

BUTLER COUNTY COMMISSIONERS

Donald L. Dixon T.C. Rogers Cindy Carpenter

INVITATION TO BID

ITB NO. 22-11-014

**BUTLER COUNTY SHERIFF'S OFFICE
HELICOPTER ROTOR BLADES**

**BID DATE AND TIME:
WEDNESDAY, NOVEMBER 30, 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**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Clerk of the Board, 315 High Street, 6th Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Wednesday, November 30, 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 Helicopter Rotor Blades in accordance with specifications under Contract No. 22-11-014.

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

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board, and to hold the bids valid for ninety (90) days from the bid award 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. 22-11-014 BCSO Helicopter Rotor Blades.

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, November 16, 2022
Hamilton Journal-News

**BUTLER COUNTY COMMISSIONERS
BID REQUEST**

DATE: October 31, 2022

CONTRACT NUMBER: 22-11-014

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:

Debra Maloney
PHONE NO. (513) 785-1011

Sealed bids will be received in this office until: **10:30 a.m. est. on November 30, 2022** Using Department:
BUTLER COUNTY SHERIFF'S OFFICE Delivered To: **BUTLER**
COUNTY GOVERNMENT SERVICES CENTER, 315 HIGH STREET, 6TH FLOOR, HAMILTON, OHIO 45011

Your written bid is requested for the following:

The Butler County Sheriff's Office is accepting bids for the purchase, install and balance of a set of two (2) rotor blades for an OH58/Bell 206 PN: 206-011-250-119 helicopter. BCSO requests that the rotor blades have a minimum of 1200 hours of flight time remaining.

Please provide any Manufacturer Warranty if available as well as installation warranty.

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. The County will award the contract to the lowest and/or best bidder and such bid shall be held firm for a minimum of ninety (90) days from the bid award date.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked **"BID ON CONTRACT 22-11-014 BCSO Helicopter Rotor Blades"**.

Any questions concerning items should be directed in writing to Lt. Randy Lambert at rlambert@butlersheriff.org or Debra Maloney, Assistant Finance Director, at dmaloney@butlersheriff.org.

Bidders Please Note: Butler County is an equal opportunity employer and has specific certifications regarding equal opportunity that are applicable to all contracts/purchases in excess of \$2,000.00.

A copy of the Bid Tabulation may be obtained by sending a stamped, self-addressed envelope.

IMPORTANT: Bids to be sealed and endorsed on the outside of the envelope with the name of the bidder and item bid upon.

Bidder is required to use the County Bid Form.

Bid Form

Butler County Sheriff's Office

Helicopter Rotor Blades

Contract Number 22-11-014

November 30, 2022

Company Name: _____

TOTAL NOT TO EXCEED \$ _____

Your bid proposal must be the first document of your bid packet.

Submitted By: _____

Authorized Signature

Date

**BUTLER COUNTY SHERIFF'S OFFICE
HELICOPTER ROTOR BLADES**

ITB NO. 22-11-014

BUTLER COUNTY SHERIFF'S OFFICE
Deadline for Bid Submission: 10:30 a.m., November 30, 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. 22-14-014. 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:

1. 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.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. 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.
4. 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).
5. 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:

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

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

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

Signature of
U.S. person _____

Date _____



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 5

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

STATE OF OHIO)
)ss.
COUNTY OF)

Page 1 of 1

NON-COLLUSION AFFIDAVIT

STATE OF OHIO)

)ss.

COUNTY OF)

I, _____,
(name of party signing affidavit) (title)

being duly sworn, do depose and say:

That _____
(Name of Individual or Company)

its agent, officers or employees have not directly or indirectly entered into any agreement,
participated in any collusion, or otherwise taken any action in restraint of free competitive
bidding
in connection with this proposal.

(Signature)

(Title)

Sworn to and subscribed before me this _____ day of _____, _____.

(NOTARY PUBLIC)

SEAL

Ohio

My commission expires
