

BUTLER COUNTY COMMISSIONERS

Donald L. Dixon T.C. Rogers Cindy Carpenter

INVITATION TO BID

ITB NO. 23-06-001

**BUTLER COUNTY SHERIFF'S OFFICE
2023 SAFETY EQUIPMENT FOR VEHICLES
(PARTS AND LABOR)**

**BID DATE AND TIME:
WEDNESDAY, JULY 12, 2023
10:30 A.M. (EST)**

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

LEGAL AD AND NOTICE TO BIDDERS
CONTRACT NO. 23-06-001

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, July 12, 2023 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. 23-06-001

Specifications may be obtained at the office of the Butler County Commissioners; by query at www.butlercountyohio.org/commissioner or by query at 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. 23-06-001 Vehicle Safety Equipment".

By order of the Board of Butler County Commissioners:

Donald L. Dixon
T. C. Rogers
Cindy Carpenter

Attest: Flora R. Butler, Clerk

Publish 1 time: Wednesday, June 28, 2023
Hamilton Journal-News

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, July 12, 2023

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

**BUTLER COUNTY COMMISSIONERS
BID REQUEST**

DATE: June 8, 2023

CONTRACT NUMBER: 23-06-001

BIDS MUST BE RETURNED TO:
BUTLER COUNTY COMMISSIONER
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., July 12, 2023**

Using Department: **BUTLER COUNTY SHERIFF'S OFFICE**

Delivered To: **BUTLER COUNTY GOV'T 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 requesting bids for specific vehicle equipment in two (2) categories. Each bidder is requested to bid on any or all of the categories and equipment items.

1. The first category is a bid for "parts" only.
2. The second category is for "labor" only which would be the total cost of installation of all parts on an individual vehicle.

All parts shall be delivered to the vendor that is selected for labor/installation portion of this bid. The labor/installation vendor will be responsible for receipt and accuracy of all parts shipped to their location. Vehicles will be delivered to the labor/installation vendor at time of installation, unless other arrangements are made between BCSO and the labor/installation vendor. BCSO prefers that the installation vendor be within a 60-mile radius. BCSO warranty work, inspection of installation follow-up maintenance. Installation of equipment and completion of a vehicle shall be within a reasonable period of time after receipt of all equipment.

Installation will include nine (9) Kustom raptor RP1 radars in the Dodge Durangos and Ford Explorers. The radars are not included in the equipment portion of the bid.

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.

The total bid package is on particular law enforcement equipment to be installed on **up to** fifteen (15) vehicles identified on the BID FORM. The total number of vehicles listed is subject to change.

Please see Exhibit A for the specific listing of equipment items required. Each bidder is invited to bid on **any** or **all** of the two (2) **categories**. All equipment needs are included on Exhibit A.

Total cost for labor/installed is to be shown on the **BID FORM** provided.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked **"BID ON CONTRACT 23-06-001 – 2023 Safety Equipment for Vehicles"**.

Any questions concerning specific parts and/or labor items should be directed in writing to Sergeant Steve Poff at spoff@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 an email to dmaloney@butlersheriff.org.

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.

Butler County Sheriff's Office 2023 marked Dodge Durango Pursuits equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
1	Lightbar	16-32752-CM	52" Covert	Code 3	8		
2	Siren controler	Z3SR-1	Matrix	Code 3	8		
3	Switch Node	SWITCHNODE	Switch Node	Code 3	8		
4	Siren	C3100X	C3100 Siren Speaker	Code 3	8		
5	Speaker bracket		Speaker mounting kit	Code 3	8		
6	Side light left	C3RNRDC-60L-BWRW	61.3" Outliner R/W/B (left)	Code 3	8		
7	Side light right	C3RNRDC-60r-BWRW	61.3" Outliner R/W/B (right)	Code 3	8		
8	Grille light	CD5031RW	5031 R/W grille light	Code 3	8		
9	Grille light	CD5031BW	5031 B/W grille light	Code 3	8		
10	Lower front bumper lights	CD3794BW	Megaflex R/W lower front face	Code 3	16		
11	Lower front bumper lights	CD3794RW	Megaflex R/W lower front face	Code 3	16		
12	Rear hatch lights	MR6-B	MR6 rear hatch near license plate	Code 3	8		
13	Rear hatch lights	MR6-R	MR6 rear hatch near license plate	Code 3	8		
14	Side and rear windows	MR6MC-RB	MR6 rear side window	Code 3	8		
15	Rear tiallight flasher		Racetrack light flasher	Sho-Me	8		

Butler County Sheriff's Office 2023 marked Dodge Durango Pursuits equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
16	Cargo light	CW0800	Rear prisoner light	Code 3	8		
17	Cargo light	CW0411	Rear hatch light	Code 3	8		
18	Prisoner partition	PK1130DUR11	10XL Coated Poly Partition	Setina	8		
19	Rear seat w/ partition	QK0566DUR11	12 Coated Poly w/Replacement Se	Setina	8		
20	Side window barrier	WK1491DUR11T	Window Barrier Poly Tinted	Setina	8		
21	Gun mounts	GK10301S1UHK	Dual weapon mount	Setina	8		
22	Console	C-SM-800	8" long/3.125" tall console	Havis	9		
23	Tunnel mount	C-TMW-DUR-02	Tunnel mount 2023 Durango	Havis	9		
24	Cup holder	CUP2_1002	External adjusting cup holder	Havis	9		
25	Accessory pocket	C-AP-0325-1	3" accessory pocket	Havis	9		
26	Controller mount	C-EB35-Z3S-1P	Matrix controller bracket	Havis	9		
27	Printer armrest	C-ARPB-1015	Printer armrest PJ series	Havis	9		
28	Dell Tablet Powered Dock	DS-DELL-602	Powered tablet dock	Havis	8		
29	Chilet style keyboard	KB-105	Rugged Low-Profile Chiclet KB	Havis	8		
30	Pedistal floor mount	7170-0841	Floor mount for pedistal	Gamber Johnson	8		

**Butler County Sheriff's Office 2023 marked Dodge Durango Pursuits equipment
Exhibit A**

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
31	Tilt Swivel Adapter	7110-1008	Tilt Swivel Adapter	Gamber Johnson	8		
32	Tablet Mount	7160-0529	Tall Tablet Display Mount	Gamber Johnson	8		
33	Swivel Motion Attachment	LOWSWIVEL	Swivel Motion Attachment	Gamber Johnson	8		
34	Keyboard Bracket	KEYBOARD-BRKT	Keyboard Bracket Arm	Gamber Johnson	8		
35	Keyboard Arm	7160-0810	Keyboard Arm	Gamber Johnson	8		
36	Quick Release Keyboard Tray	7160-0498	Quick release keyboard tray	Gamber Johnson	8		
37	Flashlight	20702 (SL20L)	LED flashlight w/ 12volt charge	Streamlight	8		
38	17' RG58 Coax w/ FME female	22613	3/4" hole mount	Tesco	8		
39	Lo-Profile Antenna	60692	Maxrad dual band 2db gain	Tesco	8		
40	ChargeGard	CG-X	ChargeGard	Havis	8		
41	Instal Kustom Signals Raptor RP1 single antenna radar		Installation only		8		
42	Instal Kustom Signals Raptor RP1 dual antenna radar		Installation only		1		

Butler County Sheriff's Office 2023 marked Ford Explorer (PIU) equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
1	Lightbar	16-32752-CM	52" Covert	Code 3	2		
2	Siren controler	Z3SR-1	Matrix	Code 3	2		
3	Switch Node	SWITCHNODE	Switch Node	Code 3	2		
4	Siren	C3100X	C3100 Siren Speaker	Code 3	2		
5	Speaker bracket		Speaker mounting kit	Code 3	2		
6	Side light left	C3RNRDC-60L-BWRW	61.3" Outliner R/W/B (left)	Code 3	2		
7	Side light right	C3RNRDC-60r-BWRW	61.3" Outliner R/W/B (RIGHT)	Code 3	2		
8	Grille light	CD5031RW	5031 R/W grille light	Code 3	2		
9	Grille light	CD5031BW	5031 B/W grille light	Code 3	2		
10	Lower front bumper light	CD3794RW	Megaflex R/W lower front face	Code 3	4		
11	Lower front bumper light	CD3794BW	Megaflex B/W lower front face	Code 3	4		
12	Side and Rear lights	MR6MC-RB	MR6 rear side and rear windows	Code 3	8		
13	Head light flasher (wig-wag)		Headlight flasher	ShoMe	2		
14	Rear tiallight flasher		Rear tail light flasher	Sho-Me	2		
15	Cargo light	CW0800	Rear prisoner light	Code 3	1		
16	Cargo light	CW0411	Rear hatch light	Code 3	2		
17	Prisoner partition	PK1130ITU20	10XL Coated Poly Partition	Setina	1		

Butler County Sheriff's Office 2023 marked Ford Explorer (PIU) equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
18	Rear seat w/ partition	QK0566ITU20	12 Coated Poly w/Replacement Seat	Setina	1		
19	Side window barrier	WK1491ITU20T	Window Barrier	Setina	1		
20	Gun mounts	GK10301S1UHK	Dual weapon mount	Setina	1		
21	Console	C-SM-800	8" long/3.125" tall console	Havis	1		
22	Tunnel mount	C-TMW-INUT-02	Tunnel mount 2023 Ford PIU	Havis	1		
23	Cup holder	CUP2_1002	External adjusting cup holder	Havis	1		
24	Accessory pocket	C-AP-0325-1	3" accessory pocket	Havis	1		
25	Controller mount	C-EB35-Z3S-1P	Matrix controller bracket	Havis	2		
26	Printer armrest	C-ARPB-1015	Printer armrest PJ series	Havis	1		
27	Dell Tablet Powered Dock	DS-DELL-602	Powered tablet dock	Havis	2		
28	Chiclet style keyboard	KB-105	Rugged Low-Profile Chiclet KB	Havis	1		
29	Pedestal floor mount	7170-0841	Floor mount for pedestal	Gamber Johnson	1		
30	Tilt Swivel Adapter	7110-1008	Tilt Swivel Adapter	Gamber Johnson	1		
31	Tablet Mount	7160-0529	Tall Tablet Display Mount	Gamber Johnson	1		
32	Swivel Motion Attachment	LOWSWIVEL	Swivel Motion Attachment	Gamber Johnson	1		
33	Keyboard Bracket	KEYBOARD-BRKT	Keyboard Bracket Arm	Gamber Johnson	1		
34	Keyboard Arm	7160-0810	Keyboard Arm	Gamber Johnson	1		

Butler County Sheriff's Office 2023 marked Ford Explorer (PIU) equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
35	Quick Release Keyboard Tray	7160-0498	Quick release keyboard tray	Gamber Johnson	1		
36	Flashlight	20702 (SL20L)	LED flashlight w/ 12volt charge	Streamlight	2		
37	Instal Kustom Signals Raptor RP1 single antenna radar		Installation only		1		

Butler County Sheriff's Office 2023 unmarked Chevy Malibu equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
1	Windshield light	CD3974 RW/BW	Interior R/B/W light	Code 3	2		
2	Grille light	CD5031RB	5031 R/B grille light	Code 3	2		
3	Grille light	CD5031RB	5031 B/R grille light	Code 3	2		
4	Controller	H3COVERT	H3 Covert siren controller	Code 3	2		
5	Siren	C3900	C3900 Siren Speaker	Code 3	2		
6	Speaker bracket		Speaker mounting kit	Code 3	2		
7	Headlight and Taillight		Flasher for head and tail lights	ShoMe	2		

Butler County Sheriff's Office 2023 unmarked Ford Explorer (PIU) equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
1	Windshield light	CD3974 RW/BW	Interior R/B/W light	Code 3	1		
2	Grille light	CD5031RB	5031 R/B grille light	Code 3	1		
3	Grille light	CD5031RB	5031 R/B grille light	Code 3	1		
4	Controller	H3COVERT	H3 Covert siren controller	Code 3	1		
5	Siren	C3100X	C3100 Siren Speaker	Code 3	1		
6	Speaker bracket		Speaker mounting kit	Code 3	1		
7	Side and Rear lights	MR6MC-RB	MR6 rear side and rear windows	Code 3	4		

Butler County Sheriff's Office 2023 marked Dodge Durango equipment
Exhibit A

Item #	Item	Part Number	Description	Manufacturer	Quantity	Cost per individual part	Cost for all parts
1	Windshield light	CD3947 RW/BW	Interior R/B/W light	Code 3	2		
2	Controller	H3COVERT	H3 Covert siren controller	Code 3	2		
3	Siren	C3100X	C3100 Siren Speaker	Code 3	2		
4	Speaker bracket		Speaker mounting kit	Code 3	2		
5	Grille light	CD5031RB	5031 R/W grille light	Code 3	2		
6	Grille light	CD5031RB	5031 B/W grille light	Code 3	2		
7	Cargo light	CW0800	Rear prisoner light	Code 3	2		
8	Prisoner partition	PK1130DUR11	10XL Coated Poly Partition	Setina	2		
9	Rear seat w/ partition	QK0566DUR11	12 Coated Poly w/Replacement Seat	Setina	2		
10	Side window barrier	WK1491DUR11T	Window Barrier Poly Tinted	Setina	2		
11	Install four (4) lights supplied by customer. Two (2) in rear side windows and two (2) in rear window.						

Bid Form
2023 SAFETY EQUIPMENT FOR VEHICLES
Labor Cost

Contract Number 23-06-001

July 12, 2023

Company Name: _____

Contact Name & Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Company Website: _____

**TOTAL COST OF INSTALLATION PER EIGHT (8) MARKED CHEVY DURANGO PURSUITS
(LABOR ONLY)**

\$ _____

**TOTAL COST OF INSTALLATION PER TWO (2) MARKED FORD EXPLORER PIU (LABOR
ONLY)**

\$ _____

**TOTAL COST OF INSTALLATION PER TWO (2) UNMARKED CHEVY DURANGO (LABOR
ONLY)**

\$ _____

TOTAL COST OF INSTALLATION PER TWO (2) UNMARKED CHEVY MALIBU - (LABOR ONLY)

\$ _____

TOTAL COST OF INSTALLATION PER ONE (1) UNMARKED FORD EXPLORER -- HYBRID (LABOR ONLY)

\$ _____

TOTAL COST OF INSTALLATION FOR ALL VEHICLES (LABOR ONLY)

\$ _____

Submitted By: _____

Authorized Signature

Date

2023 SAFETY EQUIPMENT FOR VEHICLES (Parts and Labor)

CONTRACT NO. 23-06-001

BUTLER COUNTY SHERIFF'S OFFICE
Deadline for Bid Submission: 10:30 a.m., July 12, 2023

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. 23-06-001. 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: _____

Form SUB W-9 (Rev SEPT 2022)	Butler County Ohio Substitute Form W9 / Ohio Reporting Form Request for Taxpayer Identification Number and Certification
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In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by **email to AP@butlercountyohio.org** 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) or any other Ohio pension system (SERS, STRS etc)
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" <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Individual/Sole Proprietor (or single-member LLC) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Limited Liability Company – Tax classification (<u>C</u> = C Corp, <u>S</u> = S Corp, <u>P</u> = Partnership) NOTE: Check the appropriate box for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt from backup withholding </div>			
Address Line 1 (number, street, and apt. or suite no.)		Requestor's name and address: Auditor of Butler County 130 High Street, 4th Floor Hamilton, OH 45011	
Address Line 2			
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): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px 0;"></div> and / or Social Security Number (SSN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px 0;"></div>	
Part III Additional Information Required by the State of Ohio for Independent Contractors			
Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" is checked, you MUST complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.			
Printed first name, middle initial, and last name		Date good or service provided (MM / DD / YY)	Birth date (MM / DD / YY)
		/ /	/ /
Describe the Nature of the transactions you will be engaged in with Butler County			
Part IV Additional Information Required by the State of Ohio for Public Employees			
Are you currently receiving a pension benefit from Ohio Public Employees Retirement System (OPERS) or any other Ohio retirement system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", you must answer this question "Yes" or "No". If you answer "Yes" please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)			
Part V Certification			
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). 2. I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. 3. I am a US person (including a US resident alien). Certification Instructions: You must cross out exempt from backup withholding above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.			
Signature of U.S. person _____		Date _____	



Nancy NIX
Butler County Auditor CPA

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

The Butler County Auditor's Office offers the ability for vendors to receive payments from the County electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information. The first payment processed after we receive all documentation will continue to be a paper check. Once we are able to verify the banking information provided, via the prenote process, all future payments will be sent electronically.

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

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

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

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

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

Print Name	Title:
Signature:	Date:



NON-MEMBER ACKNOWLEDGMENT

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

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

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

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

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

STEP 1: Personal Information

First Name

MI

Last Name

Date of Birth: Month Day Year

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

End Date of Service

Month Day Year

STEP 3: Acknowledgment

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

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

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

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

CIVIL RIGHTS COMPLIANCE

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

Signature of Representative of Vendor

Name of Company

Date

Attachment A

STATE OF OHIO)
)ss.
COUNTY OF)

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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