

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

## **INVITATION TO BID**

ITB NO. 22-04-002

BUTLER COUNTY SHERIFF'S OFFICE  
2022 SAFETY EQUIPMENT FOR VEHICLES  
(PARTS AND LABOR)

BID DATE AND TIME:  
WEDNESDAY, APRIL 27, 2022  
10:30 A.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**  
**CONTRACT NO. 22-04-002**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Clerk of the Board, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Wednesday, April 27, 2022 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Butler County Commissioners Chambers on the 2nd Floor in the Butler County Government Services Center, for the Butler County Sheriff's Office Vehicle Safety Equipment in accordance with specifications under Contract No. 22-04-002

Specifications may be obtained at the office of the Butler County Commissioners; by query at [www.butlercountyohio.org/commissioner](http://www.butlercountyohio.org/commissioner) or by query at [www.butlersheriff.org/category/request-for-bids/](http://www.butlersheriff.org/category/request-for-bids/).

Bidders are required to complete and submit with the bid ALL forms that are included with the specifications packet. Bidders are required to use the forms furnished by the County when submitting their bid.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board, and to hold bids valid for ninety (90) days from the bid date.

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

Bids are to be SEALED and delivered to the office of the Butler County Commissioners, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked "Bid on Contract No. 22-04-002 Vehicle Safety Equipment.

By order of the Board of Butler County Commissioners:

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

Attest: Flora R. Butler, Clerk

Publish 1 time: Wednesday, April 13, 2022  
*Hamilton Journal-News*

**Bulter County Sheriff's Office 2022 marked patrol vehicle equipment  
Exhibit A**

Item	Purchase Quantity	Part number	Manufacturer	Description	Cost per individual part	Cost for all parts
1	12	16-32752-CM	Code 3	52" Covert Lightbar, Dual-Color R/W-B/W across the front including alley lights. R/A-B/A across the rear. Black tops with tinted lower lens		
2	12	Z3SR-1	Code 3	Matrix Siren/Switch Controler		
3	12	SWITCHNODE	Code 3	Switch Node for additional outputs		
4	12	C3100X	Code 3	C3100 Siren Speaker		
5	12	SPKR-BKT-PIU20-DS	Code 3	Siren Speaker Grill Mounting Bracket		
6	48	MR6MC-RB	Code 3	MR6 series Multit-mount (Red/Blue)		
7	24	CD9012-PI-RB	Code 3	LED Hideaway (R/B) Headlamps for Ford PIU		
8	24	CD9012RB	Code 3	LED Hideaway (Red/Blue Split) Rear Tailights		
9	12	C3RNRDC-60L-BWRW	Code 3	61.3" Outliner R/W/B (wired left)		
10	12	C3RNRDC-60R-BWRW	Code 3	61.3" Outliner R/W/B (wired right)		
11	12	CD5031BW	Code 3	5031 B/W grille light		
12	12	CD5031RW	Code 3	5031 R/W grille light		
13	24	CD3794BW	Code 3	Megaflex B/W for rear hatch and lower rear bumper		
14	24	CD3794RW	Code 3	Megaflex R/W for rear hatch and lower rear bumper		
15	12	CW0800	Code 3	prisoner area light		
16	12	CW0411	Code 3	11.8" switched, white light for hatch		
17	9	PK1130ITU20	Setina	Partition with Horizontal Sliding Window, extra leg room, and recessed panel to allow installation of Gun Rack (Polycarbonate)		
18	11	PK0123ITU202ND	Setina	Rear Cargo Partition (Expanded Metal)		
19	12	GK10301S1UHKSSCAXL	Setina	Vertical Mount- Dual Weapon- Partition Mount Gun Rack (T-rail mount smal lock & universal XL lock with handcuff key)		

**Bulter County Sheriff's Office 2022 marked patrol vehicle equipment  
Exhibit A**

Item	Purchase Quantity	Part number	Manufacturer	Description	Cost per individual part	Cost for all parts
20	12	WK0514ITU20	Setina	Rear Window Guards		
21	11	QK0634ITU20	Setina	Rear Polycarbonate Prisoner Seat w/ Seatbelt Kit (replaces OEM seats)		
22	12	C-VS-0618-INUT	Havis	Center console w/ face plates and DC Outlets		
23	12	C-ARM-108	Havis	Armrest		
24	12	C-PM-124	Havis	Printer Mount for inside Havis Console (Pocket Jet 7 printer)		
25	12	CUP2-1001	Havis	Cupholder		
26	12	C-HDM-204	Havis	Pole mount for tablet and keyboard (mounts to the side of console)		
27	12	C-MD-318	Havis	Tablet / Keyboard mount for pole		
28	12	PKG-KB-206	Havis	USB keyboard w/ mount (no emergency key)		
29	12	DS-DELL-602	Havis	Powered tablet dock for Dell 7220		
30	12	C-AP-0325	Havis	3" Accessory pocket, 2.5" deep		
31	12	C-FP-4	Havis	4" filler plate		
32	12	C-FP-35	Havis	3.5" filler plate		
33	12	CG-X	Havis	Chargegard		
34	12	Vehicle Specific	Tremco	Anti-Theft Device		
35	12	60692	Tessco	Maxrad dual band 2db gain Lo-Profile Antenna (Black w/Black Base)		
36	12	22613	Tessco	3/4" hole mount 17' RG58 Coax with FME female connector		
37	12	7821635	NAPA Auto Parts	Single Accessory Outlet		
38	12	20702 (SL20L)	Streamlight	LED Flashlight with 12 volt Charging Sleeve		

**Bulter County Sheriff's Office 2022 marked patrol vehicle equipment**

**Exhibit A**

Item	Purchase Quantity	Part number	Manufacturer	Description	Cost per individual part	Cost for all parts
39	12	N/A	N/A	Customer supplied fire extinguisher mount ( <i>labor to install</i> )		
				<b>TOTAL</b>		

**Bid Form**  
**2022 SAFETY EQUIPMENT FOR VEHICLES**

**Labor Cost**

Contract Number 22-04-002

April 27, 2022

Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

**TOTAL COST OF INSTALLATION PER VEHICLE (LABOR ONLY)**

**\$** \_\_\_\_\_

Submitted By: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_  
Date

# 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***

***Wednesday, April 27, 2022***

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

**2022 SAFETY EQUIPMENT FOR VEHICLES  
(Parts, Labor and Parts & Labor)**

**CONTRACT NO. 22-04-002**

BUTLER COUNTY SHERIFF'S OFFICE  
Deadline for Bid Submission: 10:30 a.m., April 27, 2022

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I.R.S. EMPLOYER IDENTIFICATION NO.: \_\_\_\_\_

WORKERS' COMPENSATION NO.: \_\_\_\_\_

YEAR COMPANY FOUNDED: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

CONTACT PERSON FOR BID: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT FAX: \_\_\_\_\_

CERTIFICATION: This bid has been completed in accordance with the Specifications for Contract No. 22-04-002. 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: \_\_\_\_\_



**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.)

Address Line 2

City, state, and ZIP code

Requestor's name and address

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**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?

- 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 \_\_\_\_\_



# 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 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 8 5 1 3 - 8 8 7 - 3 1 5 5

Service Provided to Public Employer

\_\_\_\_\_

Start Date of Service

End Date of Service

Month Day Year

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, 4<sup>TH</sup> FLOOR  
HAMILTON, OHIO 45011**



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:	ADD	CHANGE/UPDATE	INACTIVATE	
Payee Name:			Phone No:	
Taxpayer ID:	-		Butler County Employee:	YES      NO
SSN:	-	-		
Address:				
Required E-mail Address:				
Bank Name:				
Bank Routing Number:			Savings Acct No:	
			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:

## 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 \_\_\_\_\_

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  
\_\_\_\_\_