

BUTLER COUNTY COMMISSIONERS

Donald L. Dixon T.C. Rogers Cindy Carpenter

INVITATION TO BID

ITB NO. SO-2025-09-02

**BUTLER COUNTY SHERIFF'S OFFICE
RADIO TOWER HVAC REPLACEMENTS**

**BID DATE AND TIME:
WEDNESDAY, OCTOBER 22, 2025
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
ITB NO. SO-2025-09-02

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, October 22, 2025 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 Radio Tower HVAC Replacements in accordance with specifications under ITB No. SO-2025-09-02

Specifications may be obtained by query at <https://bids.bcoho.gov>. To access the ITB packet on the Butler County Board of Commissioners website, please scroll down until the project is found: Butler County Sheriff's Office Radio Tower HVAC Replacements, ITB No. SO-2025-09-02, or by query at www.butlersheriff.org/category/request-for-bids/. To access the ITB packet on the Butler County Sheriff's Office, scroll down until the project is found.

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 bids valid for ninety (90) days from the opening date 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.

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 ITB No. SO-2025-09-02 Butler County Sheriff's Office Radio Tower HVAC Replacements".

By order of the Board of Butler County Commissioners:

Cindy Carpenter

Donald L. Dixon

T. C. Rogers

Attest: Nirali V. Desai, Deputy Clerk

Publish 1 time: Wednesday, October 1, 2025
Hamilton Journal-News

Bid Form

Government Services Center
Board of Commissioner's Office, Sixth Floor
ITB No. SO-2025-09-02
Deadline for Bid Submission: 10:30 a.m., October 22, 2025

Company Name: _____

Contact Name & Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Company Website: _____

Roberts Radio Tower Site Amount: _____

Miltonville Radio Tower Site Amount: _____

Okeana Radio Tower Site Amount: _____

Total of all three Radio Tower Sites Amount: _____

Submitted By: _____

Authorized Signature

Date

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

BUTLER COUNTY COMMISSIONERS

BID REQUEST

DATE: SEPTEMBER 12, 2025

CONTRACT NUMBER: SO-2025-09-02

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:

Kaitlyn Jarvis
PHONE NO. (513) 785-1014

Sealed bids will be received in this office until: 10:30 a.m. EST on October 22, 2025 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 requesting bids for the replacement of dual air conditioning units in Butler County radio tower shelters. The shelters are located at 5107 Huston Rd., Collinsville, OH 45004, 5255 Wayne Madison Rd., Trenton, OH 45067, and 3141 Chapel Rd., Okeana, OH 45053. The specifications of this project will encompass the following:

General –

1. Roberts Radio Tower Site – 5107 Huston Rd., Collinsville, OH 45004

- The Butler County Sheriff's Office is requesting a proposal to replace two air conditioning units at the Butler County radio tower shelter in Collinsville.
- The existing WA484-A05 Bard units need to be replaced with W48AC Bard units with the full featured (JADE) economizer option.
- The two air conditioning units are interconnected through a multi-stage lead/lag controller which should be replaced.
- Existing electrical circuits and grills can be reused.

2. Miltonville Radio Tower Site – 5255 Wayne Madison Rd., Trenton, OH 45067

- The Butler County Sheriff's Office is requesting a proposal to replace two air conditioning units at the Butler County radio tower shelter in the Miltonville community just north of Trenton.
- The existing WA484-A05 Bard units need to be replaced with W48AC Bard units with the full featured (JADE) economizer option.
- The two air conditioning units are interconnected through a multi-stage lead/lag controller which should be replaced.
- Existing electrical circuits and grills can be reused.

3. Okeana Radio Tower Site, 3141 Chapel Rd., Okeana, OH 45053

- The Butler County Sheriff's Office is requesting a proposal to replace two air conditioning units at the Butler County radio tower shelter in Okeana community within Morgan Township.
- The existing WA484-A05 Bard units need to be replaced with W48AC Bard units with the full featured (JADE) economizer option.
- The two air conditioning units are interconnected through a multi-stage lead/lag controller which is newer and replacement is not required.
- Existing electrical circuits and grills can be reused.

4. All Locations

- The response to this ITB should be separated into four (4) proposals: "Roberts Radio Tower Site", "Miltonville Radio Tower Site" and "Okeana Radio Tower Site" plus a total for all three facilities combined. The proposals will be evaluated as separate sections as well as a total project.
- Vendor must provide a complete scope of work to be performed.
- Vendor must provide detailed pricing for each of the four proposals at time of bid.
- Project work will need to be performed between the hours of 08:00am – 4:30pm and will need to be coordinated through the designee of the Sheriff's Office.
- New air conditioning units must be connected to a Motorola alarm monitor through a two-wire connection to an I/O punch block.
- Work area must be cleaned up following install.
- Operational startup and testing of the units must be completed at the time of install.

The Contractor will be responsible for the following categories, if applicable:

- Project management
- Site supervision
- Project accounting
- Construction debris removal
- Contractor's risk and liability insurance
- Freight charges
- Building permits, if required

Implementation Deadline: On-site work must begin by December 1, 2025

Bidder requirements:

An optional pre-bid site visit is scheduled for Wednesday, October 15, 2025 at 9:00 a.m. on site at Miltonville Radio Tower, 5255 Wayne Madison Rd., Trenton, OH 45067. Please email RSVP to Ken Carpenter at kcarpenter@butlersheriff.org and Kaitlyn Jarvis at kjarvis@butlersheriff.org

No Questions and Answers will be provided during the optional visit. All Questions and Answers must be emailed to Kaitlyn Jarvis at kjarvis@butlersheriff.org after the completion of the tours. The questions and answers will be provided in a separate document on the Sheriff's and/or Commissioner's website where all bidders will have access to this information.

Contractors are responsible for including all pertinent product data (if applicable) in the returned bid proposal. Literature, brochures, data sheets, specification information, completed forms requested as part of the bid package and any other facts which may affect the evaluation and subsequent contract award should be included. Materials such as legal documents and contractual agreements, which the bidder wishes to include as a condition of the bid, should also be in the returned bid package. Failure to include all necessary and proper supplemental materials may be cause to reject the entire bid.

Performance Bond

Once the contract has been awarded, the Contractor shall file a 100 % performance bond within ten (10) days after the award of the contract. A performance bond must be by a surety company licensed to do business in Ohio as a surety. The performance bond must be in the name of the Butler County Commissioners. The performance bond will be returned to the Contractor after the full and faithful performance of the contract.

All performance bonds must indemnify Butler County against all damage suffered by failure to perform the contract according to its provisions and in accordance with the plans, details, and specifications therefor and to pay all lawful claims of subcontractors, material suppliers, material suppliers, and laborers for labor performed or material furnished in carrying forward, performing, or completing the contract and agree this is for the benefit of Butler County and any subcontractor having a just claim.

Insurance

The contractor shall carry appropriate insurance on its employees, products and property, including Worker Compensation and general liability, in the minimum coverage 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 coverages that 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.

The County requires reimbursement by the successful bidder for any expenses paid to County employees, by way of Worker's Compensation, when that injury has been caused by the negligence of the provider of the services or goods required by the contract.

Contract

Unless all bids are rejected, the County shall award the Contract to the lowest and best bidder. Bidder shall be experienced, equipped and able to meet monetary obligations. In order to make this determined the County may make such investigations as necessary, and the bidder shall furnish to the County all such information and data requested for this purpose, including experience, finances, equipment and personnel. The County shall make such investigation as necessary into similar past contractual relationships of the bidder, and the bidder shall furnish to the County all such information and data requested for this purpose. Based on the above determinations and other criteria, the County will award the contract to the lowest and/or best bidder. Such bid shall be held firm for a minimum of ninety (90) days.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any or all bids, to accept other than the lowest bid or to accept the bid which is in the best interest of the County as determined by the Board. Without limiting the generality of the foregoing proposals which are incomplete, obscure, irregular, contain erasures, omit a bid price, fail to list manufacturers of equipment or subcontractors (if applicable), or are accompanied by an insufficient or irregular certified check or bid bond, may be rejected.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked "**BID ON ITB No. SO-2025-09-02 Butler County Sheriff's Office Radio Tower HVAC Replacements**".

Any questions concerning items should be directed in writing to Ken Carpenter at kcarpenter@butlersheriff.org or Kaitlyn Jarvis, at kjarvis@butlersheriff.org.

Bidders Please Note: Butler County is an equal opportunity employer and has specific certifications regarding equal in excess of \$2,000.00.

A copy of the Bid Tabulation may be obtained by email request to kjarvis@butlersheriff.org
IMPORTANT: Bids to be sealed and endorsed on the outside of the envelope with the name of the bidder and item bid.

Bidder is required to use the County Bid Form.

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, OCTOBER 22, 2025

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

Form SUB W-9 (Rev JUN 2025)	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@bcoho.gov** 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) or any other Ohio pension system (SERS, STRS, etc.)
- 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"																						
<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																						
<input type="checkbox"/> Limited Liability Company – Tax classification (<u>C</u> = C Corp, <u>S</u> = S Corp, <u>P</u> = Partnership) _____																						
<input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt from backup withholding																						
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.																						
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): <table><tr><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> and / or Social Security Number (SSN): <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					-											-						
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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 _____																				



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 _____)

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
