>. To access the RFP packet on the Butler County Board of Commissioners website, please scroll down until the project is found: Butler County Jail Inmate Commissary, RFP No. BCSO-2026-06-01, or by query at [www.butlersheriff.org/category/request-for-bids/](http://www.butlersheriff.org/category/request-for-bids/). To access the RFP packet on the Butler County Sheriff's Office, scroll down until the project is found.

The Board of Butler County Commissioners may, in their sole and absolute discretion, accept or reject, in whole or in part, for any reason whatsoever any or all proposals; re-advertise this Request for Proposals; postpone or cancel at any time the Request for Proposal process; waive any informalities of or irregularities in the process; negotiate with any party or request additional information if it so desires.

Proposals are to be SEALED and delivered to the office of the Butler County Commissioners, and each proposal shall bear on its face the name and address of the bidder and shall be plainly marked "Proposal for RFP No. BCSO-2026-06-01 Butler County Jail Inmate Commissary".

By order of the Board of Butler County Commissioners:

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

Attest: Emily Appel, Clerk

Publish 1 time: Wednesday, June 3, 2026  
*Hamilton Journal-News*

# PLEASE NOTE

PROPOSAL 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

*01:30 p.m. local time on*

*Friday, July, 10, 2026*

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

# **BOARD OF COUNTY COMMISSIONERS, BUTLER COUNTY, OHIO**

315 High St., 6th Floor, Hamilton, OH 45011

## **REQUEST FOR PROPOSALS**

R.C. §§ 307.86(M) & 307.862

Pursuant to R.C. § 307.86(M), The Board of Commissioners, Butler County, Ohio (the "County"), as the County contracting authority for the User designated herein has determined that the use of competitive sealed proposals would be advantageous to the County for the acquisition of the goods or services described in this Request for Proposals (the "RFP"). Therefore, pursuant to R.C. § 307.862, the County hereby solicits sealed competitive proposals as described in this RFP.

### **A. Submission of Proposal:**

1. Deadline for Submission of Proposals: Friday, July 10, 2026 until 1:30pm. Proposals received prior to the deadline will be held and not be opened until the deadline.
2. Proposals to be Delivered to: The Butler Board of Commissioners, Attn: Clerk of the Board, 315 High Street, Hamilton, OH 45011

### **B. Description of Project:**

1. Project Name: Butler County Jail Inmate Commissary
2. Contract No.: RFP No. BCSO-2026-06-01
3. USER: The contract to which this RFP relates is intended to be awarded by The Butler County Board of Commissioners for the use of the Butler County Sheriff's Office (the "Sheriff's Office").
4. County Contact Person: Kaitlyn Jarvis, Finance Specialist, Butler County Sheriff's Office, 705 Hanover Street, Hamilton, OH 45011, [kjarvis@butlersheriff.org](mailto:kjarvis@butlersheriff.org).
5. Brief Description of Project: The Butler County Board of Commissioners, in coordination with the Butler County Sheriff's Office, is seeking proposals from qualified Contractors to provide comprehensive inmate commissary services for the Butler County Correctional Facilities. The intent of this RFP is to secure a Contractor capable of delivering high-quality, cost-effective, secure, and compliant commissary operations in accordance with all applicable federal, state, and local laws.
6. Please see Exhibit A for additional information.
7. Potential Partial or Multiple Party Awards: The County reserves the right to award upon recommendation of the Sheriff's Office any, none, or part of the project to one or more Vendors for designated portions of the project. In the event that County elects to award multiple contracts concerning the project, the Sheriff's Office or its designee shall assume responsibility for coordination of the multiple contracts unless County expressly designates that the recipient of one of the awarded contracts shall be responsible to coordinate the multiple contracts.
8. Intended Contract Duration: Initial term of three (3) years with (2) two (1) year renewal options.
9. Implementation Deadline: To be determined at time of contract award.

The Butler County Correctional Facilities have three locations. Resolutions and Court Street operate based on inmate population and either location can be opened or closed based on current needs.

## **C. The Request for Proposals:**

1. A list of specifications for this project is contained in the Exhibit A attached hereto.
2. A full copy of this RFP, together with all documents incorporated by reference into the RFP, is available to the public and may be obtained by either: (a) Download from the County's website at <https://bids.bcohoio.gov> or [www.butlersheriff.org](http://www.butlersheriff.org) – Bid Opportunities; or (b) A written request directed to the County's Contact Person as designated in this RFP.
3. County reserves the right to issue one or more addendums modifying the requirements or terms of this RFP. A copy of each addendum will be posted on the County and Sheriff's websites. It will be the bidder's responsibility to monitor the websites for any addendum.

## **D. Prohibited Contacts:**

To protect the integrity and fairness of the proposal process, unauthorized communications and other behavior by any prospective Vendor that violates or attempts to manipulate the competitive proposal process is strictly prohibited. From the time this RFP is issued until a contract is awarded, no prospective Vendor shall directly contact or attempt to influence any County employee, officer, or elected official involved in the evaluation, selection, or award process, except through the designated County Contact Person identified herein.

## **E. Proposal Requirements:**

Each proposal submitted in response to this RFP shall:

1. Be submitted in a sealed envelope or container and clearly identified on the exterior of the envelope as a sealed proposal in response to this RFP. The proposal shall contain the signature of a person who is duly authorized to submit the proposal on behalf of the Vendor. Each page of the proposal must be numbered sequentially. All narrative information must contain a heading which clearly indicates the subject matter of the narrative. The proposal must be consistent with applicable federal regulations, State of Ohio policies, and County policies and procedures.
2. Contain the full legal name and mailing address of the principal place of business of the person/entity submitting a proposal (the "Vendor"). If a corporation, LLC, limited partnership, or other entity, the Vendor shall identify its form of business entity and whether it is licensed to do business in the State of Ohio.
3. Identify the name, postal mailing address, telephone number, and email address of the person(s) responsible for: (a) preparation and submission of the proposal; (b) responding to County's questions; (c) conducting negotiations; and (d) signing contract documents.
4. Fully respond to questions and requests for information including: (a) business information and duration of activity; (b) experience with correctional commissary operations; (c) references from comparable correctional facilities; (d) key personnel involved in the project; and (e) disclosure of litigation or known claims.
5. Disclose the name, address, phone number, and scope of services for each manufacturer, seller, subcontractor, and consultant who will assist the Vendor.
6. Fully complete the Attachments attached to this RFP.
7. If a proposal contains any trade secret or proprietary information, the Vendor has the sole responsibility to clearly identify and protect such information.

## **F. Units of Measurement:**

1. All price or cost information contained in each proposal shall be stated in US dollars.
2. Unless otherwise expressly specified, all quantities shall be stated in English units of measurement.
3. Unless otherwise expressly stated, all time periods are expressed in terms of calendar days.

## **G. Proposal Evaluation Process:**

1. Each proposal received by the submission deadline shall be promptly opened by County and reviewed for compliance with the RFP and Ohio law. County shall open all timely submitted proposals in a manner that prevents the disclosure of contents of competing proposals. Proposals shall not be available for public inspection until after contract award. Any proposal that fails in any material respect to comply shall be rejected and returned.
2. Each compliant proposal will be evaluated and ranked by County staff using the factors and criteria listed in Exhibit A. County may initiate discussions with Vendors for clarification, correction, or revision of proposals, conducted without disclosing competing proposals.

## **H. Rejection of Proposals:**

County reserves the right to reject, in whole or in part, any proposal which County determines:

1. Contains material exception(s) to the terms and conditions of this RFP;
2. Fails to meet the terms, standards, specifications, and requirements of this RFP;
3. Submits prices that County considers excessive or exceed County's available funds; or
4. Would not be in the best interest of the County based upon the factors and criteria described in Exhibit A.

## **I. Negotiations:**

1. County will negotiate with the Vendor whose proposal is determined most advantageous to the County based on rankings.
2. County reserves the right to require demonstrations or samples as part of negotiations.
3. All Vendor activities in connection with making a proposal and conducting negotiations shall be at the Vendor's sole cost and expense.
4. Termination of Negotiations: (a) A Vendor may terminate negotiations by providing written notice of withdrawal at any time prior to contract award. (b) County may terminate negotiations by providing written notice of the Vendor's failure to provide information or negotiate in good faith. Unless the Vendor cures deficiencies within five (5) business days, negotiations shall be terminated.
5. If either party terminates negotiations, County may commence negotiations with the next-ranked Vendor.

## **J. Contract Award:**

1. County may award a contract to the Vendor whose proposal is most advantageous. The RFP shall be held firm for a minimum of ninety (90) days.
2. The Sheriff's Office shall send written notice of award and make it available to the public.
3. Contract Documents shall include the executed agreement, this RFP (including addenda), and the Vendor's proposal. In case of conflict, the executed agreement shall prevail, followed by this RFP.
4. The contract award will not be final until a mutually satisfactory agreement has been executed.
5. No contract performance may begin prior to execution of the agreement.
6. Butler County reserves the right to cancel an award immediately if new regulations or policy makes it necessary to change the service or prohibit such service.
7. County shall notify all other Vendors that the contract has been awarded.

Cancellation of the RFP: County may cancel or reissue this RFP if the proposals are not in compliance, prices are excessive, or award would not be in the best interest of the County.

## **K. Other Information:**

1. Warranties: Vendor must warrant that all services and goods comply with Contract Documents and will be free from defects for one year after County's acceptance. Vendor shall assign all manufacturer's warranties to the County.
2. Non-solicitation: During the agreement term and for one year thereafter, Vendor shall not employ nor solicit for employment any current County employee unless terminated without just cause.
3. Proprietary Information: Vendor shall maintain confidentiality of proprietary or non-public records disclosed during negotiations or performance.
4. Compliance with Laws: Vendor and its employees shall comply with all federal, state, and local laws, regulations, and policies/procedures.

# **Exhibit "A" — Specifications for Project**

The Butler County Board of Commissioners, in coordination with the Butler County Sheriff's Office, is seeking proposals from qualified Contractors to provide comprehensive inmate commissary services for the Butler County Jail. The intent of this RFP is to secure a Contractor capable of delivering high-quality, cost-effective, secure, and compliant commissary operations in accordance with all applicable federal, state, and local laws.

## **1. Scope of Services**

The selected Contractor shall provide a complete, turnkey inmate services platform including:

- Inmate Commissary Services
- Inmate Banking / Trust Account System
- Inmate Communication Systems (law library, inmate requests/grievances, ability to post documents and require acknowledgements, submit commissary orders/fresh favorite orders).

All systems shall be fully integrated where applicable and accessible through a unified platform.

## **2. Commissary Services Requirements**

### **A. General Operations**

The Contractor shall:

- Provide full commissary services including ordering, inventory control, and distribution.
- Ensure a minimum of two (2) weekly ordering cycle.
- Maintain adequate inventory levels to prevent stockouts.
- Provide a catalog of approved items for inmate purchase.

### **B. Product Categories**

Commissary items shall include, but are not limited to:

- Food and snack items
- Hygiene and personal care products
- Writing materials and envelopes
- Approved clothing items, religious products

All items must be approved by the Sheriff or designee.

### **C. Pricing Controls**

- Pricing shall be fair and reasonable and comparable to community retail pricing where feasible.
- The County reserves the right to approve all pricing.
- The Contractor shall not increase prices without prior written approval.

## **D. Ordering System**

The Contractor shall provide:

- Electronic ordering system (kiosk and/or tablet compatible).
- Integration with inmate banking systems.
- Secure user authentication.
- All costs associated with developing, implementing, and maintaining any system interfaces or integrations required for the ordering system shall be borne solely by the Contractor, at no cost to the County.

## **E. Packaging and Delivery**

- Orders shall be securely packaged and labeled.
- Delivery shall follow strict chain-of-custody procedures.
- Distribution shall be coordinated with corrections staff.

# **3. Technology Requirements**

The Contractor shall provide a fully integrated technology solution including commissary ordering, inmate banking, communication systems, and deposit services.

## **A. Commissary Technology**

- Secure inmate ordering interface (kiosk and/or tablet compatible).
- Real-time account tracking.
- Administrative reporting dashboard.
- Audit capabilities accessible by the Sheriff's Office.
- All interface costs associated with integration shall be the responsibility of the Contractor.

## **B. Inmate Banking / Trust Account System**

The Contractor shall provide:

- Full inmate trust account management system.
- Real-time posting of deposits and transactions.
- Automated reconciliation and audit logs.
- Ability for staff to manage holds, fees, and account adjustments.
- Integration with commissary purchasing system.
- All interface costs associated with integration shall be the responsibility of the Contractor.
- United States and International Debit release cards, along with check issuing from accounts.

## **C. Lobby and Intake Deposit Kiosk Requirements**

The Contractor shall provide, at no cost to the County, a minimum of one (1) standalone floor model kiosk located in the public lobby and two (2) standalone floor model at Hanover Street jail intake. The kiosk shall:

- Accept cash and credit/debit card deposits in lobby. Cash only in booking. (including denominations up to \$100 bills).
- Capture an image of each depositor for investigative purposes.
- Provide printed receipts for each transaction.
- Display inmate identifying information to ensure correct account selection.
- Post deposits in real time to the inmate accounting system.
- Guarantee all deposited funds.
- Be maintained and serviced by the Contractor.

## **D. Deposit System Functional Requirements**

- Kiosk shall provide inmate lookup including name, inmate ID, date of birth, and location.
- System shall verify depositor information prior to transaction authorization.
- All transactions shall clearly display service fees prior to completion.
- Contractor shall maintain full transaction history and provide access upon request.
- All interface and integration costs necessary to connect deposit systems with the inmate accounting and trust account systems shall be the sole responsibility of the Contractor, at no cost to the County.

## **E. Alternate Deposit Methods**

The Contractor shall provide:

- Toll-free phone deposit option (bilingual English/Spanish, 24/7 availability).
- Online deposit website (secure, user account-based access).
- Walk-in cash deposit options (nationwide retail partners such as Western Union, ACE Cash Express, or equivalent).
- All costs associated with interfaces or integrations required to connect alternate deposit methods with the inmate trust account system shall be borne solely by the Contractor, at no cost to the County.

## **F. Call Center Requirements**

- Call center must be bilingual (English/Spanish).
- Available 24 hours per day, 7 days per week.
- Staff must undergo background checks, credit checks, and drug testing.
- Contractor must provide redundancy (backup call centers) to ensure uninterrupted service.

## **G. System Integration Requirements**

- All systems shall be integrated.
- Compatible with existing jail management systems.
- All costs associated with any system interfaces, integrations, or modifications required to achieve compatibility with existing County or jail management systems — whether at initial implementation or at any point during the contract term — shall be the sole responsibility of the Contractor, at no cost to the County. This includes, but is not limited to, development, configuration, testing, deployment, and ongoing maintenance of all interfaces.

## **4. Financial Requirements**

### **A. Commission Structure**

- Contractor shall propose a commission percentage based on gross commissary sales.
- Minimum commission shall not be less than 35% of adjusted gross sales.
- Commission payments shall be made monthly.

### **B. Inmate Banking and Communication Fees**

- All fees must be disclosed and approved.
- Fees must be clearly displayed prior to transaction completion.
- No hidden site commissions.
- All fees shall be charged to the depositor only; no costs shall be assessed to the County.
- All interface, integration, and system connectivity costs — including initial development and any future modifications — shall be the sole financial responsibility of the Contractor and shall not be passed through to the County or to inmates.

### **C. Transparency**

- Full financial transparency required.
- County retains audit rights on all revenue streams.

### **D. Audit Rights**

The County reserves the right to audit all financial records related to commissary, banking, and communication systems at any time.

## **5. Security Requirements**

The Contractor shall:

- Comply with all jail security policies.
- Ensure all deliveries are inspected and controlled.
- Prevent introduction of contraband.
- Train staff in jail security procedures and jail policies.

## **A. Deposit Security and Cash Handling**

Contractor shall utilize bonded and insured armored transport services for cash collection from the lobby Kiosk only; Finance staff picks up intake (booking) cash.

## **B. System Monitoring and Uptime**

- Contractor shall provide continuous system monitoring for kiosks and deposit systems.
- Contractor shall have automated alert systems for outages or malfunctions.
- Contractor shall provide remote troubleshooting and on-site repair response when necessary.

## **6. Reporting Requirements**

The Contractor shall provide:

- Daily deposit reports identifying depositor, inmate, amount, and method.
- Monthly financial and commission reports.
- Inventory and sales reports.
- Discrepancy and incident reports.
- EFT remittance reports confirming transfer of funds within required timeframe.

## **A. Funds Transfer Requirements**

- All deposits shall be remitted to the County via Electronic Funds Transfer (EFT) no later than the second (2nd) business day following the transaction.
- Contractor shall provide documentation of all remittances upon request.

## **7. Legal and Regulatory Compliance**

The Contractor shall comply with all applicable laws and regulations, including but not limited to:

### **A. Ohio Administrative Code**

OAC 5120:1-8-01 through 5120:1-8-19 (Ohio Minimum Jail Standards).

### **B. Ohio Revised Code**

Applicable provisions governing county jails and inmate welfare; Ohio Money Transmitter Act (ORC 1315.01 – 1315.18).

### **C. PREA Compliance**

Prison Rape Elimination Act (PREA) standards (28 CFR Part 115).

## **D. FCC Regulations**

Compliance with Federal Communications Commission (FCC) regulations for inmate calling services.

## **E. Financial Compliance**

Compliance with all financial transaction and consumer protection laws.

## **F. Health and Safety**

Local and state health department regulations; OSHA standards.

## **G. Civil Rights**

Compliance with constitutional protections and religious accommodations.

# **8. Contract Terms**

Initial term: Three (3) years with (2) two (1) one year renewal options may be included.

## **A. Termination for Cause**

The County may terminate for: (i) failure to perform; (ii) security violations; (iii) non-compliance.

## **B. Termination for Convenience**

County may terminate without cause upon written notice.

## **C. Transition and Exit Requirements**

- Full cooperation with successor contractor.
- All data must be provided in usable format.
- No excessive transition fees.
- Continued service required during transition.
- County owns all data and account records.

## **D. Equipment and Software Ownership**

- All equipment, kiosks, and software provided under this contract shall become the property of the County or be removable without disruption to operations at contract end.
- Contractor shall not retain proprietary control that prevents transition.
- Contractor shall provide full system documentation upon request.
- Any costs associated with interfaces, integrations, or software modifications required to maintain interoperability between Contractor-provided systems and County systems throughout the contract term, including renewal periods, shall be the sole responsibility of the Contractor.

## **E. Limitation of Liability**

- Contractor shall not limit liability for negligence, data breaches, financial loss, or security failures.
- Any limitation of liability clauses must be approved by the County.

## **F. Indemnification**

Contractor shall indemnify and hold harmless Butler County, the Sheriff's Office, and employees from all claims, damages, losses, and expenses arising from performance of services

## **G. Exclusivity**

Contractor shall not require exclusivity that prevents the County from utilizing other service providers for communications, banking, or related services.

# **9. Proposal Submission Requirements**

Proposals shall include:

- Company qualifications and experience in correctional commissary services.
- Detailed operational plan.
- Technology description.
- Financial proposal including commission percentage.
- References from comparable correctional facilities.

# **10. Evaluation Criteria**

Proposals will be evaluated based on:

- Experience and qualifications.
- Quality and reliability of services.
- Financial return to the County.
- Security and compliance measures.
- Technology capabilities.

# **11. Reservation of Rights**

The County reserves the right to:

- Reject any or all proposals.
- Waive informalities or irregularities.
- Accept the proposal deemed in the best interest of the County.

## **Insurance Requirements**

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.

## **Contact Information**

All questions regarding this RFP shall be directed to:

Butler County Purchasing Department, Butler County Sheriff's Office, Kaitlyn Jarvis, 705 Hanover Street Hamilton, Ohio 45011, 513-785-1014, [kjarvis@butlersheriff.org](mailto:kjarvis@butlersheriff.org)

END OF RFP

**BUTLER COUNTY SHERIFF'S OFFICE  
BUTLER COUNTY JAIL INMATE COMMISSARY**

**RFP NO. BCSO-2026-06-01**

BUTLER COUNTY SHERIFF'S OFFICE  
Deadline for Proposal Submission: 01:30 p.m., July 10, 2026

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 RFP No. BCSO-2026-06-01. 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: \_\_\_\_\_



Dear New Butler County Vendor:

In addition to the information provided on the IRS W-9, the Butler County Auditor's Office must collect certain data to satisfy the requirements of the Ohio Public Employees Retirement System (OPERS). Please complete the IRS W-9 AND either the Non-Member Acknowledgement Form (PEDACKN) OR complete the section below that provides the reason why you are exempt from the PEDACKN form.

**CRITICAL INFORMATION: IF YOU ARE RECEIVING A PENSION BENEFIT FROM OPERS OR ANOTHER OHIO PENSION SYSTEM YOUR BENEFITS MAY BE IMPACTED IF YOU PERFORM SERVICES FOR BUTLER COUNTY AS A VENDOR. CONTACT OPERS BEFORE YOU START PROVIDING SERVICES AT 1-800-222-7377. IF YOU CHOSE TO PROVIDE SERVICES, YOU MUST COMPLETE THE SR-6 FORM AND INCLUDE THAT WITH YOUR NEW VENDOR PAPERWORK. PLEASE KEEP IN MIND THE SR-6 MUST BE COMPLETED AND RETURNED TO THE COUNTY BEFORE THE END OF THE MONTH YOUR SERVICES START.**

The Non-Member Acknowledgement Form (PEDACKN) is to be completed if you are an individual who begins providing personal services to a public employer on or after January 7, 2013, but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. *(If you're a vendor with less than five employees, and even if you have been assigned a Federal Tax Identification Number or Employer Identification Number, you must complete the Non-Member Acknowledgement Form (PEDACKN) per Ohio Revised Code 145.036-145.038.* All fields on the PEDACKN form must be completed. We will be unable to accept incomplete forms. If the services performed do not have a definitive end date you may write "on going" in that field.

*If you meet one of the following criteria, you are exempt from completing the OPERS Non-Member Acknowledgement Form (PEDACKN). Please indicate the reason you are exempt below and return this signed letter to the County Agency you are working with for services along with your W-9. Please do not send any of the vendor forms to the Auditor's Office directly unless you are contracting with our office.*

- A Company performing services through a business entity (paid using an IRS FID#) with five or more employees including corporations, associations, firms, limited liability companies and partnerships.
- Federal, State or Local Government
- Individuals or businesses that supply goods only and do not offer options for services
- Easement or Mortgage/Tax foreclosure Payments
- Foster/Adoptive Parent Payments
- Rental Assistance Payments (Rent payments that are not for County occupied buildings)

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

Please note we will not be able to set you up as a vendor to process purchase orders or checks for goods or services until these forms have been completed and returned. These forms should be completed before any services start with Butler County.

Butler County does offer electronic payment options for vendors. If you would like to sign up for this opportunity, please complete the attached payment authorization form. If you prefer to be paid via a paper check, please provide the remittance address on the payment authorization form if it is different than the address on the IRS W-9.

Thank you for your prompt attention to this matter.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II 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); and
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 Internal Revenue Service (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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**Nancy NIX**  
Butler County Auditor CPA

Butler County Auditor's Office  
130 High Street / 3rd-4th Floors  
Hamilton, Ohio 45011  
Phone: 513-887-3154

### Payment Authorization/Change Form

Butler County provides two payment options for vendors. In addition to paper checks, we provide ACH payments. ACH (electronic) payments can be deposited into a checking or savings account of your choice. If you choose ACH payments, you will be notified of any payment by e-mail, or we can provide addenda information in a specific format to meet your company's needs. The e-mail option will provide a PDF image of the electronic check stub. To receive payments electronically, you must complete this form and return it with your W-9 to the agency you are working with along with a voided check or bank letter containing routing/account information. The first payment processed after we receive new ACH documentation will be a paper check. Once we can verify the banking information provided, all future payments will be sent electronically.

#### Remittance Address

Please provide your remittance address information below **if the address is different than the address on the W-9 provided. This will ensure the correct mailing address is set up in our vendor master for payments.**

Vendor Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### ACH Payment Detail (Optional)

Action:  Add  Change/Update  Inactivate

Vendor Name \_\_\_\_\_

SSN \_\_\_\_\_ OR FEIN \_\_\_\_\_

Email Address (Required if you want a check stub sent) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_

ACH Authorization: This authorizes the Butler County Auditor's Office to send payment electronically 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. This authorization will be in effect until the Butler County Auditor's Office receives this form inactivating the ACH payments from myself and has a reasonable opportunity to act on it.

**Please attach a voided check or bank letter containing account and routing information. If you are making updates to an existing ACH account, please be aware your payments will be changed to a paper check until our fraud validation process is complete.**

<b>Print Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>



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.

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

<b>Print Name</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>



# 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

J I L L M C O L E

Date of Birth: Month Day Year

12 / 15 / 1988

## 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

Start Date of Service

Month Day Year

12 / 15 / 2013

End Date of Service

Month Day Year

12 / 15 / 2013

## 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

### 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



**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  
\_\_\_\_\_