

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

INVITATION TO BID

ITB NO. 22-05-003

BUTLER COUNTY SHERIFF'S OFFICE
FLEET MAINTENANCE FOR SHERIFF VEHICLES

BID DATE AND TIME:
WEDNESDAY, JUNE 15, 2022
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

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, JUNE 15, 2022

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: May 2, 2022

CONTRACT NUMBER: 22-05-003

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, JUNE 15, 2022

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) with Safety Inspection (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 #1)

Category (B) should identify products recommended by the individual vendor. (See attachment #1)

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

Attachment#4 is a reference-only maintenance schedule which will be followed by the BCSO, in accordance with the recommended timeframe from the vehicle manufacturer.

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 Sgt. Steve Poff at spoff@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 22-05-003 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.

2001 to 2013 -- Ford Econoline Van 350

| <u>Service</u> | <u>Manufacturer</u> | <u>Part Number(s)</u> | <u>Price</u> | <u>Total Cost of Service</u> |
|---|---------------------|-----------------------|--------------|------------------------------|
| LOF with Safety Inspection (6 Quarts) | | | | |
| Fuel Filter | | | | |
| Air Filter | | | | |
| Battery | | | | |
| 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 | | | | |
| Transmission Service w/Filter | | | | |
| Transmission Service w/o Filter | | | | |
| A/C Service | | | | |
| Rear End Service | | | | |
| Coolant Flush | | | | |
| Fuel System Treatment / Clean Throttle Body | | | | |
| Spark Plug | each | | | |
| Coil Pack with Boot | each | | | |
| Plug Wires (if appl.) | | | | |

2005 to 2011 -- Ford Crown Victoria PATROL

| Service | | <u>Manufacturer</u> | <u>Part Number(s)</u> | <u>Price</u> | <u>Total Cost of Service</u> |
|---|------|----------------------------|------------------------------|---------------------|-------------------------------------|
| LOF with Safety Inspection (6 Quarts) | | | | | |
| Fuel Filter | | | | | |
| Air Filter | | | | | |
| Battery | | | | | |
| 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 | | | | | |
| Transmission Service w/Filter | | | | | |
| Transmission Service w/o Filter | | | | | |
| A/C Service | | | | | |
| Rear End Service | | | | | |
| Coolant Flush | | | | | |
| Fuel System Treatment / Clean Throttle Body | | | | | |
| Spark Plug | each | | | | |
| Coil Pack with Boot | each | | | | |
| Plug Wires (if appl.) | | | | | |

2013 to Current -- Chevrolet Impala Limited

| Service | | <u>Manufacturer</u> | <u>Part Number(s)</u> | <u>Price</u> | <u>Total Cost of Service</u> |
|---|------|----------------------------|------------------------------|---------------------|-------------------------------------|
| LOF with Safety Inspection (6 Quarts) | | | | | |
| Fuel Filter | | | | | |
| Air Filter | | | | | |
| Battery | | | | | |
| 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 | | | | | |
| Transmission Service w/Filter | | | | | |
| Transmission Service w/o Filter | | | | | |
| A/C Service | | | | | |
| Rear End Service | | | | | |
| Coolant Flush | | | | | |
| Fuel System Treatment / Clean Throttle Body | | | | | |
| Spark Plug | | | | | |
| Coil Pack with Boot | each | | | | |
| Plug Wires (if appl.) | each | | | | |

2014 to Current -- Chevrolet Tahoe 4WD PATROL

| <u>Service</u> | | <u>Manufacturer</u> | <u>Part Number(s)</u> | <u>Price</u> | <u>Total Cost of Service</u> |
|---|------|---------------------|-----------------------|--------------|------------------------------|
| LOF with Safety Inspection (6 Quarts) | | | | | |
| Fuel Filter | | | | | |
| Air Filter | | | | | |
| Battery | | | | | |
| 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 | | | | | |
| Transmission Service w/Filter | | | | | |
| Transmission Service w/o Filter | | | | | |
| A/C Service | | | | | |
| Rear End Service | | | | | |
| Coolant Flush | | | | | |
| Fuel System Treatment / Clean Throttle Body | | | | | |
| Spark Plug | each | | | | |
| Coil Pack with Boot | each | | | | |
| Plug Wires (if appl.) | | | | | |

2014 to Current -- Ford PPI SUV PATROL

| <u>Service</u> | | <u>Manufacturer</u> | <u>Part Number(s)</u> | <u>Price</u> | <u>Total Cost of Service</u> |
|---|------|---------------------|-----------------------|--------------|------------------------------|
| LOF with Safety Inspection (6 Quarts) | | | | | |
| Fuel Filter | | | | | |
| Air Filter | | | | | |
| Battery | | | | | |
| 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 | | | | | |
| Transmission Service w/Filter | | | | | |
| Transmission Service w/o Filter | | | | | |
| A/C Service | | | | | |
| Rear End Service | | | | | |
| Coolant Flush | | | | | |
| Fuel System Treatment / Clean Throttle Body | | | | | |
| Spark Plug | each | | | | |
| Coil Pack with Boot | each | | | | |
| Plug Wires (if appl.) | | | | | |

2015 to Current -- Chevrolet G Series Van 3500

| Service | | Manufacturer | Part Number(s) | Price | Total Cost of Service |
|---|------|---------------------|-----------------------|--------------|------------------------------|
| LOF with Safety Inspection (6 Quarts) | | | | | |
| Fuel Filter | | | | | |
| Air Filter | | | | | |
| Battery | | | | | |
| 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 | | | | | |
| Transmission Service w/Filter | | | | | |
| Transmission Service w/o Filter | | | | | |
| A/C Service | | | | | |
| Rear End Service | | | | | |
| Coolant Flush | | | | | |
| Fuel System Treatment / Clean Throttle Body | | | | | |
| Spark Plug | each | | | | |
| Coil Pack with Boot | each | | | | |
| Plug Wires (if appl.) | | | | | |

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: | |
|-----------|--|

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 |

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

Multiple Vehicles within the BCSO Fleet

2005 to 2011 – Ford Crown Victoria

2014 to Current – Ford PPI SUV (Police Pursuit Interceptor)

2014 to Current – Chevrolet Tahoe 4WD

2001 to 2013 – Ford Econoline Van 350

2015 to Current – Chevrolet G-Series Van 3500

2013 to Current – Chevrolet Impala

Recommended Scheduled Maintenance Request

2005 to 2011 – Ford Crown Victoria

Every: 3,000 mi. – LOF with Safety Inspection

: 40,000 mi. – Fuel Filter Replacement

: 50,000 mi. – Transmission Service

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

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

2014 to Current – Ford PPI SUV (Police Pursuit Interceptor)

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

: 40,000 mi. – Fuel Filter Replacement

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

: 75,000 mi. – Spark Plug Replacement

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

2014 to Current – Chevrolet Tahoe

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

: 40,000 mi. – Fuel Filter Replacement

: 50,000 mi. – Transmission Service / Transfer Case Service

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

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

2001 to 2013 – Ford Econoline Van 350

Every: 3,000 mi. – LOF with Safety Inspection

: 40,000 mi. – Fuel Filter Replacement

: 50,000 mi. – Transmission Service

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

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

2015 to Current – Chevrolet G-Series Van 3500

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

: 40,000 mi. – Fuel Filter Replacement

: 50,000 mi. – Transmission Service

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

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

2013 to Current – Chevrolet Impala

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

: 25,000 mi. – Cabin Filter Inspection

: 50,000 mi. – Fuel Filter Replacement

: 80,000 mi. – Transmission Service

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

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

Butler County Ohio
Substitute Form W9 / Ohio Reporting Form
Request for Taxpayer Identification Number and Certification

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to **513-887-3129**; or by mail to:

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

To **properly complete** the form, the following information must be provided:

- Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
- Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
- Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
- Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
- Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

Part I Business Ownership and Address Information

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

Business name/disregarded entity name, if different from above.

Check appropriate box for federal tax classification: (check only one box) If individual **PART III** below is **ALWAYS "YES"**

- Individual/Sole Proprietor (or single-member LLC) C Corporation S Corporation Partnership Trust/Estate
- Limited Liability Company – Tax classification (**C** = C Corp, **S** = S Corp, **P** = Partnership) _____
- Other _____ Exempt from backup withholding

NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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

Requestor's name and address

Address Line 2

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

City, state, and ZIP code

Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)

For suppliers that have a TIN, this must be entered.

For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| | | - | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|

and / or

Social Security Number (SSN):

| | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|
| | | | - | | | - | | | |
|--|--|--|---|--|--|---|--|--|--|

Part III Additional Information Required by the State of Ohio for Independent Contractors

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?

- Yes
 No

If "Yes" is checked, you **MUST** complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.

Printed first name, middle initial, and last name

Date good or service provided (MM / DD / YY)
/ /

Birth date (MM / DD / YY)
/ /

Describe the Nature of the transactions you will be engaged in with Butler County

Part IV Additional Information Required by the State of Ohio for Public Employees

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?

- Yes
 No

If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", You must answer this question "Yes" or "No". If you answer "Yes" Please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

Part V Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US person (including a US resident alien).

Certification Instructions: You must cross out exempt from backup withholding above if you have been notified by the IRS that your are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of
U.S. person _____

Date _____

**ROGER
REYNOLDS**
BUTLER COUNTY AUDITOR CPA

Office Phone: 513-887-3154

Office Fax: 513-887-3149

130 High Street
Hamilton, Ohio 45011

For your convenience, the Butler County Auditor's Office offers the opportunity to receive future payments electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information.

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

ATTACH VOIDED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION

Authorization: This authorizes the Butler County Auditor's Office to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor's Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

| | |
|--------------------|---------------|
| Print Name: | Title: |
| Signature: | Date: |



INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

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

Employer Outreach: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

STEP 2: Public Employment Information

Name of Public Employer

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

Employer Contact

First Name

MI

Last Name

J I L L

M C O L E

Employer Code

Employer Contact Phone Number

2 0 2 5 - 0 0 8 8

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

Service Provided to Public Employer

Start Date of Service

Month Day Year

/ /

End Date of Service

Month Day Year

/ /

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

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

**PLEASE RETURN THIS FORM TO THE BUTLER COUNTY
AUDITOR'S OFFICE AT 130 HIGH STREET, 4TH FLOOR
HAMILTON, OHIO 45011**

CIVIL RIGHTS COMPLIANCE

Vendor agrees that in the performance of this agreement there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

Signature of Representative of Vendor

Name of Company

Date

Attachment A

