BUTLER COUNTY COMMISSIONERS

T.C. Rogers Cindy Carpenter Donald L. Dixon

INVITATION TO BID

ITB NO. BCSO-2026-11-01

BUTLER COUNTY SHERIFF'S OFFICE
PORTABLE X-RAY SYSTEMS / PANELS

BID DATE AND TIME:
WEDNESDAY, DECEMBER 9, 2026
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. BCSO-2026-11-01

Sealed Bids will be received at the office of the Butler County Commissioner's Office, 315 High Street, 6th Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Wednesday, December 9, 2026 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 Portable X-Ray Systems / Panels in accordance with specifications under ITB No. BCSO-2026-11-01

Specifications may be obtained by query at https://bids.bcohio.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 Portable X-Ray Systems / Panels, ITB No. BCSO-2026-11-01, 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 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 ITB No. BCSO-2026-11-01 Butler County Sheriff's Office Portable X-Ray Systems / Panels".

By order of the Board of Butler County Commissioners:

T. C. Rogers, President
Cindy Carpenter, Vice President
Donald Dixon, Member

Attest: Emily Appel, Clerk

Publish 1 time: Wednesday, November 18, 2026
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, December 9, 2026

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: November 18, 2026

ITB NUMBER: BCSO-2026-11-01

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:

Kaitlyn Jarvis
PHONE NO. (513) 785-1126

Sealed bids will be received in this office until: **10:30 a.m., December 9, 2026**
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 specific to one (1) or more portable x-ray systems and digital radiography (DR) panels for the Butler County Sheriff's Office Bomb Squad, in four (4) 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 a complete portable x-ray system WITHOUT an x-ray generator, consisting of the control unit, DR panel, wired and wireless connectivity components, cable reel, storage case(s), and all software and accessories necessary for the system to operate as specified on Exhibit A.

2. The second category is a bid for a complete portable x-ray system WITH an x-ray generator, consisting of all items in the first category plus a Golden XR-150 x-ray generator or equivalent, including two (2) batteries and a charger.

3. The third category is a bid for the x-ray generator ONLY, priced as a stand-alone item, to be a Golden XR-150 or equivalent and to include two (2) batteries and a charger. BCSO may decline to purchase a generator with some or all systems, in which case the generator cost will not be included on the award.

4. The fourth category is a bid for additional DR panels ONLY, priced individually by panel size, including each panel's two (2) batteries and its attachable/removable bipods or stands. Panels shall be priced separately for each size offered so that BCSO may be selective in its panel choices and may purchase panels in any combination of sizes and quantities.

Bidders shall price each category independently. Pricing submitted in the second category shall not be contingent upon award of the third or fourth categories, and panel pricing in the fourth category shall not be contingent upon the quantity of panels ordered.

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 equipment list.

The total bid package is for one (1) or more portable x-ray systems and such DR panels as BCSO may elect to purchase, identified on the BID FORM. The total number of systems and panels listed is subject to change.

Please see Exhibit A for the specific listing of equipment items and technical requirements. Each bidder is invited to bid on any or all of the four (4) categories. All equipment needs are included on Exhibit A.

Total cost for each category, including shipping, 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 ITB No. BCSO-2026-11-01 – Butler County Sheriff's Office Portable X-Ray Systems / Panels".**

Any questions concerning specific parts and/or labor items should be directed in writing to Kaitlyn Jarvis, Financial Specialist, at kjarvis@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 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 upon.

Bidder is required to use the County Bid Form.

EXHIBIT A

BID SPECIFICATIONS FOR ONE OR MORE PORTABLE X-RAY SYSTEMS / PANELS FOR THE BUTLER COUNTY SHERIFF'S OFFICE BOMB SQUAD (OHIO)

The ollowin are the minimum specifications. Bidders shall indicate compliance with each item and note any exceptions in writing.

1. General System Requirements

Item	Specification
1.1	Made in the U.S.A.
1.2	U.S. based / staffed customer support, available 24 hours a day / 7 days a week / 365 days a year
1.3	System must meet or exceed ANSI N42.55 test standards
1.4	System must be Sandia X-ray Tool Kit (XTK) compatible
1.5	Minimum o two (2) year warranty on system components (with battery exception)
1.6	System to include a storage case(s)

2. Imaging and Connectivity

Item	Specification
2.1	System to capture hi h-definition digital x-ray ima e
2.2	Wired and wireless interoperability between tablet, DR panel, and x-ray enerator
2.3	Twenty-five (25) meter minimum cable reel to be included
2.4	System must include on-board image storage

3. Control Unit

Item	Specification
3.1	Mil-spec / ru ed control unit
3.2	Minimum of ten (10) inch screen
3.3	Must include two (2) batteries, if applicable

4. DR Panels

Item	Specification
4.1	Multiple panels required: 10" x 10", 10" x 12", 12" x 12", or 14" x 17", size based on vendor availability
4.2	Panels to be priced individually to allow Butler County Sheriff's Office to be selective in multiple panel choices
4.3	One side of the panels must be 3mm or less margin (ima e area to ed e o the panel)
4.4	Each panel must include two (2) batteries
4.5	Panels must include attachable / removable bipods or stands

5. X-Ray Generator (Optional - At County's Option)

Item	Specification
5.1	Bidder shall show cost both to include and to not include an x-ray enerator; inclusion is at the option o the Butler County Sheriff's Office
5.2	Generator to be a Golden XR-150 or equivalent
5.3	Generator to include two (2) batteries and char er

6. Trainin , Shipping, and Delivery

Item	Specification
6.1	Vendor to provide on-site trainin at a Butler County Sheriff's Office acility
6.2	Shippin costs to be included in bid
6.3	System / components to be delivered within ten (10) weeks of finalized order

Bid Form

BUTLER COUNTY SHERIFF'S OFFICE PORTABLE X-RAY SYSTEMS / PANELS

ITB No. BCSO-2026-11-01

November 18, 2026

Company Name:_____

Contact Name & Title:_____

Address:_____

Phone:_____ Fax:_____

E-mail Address:_____

Company Website:_____

INSTRUCTIONS TO BIDDER: Bidder may bid on any or all of the four (4) categories below. All pricing shall include shipping. Each category shall be priced independently; Category 2 pricing shall not be contingent upon award of Category 3 or Category 4, and Category 4 panel pricing shall not be contingent upon the quantity of panels ordered. Enter "NO BID" in any category not being bid. All equipment offered shall meet or exceed the minimum specifications on Exhibit A.

CATEGORY 1 - COMPLETE PORTABLE X-RAY SYSTEM WITHOUT X-RAY GENERATOR
Consisting of the control unit, one (1) DR panel, wired and wireless connectivity components, twenty-five (25) meter minimum cable reel, storage case(s), on-site training, and all software and accessories necessary for the system to operate as specified on Exhibit A.

TOTAL COST PER COMPLETE SYSTEM WITHOUT X-RAY GENERATOR - (INCLUDING SHIPPING)

$_____

Make & model of control unit offered: _____

Size of DR panel included in base system: _____

CATEGORY 2 - COMPLETE PORTABLE X-RAY SYSTEM WITH X-RAY GENERATOR
Consisting of all items in Category 1 plus a Golden XR-150 x-ray generator or equivalent, including two (2) batteries and a charger**.**

TOTAL COST PER COMPLETE SYSTEM WITH X-RAY GENERATOR - (INCLUDING SHIPPING)

$_____

Make & model of x-ray generator offered: _____

CATEGORY 3 - X-RAY GENERATOR ONLY (STAND-ALONE)
Golden XR-150 or equivalent, including two (2) batteries and a charger, interoperable with the control unit and DR panel offered under Categories 1 and 2.

TOTAL COST PER X-RAY GENERATOR, PRICED AS A STAND-ALONE ITEM - (INCLUDING SHIPPING)

$_____

Make & model of x-ray generator offered: _____

CATEGORY 4 - ADDITIONAL DR PANELS ONLY, PRICED INDIVIDUALLY BY SIZE
Each panel price shall include that panel's two (2) batteries and its attachable / removable bipods or stands. Panels shall be priced separately for each size offered so that the Butler County Sheriff's Office may purchase panels in any combination of sizes and quantities. One side of each panel must have a 3mm or less margin (image area to edge of panel).

Category 4 - Cost Per Panel by Size (Including Shipping)

Panel Size	Offered (Yes / No)	Make & Model	COST PER PANEL (INCLUDING SHIPPING)
10" x 10"			**$**
10" x 12"			**$**
12" x 12"			**$**
14" x 17"			**$**
Other size offered (specify): _____			**$**

BIDDER CERTIFICATIONS AND DELIVERY
Bidder shall complete the following. Any exception to a specification on Exhibit A shall be noted in writing and attached to this Bid Form.

Exhibit A Item	Requirement	Bidder Response
1.1	**Made in the U.S.A.**	**Yes / No**
1.2	**U.S. based / staffed customer support, 24 hours a day / 7 days a week / 365 days a year**	**Yes / No**
1.3	**Meets or exceeds ANSI N42.55 test standards**	**Yes / No**
1.4	**Sandia X-ray Tool Kit (XTK) compatible**	**Yes / No**
1.5	**Warranty period offered on system components (minimum two (2) years required)**	**_____ years**
6.1	**On-site training at a Butler County Sheriff's Office facility included**	**Yes / No**
6.3	**Delivery time from finalized order (ten (10) weeks maximum)**	**_____ weeks**
-	**Written exceptions to Exhibit A attached**	**Yes / No**

Submitted By:_____
Authorized Signature

_____
Date

BUTLER COUNTY SHERIFF'S OFFICE
PORTABLE X-RAY SYSTEMS / PANELS

ITB NO. BCSO-2026-11-01

BUTLER COUNTY SHERIFF'S OFFICE
Deadline for Bid Submission: 10:30 a.m., December 9, 2026

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: _____

CONTACT EMAIL: _____

CERTIFICATION: This bid has been completed in accordance with the Specifications for ITB No. BCSO-2026-11-01. 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 **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II 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); and
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 Internal Revenue Service (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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Nancy NIX
Butler County Auditor CPA

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

Dear New Butler County Vendor:

In addition to the information provided on the IRS W-9, the Butler County Auditor's Office must collect certain data to satisfy the requirements of the Ohio Public Employees Retirement System (OPERS). Please complete the IRS W-9 **AND** either the Non-Member Acknowledgement Form (PEDACKN) **OR** complete the section below that provides the reason why you are exempt from the PEDACKN form.

CRITICAL INFORMATION: IF YOU ARE RECEIVING A PENSION BENEFIT FROM OPERS OR ANOTHER OHIO PENSION SYSTEM YOUR BENEFITS MAY BE IMPACTED IF YOU PERFORM SERVICES FOR BUTLER COUNTY AS A VENDOR. CONTACT OPERS BEFORE YOU START PROVIDNG SERVICES AT 1-800-222-7377. IF YOU CHOSE TO PROVIDE SERVICES, YOU MUST COMPLETE THE SR-6 FORM AND INCLUDE THAT WITH YOUR NEW VENDOR PAPERWORK. PLEASE KEEP IN MIND THE SR-6 MUST BE COMPLETED AND RETURNED TO THE COUNTY BEFORE THE END OF THE MONTH YOUR SERVICES START.

The Non-Member Acknowledgement Form (PEDACKN) is to be completed if you are an individual who begins providing personal services to a public employer on or after January 7, 2013, but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. ***(If you're a vendor with less than five employees, and even if you have been assigned a Federal Tax Identification Number or Employer Identification Number, you must complete the Non-Member Acknowledgement Form (PEDACKN) per Ohio Revised Code 145.036-145.038.*** All fields on the PEDACKN form must be completed. We will be unable to accept incomplete forms. If the services performed do not have a definitive end date you may write "on going" in that field.

If you meet one of the following criteria, you are exempt from completing the OPERS Non-Member Acknowledgement Form (PEDACKN). Please indicate the reason you are exempt below and return this signed letter to the County Agency you are working with for services along with your W-9. Please do not send any of the vendor forms to the Auditor's Office directly unless you are contracting with our office.

- ☐ A Company performing services through a business entity (paid using an IRS FID#) with five or more employees including corporations, associations, firms, limited liability companies and partnerships.
- ☐ Federal, State or Local Government
- ☐ Individuals or businesses that supply goods only and do not offer options for services
- ☐ Easement or Mortgage/Tax foreclosure Payments
- ☐ Foster/Adoptive Parent Payments
- ☐ Rental Assistance Payments (Rent payments that are not for County occupied buildings)

Vendor Name	Date
Signature	Name Printed

Please note we will not be able to set you up as a vendor to process purchase orders or checks for goods or services until these forms have been completed and returned. These forms should be completed before any services start with Butler County.

Butler County does offer electronic payment options for vendors. If you would like to sign up for this opportunity, please complete the attached payment authorization form. If you prefer to be paid via a paper check, please provide the remittance address on the payment authorization form if it is different than the address on the IRS W-9.

Thank you for your prompt attention to this matter.

Nancy NIX
Butler County Auditor CPA

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

Payment Authorization/Change Form

Butler County provides two payment options for vendors. In addition to paper checks, we provide ACH payments. ACH (electronic) payments can be deposited into a checking or savings account of your choice. If you choose ACH payments, you will be notified of any payment by e-mail, or we can provide addenda information in a specific format to meet your company's needs. The e-mail option will provide a PDF image of the electronic check stub. To receive payments electronically, you must complete this form and return it with your W-9 to the agency you are working with along with a voided check or bank letter containing routing/account information. The first payment processed after we receive new ACH documentation will be a paper check. Once we can verify the banking information provided, all future payments will be sent electronically.

Remittance Address

Please provide your remittance address information below if the address is different than the address on the W-9 provided. This will ensure the correct mailing address is set up in our vendor master for payments.

Vendor Name _____

Street/PO Box _____

City, State, Zip _____

ACH Payment Detail (Optional)

Action: ☐ Add ☐ Change/Update ☐ Inactivate

Vendor Name _____

SSN _____ OR FEIN _____

Email Address (Required if you want a check stub sent) _____

Bank Name: _____

Bank Routing Number: _____ ◯ Checking ◯ Savings

Account Number: _____

ACH Authorization: This authorizes the Butler County Auditor's Office to send payment electronically 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. This authorization will be in effect until the Butler County Auditor's Office receives this form inactivating the ACH payments from myself and has a reasonable opportunity to act on it.

Please attach a voided check or bank letter containing account and routing information. If you are making updates to an existing ACH account, please be aware your payments will be changed to a paper check until our fraud validation process is complete.

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

(continued on back)

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

DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT
(This Affidavit Must Be Executed For The Bid To Be Considered)

STATE OF OHIO)
)ss.
COUNTY OF _____)

I, _____, _____,
(name of party signing affidavit) (title)
having affirmed under oath that at the time of bid for _____ to be opened
(Project or Item Bid)
_____, was submitted on _____, delinquent personal property
(Date) (Date)

taxes in the amount of $_____ (_____Dollars)

were due and unpaid to the County of Butler including the interest in the amount of $_____

(_____Dollars) and penalties in the amount of

$_____ (_____ Dollars). This document

when given to the County Auditor shall satisfy the requirements of ORC 5719.042.

_____
(Name of Individual Company)

_____
(Taxes Filed Under the Name of)

_____
(Signature)

_____
(Complete Address)

_____

_____
(Telephone)

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

_____
NOTARY PUBLIC
SEAL My commission expires_____

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

_____