

**BUTLER COUNTY COMMISSIONERS**

*Donald L. Dixon T.C. Rogers Cindy Carpenter*

**INVITATION TO BID**

ITB NO. 19-04-005

**BUTLER COUNTY SHERIFF'S OFFICE  
PLUMBING MAINTENANCE FOR BUTLER  
COUNTY CORRECTIONAL FACILITIES**

**BID DATE AND TIME:  
TUESDAY, APRIL 30, 2019  
10:30 A.M. (EST)**

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

**LEGAL AD AND NOTICE TO BIDDERS**  
**CONTRACT NO. 19-04-005**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Tawana Keels, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Tuesday, April 30, 2019 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Commissioners' Conference Room on the 6<sup>th</sup> Floor in the Butler County Government Services Center, for "Plumbing Maintenance for the Butler County Correctional Facilities" in accordance with specifications under Contract No. 19-04-005.

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 sixty (60) 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. 19-04-005 for Plumbing Maintenance for the Butler County Correctional Facilities".

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: Tuesday, April 2, 2019  
*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***

***Tuesday, April 30, 2019***

**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: March 13, 2019

CONTRACT NUMBER: 19-04-005

**BIDS MUST BE RETURNED TO:**  
**BUTLER COUNTY COMMISSIONERS**  
**ATTN: TAWANA KEELS**  
**315 HIGH STREET, 6<sup>TH</sup> FLOOR**  
**HAMILTON, OHIO 45011**

FOR FURTHER INFORMATION CONTACT:

**Lt. Nick Fisher**  
PHONE NO. (513) 785-1191

Sealed bids will be received in this office until: 10:30 a.m. est. April 30, 2019 Using Department: BUTLER COUNTY SHERIFF'S OFFICE Delivered To: BUTLER COUNTY GOV'T SERVICES CENTER, 315 HIGH STREET, 6<sup>TH</sup> FLOOR, HAMILTON, OHIO 45011

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Your written bid is requested for the following:

The Butler County Sheriff's Office is requesting bids to provide plumbing maintenance at the Butler County Correctional Facilities at 705 Hanover Street, 123 Court Street, and/or 442 S. Second Street, Hamilton, Ohio 45011. The service is to be provided on a call basis for preventative maintenance, repairs, and emergency needs. Each bidder is to provide an hourly rate and overtime rate for each plumbing job classification.

**TERM:** The term of this contract will be for a three-year period estimated to commence July 1, 2019 with a one-year renewal option solely at Butler County's discretion. The pricing for the fourth year would have to be presented to Butler County sixty (60) days prior to the anniversary date of the third year for review and approval.

**PRE PROPOSAL MEETING:** Each contractor is invited to attend a facility meeting and tour on April 16, 2019 or April 18, 2019 at 9 a.m. Transportation will be provided from the 705 Hanover Street location to and from the Court Street Jail and 442 S. Second Street. The meeting is being held for the mechanical system maintenance contractors bid. Therefore, this meeting would provide plumbing contractors an opportunity to view the facilities under the proposal. This is not a mandatory meeting.

**BID BOND:** Each bid shall be accompanied by a bid bond in favor of Butler County or certified cashier's check upon a solvent bank and payable to the Butler County Treasurer. The bid bond amount shall be \$5,000.00. A contract shall be executed in conformity of the request for bid and specifications. If after selection, the successful bidder fails to timely execute a proper contract within sixty (60) days, the amount of the bid bond or check shall be forfeited to Butler County.

**TAXES:** Butler County Ohio is exempt from all sales, transportation and excise taxes, except for State of Ohio gasoline tax. The unit prices for bid shall be exclusive of all such taxes.

**VENDOR QUALIFICATIONS AND REFERENCES:**

The Vendor will provide with its bid:

- A. A list of current correctional institution contracts with the following information: client name, contact person; address and telephone number; type and size of facility; date of original contract. Also, please include the names of any facilities that are geographically close to the Butler County jail.
- B. List of other government contracts where plumbing maintenance services are provided. Including but not limited to the government name, contract period, contract amount, scope of contract and contact information at that government.

**REJECTED BIDS:** The Board of County Commissioners of Butler County, Ohio reserve the right to reject any or all bids, to waive any informalities in bids, and to accept the bid that, in the opinion of the

Board is in the best interest of the County of Butler, State of Ohio. The award will not necessarily go to the proposal with the lowest price, but to the proposal that best demonstrates the ability to fulfill the requirements of the Invitation to Bid.

No proposal will be accepted from any person, firm, or corporation that is in arrears or is in default to Butler County, Ohio regarding any debt or contract, or has failed to perform faithfully any previous contract with the County.

**TRADE SECRETS:** The laws of Ohio require that at the conclusion of the selection process, the contents of all bids be placed in the public domain and be open to inspection by interested parties. Trade secrets or proprietary information that is recognized as such and protected by law may be withheld if clearly identified as such in the bid. This exemption of information does not extend to the requirement to provide company financial information.

**INSURANCE:** The contractor shall carry appropriate insurance on its employees, products and property, including Workers Compensation, and general liability in the minimum amount of \$1,000,000.00 with an Umbrella policy of \$ 2,000,000.00.

The contractor shall provide the County not later than the date of commencement of service under the contract with certificates of insurance for the foregoing coverage's, which designate Butler County, Ohio as an additional insured with respect to the Contractor's participation in the contract and which include a provision that the coverage shall not be cancelled, terminated or otherwise modified without a 30 day prior written notice provided to the County. Cancellation of insurance will be cause for immediate cancellation of the contract.

**TAXES, LICENSES AND PERMITS:** The Contractor shall pay all applicable taxes and shall obtain and keep current all necessary licenses and permits.

**FAILURE TO PERFORM:** The Contractor shall commence performing the work in accordance with the specifications. Failure to perform the work as provided herein may result in written notice to the Contractor terminating its right to proceed as to the whole or any part of the contract. In the event of such termination, the County may have the services performed by other means and the Contractor shall be liable to the County for any excess costs for such services.

Any cost incurred by the County for Failure of the Contractor to abide by the plumbing service agreement with the County, or to perform necessary services as described herein will be borne by the Contractor.

**TERMINATION NOTICE:** This contract may be terminated by either party provided a one hundred eighty (180) day written notice is given to the other party. Written notice to the County must be sent to the Butler County Administrator, Butler County Government Services Center, 315 High Street, 6<sup>TH</sup> Floor, Hamilton, Ohio 45011.

Butler County does not waive its right to terminate within a lesser notice period due to lack of performance by the contractor.

**SUBCONTRACT:** The Contractor shall not subcontract or assign any portion of the plumbing service without prior written consent of the County.

**DISCONTINUANCE OF OPERATION:** Should it become necessary for the Butler County Jails to discontinue operation of the institution for any reason, this contract shall become null and void.

**EMERGENCY CONDITIONS:** All service shall be completed on a pre-scheduled or an emergency basis. If an emergency, the contractor commits to a one (1) hour response time when formally notified of an emergency. The bidder shall provide as part of its bid a list of names and phone numbers to be contacted in an emergency.

**PRESS RELATIONS:** All press releases, advertisements or any other publication concerning this project will only be released by authority and approval of the Butler County Sheriff.

**CONTRACTING OFFICER:** Sheriff Richard Jones or his designee shall be the Contracting Officer who shall act as the agent of Butler County for the purpose of serving as the County's contact person to oversee performance and completion of the contract pursuant to its terms and receiving, reviewing, and processing billings from the Contractor, conducting periodic inspections of the services provided.

**ACCREDITATION:** The facility is currently accredited by the State of Ohio. The contractor shall be responsible for complying with all current accreditation requirements. If the facility is denied re-accreditation on the basis of any fault of the contractor, the Contractor shall pay a penalty of two hundred fifty thousand dollars (\$250,000.00) to the Butler County Sheriff's Office. This failure may also constitute a breach of contract. The bid shall indicate the method the vendor will follow in establishing and revising policies and procedures.

**PREVAILING WAGE:** The Contractor must pay prevailing wages as defined by the State of Ohio.

**BACKGROUND INVESTIGATIONS:** Contractor's employees will be subject to a background investigation and security check as is normally required for personnel at the County Jail. The County reserves the right to deny any Contractor's employee access to the facility that does not meet established security clearances or obey established rules and regulations. Final selection of all Contractor employees at the Butler County Jail shall be at the approval of the Sheriff.

**PHYSICAL EXAMINATIONS:** All employees shall be required to undergo periodic physical exams as specified by State and local regulations at Contractor's expense.

**ORIENTATION AND TRAINING:** Contractor employees must attend orientation classes and training as mandated by Butler County and the State of Ohio. The training will be provided by the County, but employees' salary for the time of classes is the responsibility of the Contractor.

**CONDUCT OF CONTRACTOR'S EMPLOYEES:**

The Contractor shall instruct all employees that all rules and regulations, policies, and procedures established by the Butler County Sheriff's Office shall be adhered to. In addition:

- A. Contractor shall prohibit its employees from personal use of telephone or office equipment provided for official County business.
- B. All contractor personnel shall be required to wear identification badges issued by the Sheriff's Office.
- C. All Contractor personnel shall be required to comply with Butler County and State of Ohio rules and regulations.
- D. No supplies, materials, or equipment provided, acquired, or utilized in the performance of the contract shall be removed from the corrections facility for personal use or used in any manner not provided herein.
- E. Employees shall not fraternize with inmates. (This will be in Policy & Procedures which employees will be required to follow.)

**STAFFING BID REQUIREMENTS:** The vendor shall provide with its bid, a list of the personnel to be employed to provide said contracted services known at bid date and a complete list of personnel in time for background checks. Also include individual job descriptions and levels of responsibility to the contracting officer.

**CONTRACT SUPERVISION:** The Sheriff shall designate a person to oversee the contract between the vendor and the County. The terms and conditions of the contract shall be randomly checked by this person for compliance of the vendor. The vendor will cooperate with this person in obtaining the information.

**PROPSAL FORMAT:**

Vendor shall submit its proposal containing all of the following items in the order listed.

1. The following forms, which are included with these specifications: Substitute Form W9; EFT Form; Independent Contractor Acknowledgement Form; Civil Rights Compliance; Delinquent Personal Property Tax Affidavit; Non-Collusion Affidavit.
2. List of correctional facilities contracts that are similar to the Butler County Jail who are under current plumbing service contracts with the company. Provide: facility and address; contact person, title and phone number; type and size of facility; type of maintenance service operation; date of original contract
3. List of non-correctional facilities contracts that are similar to the Butler County Jail who are under current plumbing service contracts with the company. Provide: facility and address; contact person, title and phone number; type and size of facility; type of maintenance service operation; date of original contract
4. Consent by Contractor to allow designated County Employees audit review of company's financial records relating to financial or operational documents and information pertaining to the County's contract for electrical services.
5. Outline of your company/business structure (how are your organized, divisions, subsidiaries, etc.), number of employees, years in business.
6. A prevailing wage schedule depicting rates by job classification.
7. Sample of daily service tickets, reports, or forms provided to clients each day preventative or emergency services are performed.
8. Sample of preventative maintenance scheduling reports (monthly and annually).
9. Sample of Annual Repair Report detailing the plumbing maintenance performed during the past twelve months.
10. Total bid(s) are 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 19-03-002** Plumbing Maintenance for the Butler County Correctional Facilities".

Any questions concerning specific parts and/or labor items should be directed in writing to Lt. Nick Fisher at [nfisher@butlersheriff.org](mailto:nfisher@butlersheriff.org) and Debra Maloney, Staff Accountant at [dmaloney@butlersheriff.org](mailto:dmaloney@butlersheriff.org).

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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**  
 Government Services Center  
 Sixth Floor Conference Center  
 Contract Number 19-04-005  
 April 30, 2019

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

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

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

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

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

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

Job Classification	Hourly Prevailing Wage Rate	Overhead and Profit	Total Rate Per Hour

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

Authorized Signature

Date



Form <b>SUB W-9</b> (Rev JUN 2015)	<b>Butler County Ohio</b> <b>Substitute Form W9 / Ohio Reporting Form</b> <b>Request for Taxpayer Identification Number and Certification</b>
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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 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  <b>Auditor of Butler County</b> <b>130 High Street, Fiscal Services Dept.</b> <b>Hamilton, OH 45011</b>
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):  
 [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 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?	<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 retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?	<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)
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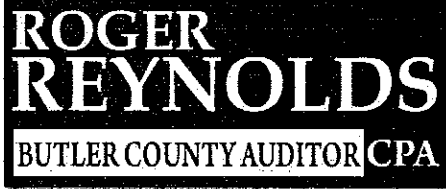
**Part V Certification**

**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 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 1 8 5 4 3 - 8 8 7 - 3 4 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**

## 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



