

**BUTLER COUNTY COMMISSIONERS**

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

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**INVITATION TO BID**

ITB NO. 18-03-002

**BUTLER COUNTY SHERIFF'S OFFICE  
MEDICAL SUPPLIES FOR BUTLER  
COUNTY CORRECTIONAL COMPLEX**

**BID DATE AND TIME:  
TUESDAY, MARCH 20, 2018  
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**

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**LEGAL AD AND NOTICE TO BIDDERS**  
**CONTRACT NO. 18-03-002**

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, March 20, 2018 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 Medical Supplies for Butler County Correctional Complex in accordance with specifications under Contract No. 18-13-002.

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 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 bidders. 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 Commissioner's Office, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked "Bid on Contract No. 18-03-002 Medical Supplies for Butler County Correctional Complex".

By order of the Board of Butler County Commissioners:  
Cindy Carpenter, President  
Donald L. Dixon, Vice President  
T. C. Rogers, Commissioner  
Attest: Flora R. Butler, Clerk

Publish 1 time: Tuesday, March 20, 2018  
*Hamilton Journal-News*

# BUTLER COUNTY SHERIFF BID REQUEST

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DATE: February 20, 2018

CONTRACT NUMBER: 18-03-002

**BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONERS  
ATTN: TAWANA KEELS  
315 HIGH STREET, SIXTH FLOOR  
HAMILTON, OHIO 45011**

FOR FURTHER INFORMATION CONTACT:  
**Debra Maloney**  
PHONE NUMBER:  
**(513) 785-1011**

Sealed bids will be received in this office until: 10:30 a.m. est. on TUESDAY, MARCH 20, 2018

Using Department: BUTLER COUNTY SHERIFF'S OFFICE

Delivered To: BUTLER COUNTY COMMISSIONERS, ATTN: TAWANA KEELS, 315 HIGH STREET, SIXTH FLOOR, HAMILTON, OH 45011

Your written bid is requested for the following:

The Butler County Sheriff's Office (BCSO) is requesting bids for medical supplies for the Butler County Correctional Complex. Please see the attached specification sheets for medical supplies. The contract is binding for two years with the option to renew at the end of that particular year for an additional year. Butler County reserves the right to award the contract to multiple bidders.

- All items must be bid per single unit to be considered. Vendors are not required to bid on all items.
- The vendor must have online ordering capabilities which would include tracking order, reporting functions and order forecasting and/or notification of low supply.
- The vendor would be required to provide delivery within two days of order placement including weekends at no additional cost to Butler County Sheriff's Office.
- The vendor must provide the cost for any and all additional fees.

Any questions concerning the medical supplies should be directed in writing via email to Curtis New, Medical Administrator at [cnew@butlersheriff.org](mailto:cnew@butlersheriff.org).

Bids shall be sealed and bear on its face the Name and Address of the bidder and be plainly marked **BID ON CONTRACT 18-03-002 MEDICAL SUPPLIES FOR BUTLER COUNTY CORRECTIONAL COMPLEX**".

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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.

Bidder is required to use the County Bid Form.

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.

Description	Unit of measure	Estimated Quantity Sold During a Year	Bid Amount
A1C Now+ System Test Kit CLIA Waived	20 each/Box 24 box/case	5	
Adapter Wand Ear Each	each	1	
AlphaAir Respirator Fit Test	each	1	
AlphaAir Respirator Mask Latex Free Blue Stripe 35/Box, 6 BX/CA	35 each/box, 6 box/case	3	
Bandage Coban Wrap 2"x5yd Elastic Flexible Tan Non-Sterile Latex Disposable Breathable Self Adherent	36 each/case	1	
Bandage Coban Wrap 2"x5yd Elastic Flexible Tan Non-Sterile Latex Disposable Breathable Self Adherent	36 each/case	18	
Bandage Coban Wrap 4"x5yd Elastic Flexible Tan Non-Sterile Latex Disposable Breathable Self Adherent RI	18 each/case	2	
Bandage Conforming 3"x4.1yd Gauze 8 Ply Stretch Non-Sterile Disposable	12/bg, 8 bg/Case	1	
Bandage Fabric .75x3" Tan	1200 each/case	7	
Bandage Gauze Roll 2.25"x3yd Cotton 6 Ply Sterile	96 each/case	2	
Barrier Skin New Image Cut-To-Fit Blue 2-Piece 2-1/4" Opening	5 each/box	2	
Barrier Skin New Image Cut-To-Fit Red 2-Piece 1-3/4" Opening	5 each/box	3	
California Collar Cervical 10-13" Polyethylene Foam Adult 3.25" Beige Lightweight/Pre-Formed Contact Reusable Non-Sterile Size Small	Each	2	
California Collar Cervical 13-16" Polyethylene Foam Adult 3.25" Beige Lightweight/Pre-Formed Contact Reusable Non-Sterile Size Medium	Each	2	
Case Contact Lens	2 each/box	20	
Catheter Intermittent AMSure Vinyl 16Fr 16" Male Urethral Sterile Disposable	50 each/case	1	
Catheter Intermittent Mentor Straight Tip Silicone 12Fr Female Urethral Self-Cath Sterile Fire Polished Eyelets Disposable	30 each/box	10	
Clarity Diagnostic Test Strip CLIA Waived 50 Tests Individual Packaged	25 each/kit	1	
Clinician Stethoscope Littmann Classic II SE Black 28" 2-Head Stainless Steel	3 each/case	2	
CoaguChek XS Test Strips Solid Volume	2x24/box	2	
Container Sharps 5qt Plastic 10-1/2x4-3/4x10-3/4" Horizontal Drop Nestable Automatic Rotating Chamber Non-Sterile Not Made With Natural Rubber Latex Disposable Clear/Red	20 each/case	8	
Container Sharps SharpStar 5qt 12-1/2x5-1/2x10-3/4" Counterbalanced Lid Horizontal Drop Nestable For Patient Room Reusable Transparent Red	20 each/case	3	

Container Sharps SharpStar 5qt Polypropylene Counterbalanced Lid Horizontal Drop Nestable Molded-In Handles For Patient Room Non-Sterile/Autoclavable Not Made With Natural Rubber Latex Disposable Clear	20 each/case	1	
Contour Blood Glucose Test Strip CLIA Waived	50 each/box, 24 box/case	16	
CPR Mask ADC Adsafe Resuscitator Adult With Case Not Made With Natural Rubber Latex	each	15	
Defib Pad Physio-Control R2 Adult White Multi-Function	each	10	
Deodorizer M9 2oz	12 each/box	1	
Dressing Surgical 4x6" Rayon/Cellulose 4x3" Pad Hypoallergenic Absorbent Adhesive Non-Adherent Sterile Not Made With Natural Rubber Latex Disposable	200 each/case	8	
Dressing Tegaderm Frame Style 4x4-3/4" Film Hypoallergenic Breathable Waterproof Barrier Adhesive Adherent Sterile Not Made With Natural Rubber Latex Disposable Transparent	50 each/box	1	
Eartip Mushroom Black Non-Sterile Reusable	pair	10	
Electrocardio Electrode Blue Sensor Blue Adult 38mm	50 each/package	44	
Endotracheal Tube Cuffed 6.0mm each	10 each/box	1	
Endotracheal Tube Cuffed 6.5mm each	10 each/box	1	
Endotracheal Tube Cuffed 7.0mm each	10 each/box	1	
Endotracheal Tube Cuffed 7.5mm each	10 each/box	1	
Endotracheal Tube Cuffed 8.5mm each	10 each/box	1	
Endotracheal Tube Cuffed 9.0mm Disposable	10 each/box	1	
Endotracheal Tube Cuffed 9.5mm Disposable	10 each/box	1	
Eye Chart Snellen w/Color Lines	each	1	
First Aid Triple Antibiotic Topical Cream 50gm 0.9gm	144 each/box, 12 box/case	3	
Full Range Peak Flow Meter Personal Best	12 each/case	1	
Gown Surgical Astound XL Fluid Resistant Sterile Not Made With Natural Rubber Latex Disposable Each	20 each/case	2	
Guedel Airway Kit Nasco Pediatric/Adult Not Made With Natural Rubber Latex	each	1	
Henry Schein OneStep+ hCG Urine Cassette Test	25 each/box	66	
Henry Schein Specimen Container 4.5oz Sterile	100 each/case	22	

Injection Solution 0.9% Sodium Chloride 1000mL Viaflex Viaflex Plastic Container Not Made With Natural Rubber Latex USP Sterile Disposable 1000ml	14 bag/case	1	
Injection Solution 0.9% Sodium Chloride 250mL Non- DEHP/Non-PVC Plastic Injection Container IV For Luid Replacement/Metabolic Alkalosis/Mild Sodium Depletion Not Made With Natural Rubber Latex USP Sterile Disposable	250 mL/bag, 24 bag/case	1	
Irrigation Solution 0.9% Saline 100mL Argyle Bottle Sterile Disposable Clear	48 each/case	2	
Irrigation Solution Water 250mL Plastic Pour Bottle USP Sterile Not Made With Natural Rubber Latex Disposable Clear 250ml/Bottle	24 each/case	2	
IV Administration Set Needleless Y Inj Site Lowery Site 10 Drops/mL Priming Volume 17mL 83" Amsafe EMS Rotating Male Luer Lock Adapter Y Inj Site Non-Vented Spike 10 Drops/mL Roller Clamp Lowery Site DEHP Free Not Made With Natural Rubber Latex Disposable Clear	50 each/case	2	
Kit IV Start Sterile Not Made With Natural Rubber Latex Disposable With Vinyl Gloves/Alcohol Prep Pad/Tape/Gauze Sponges/Label Standard	50 each/case	2	
Kit Suture Removal Sterile Not Made With Natural Rubber Latex Disposable With Iris Scissor/Adson Forcep Standard	50 each/case	2	
Miami Brace Ulnar Fracture Prefabricated 10-12" Size Medium Right Each	Each	1	
Multistix 10SG Urinalysis Test Strip CLIA Waived	100 each/bottle 24 bottle/case	5	
Nasal Atomizer Rusch	25 each/box	6	
Nasal Cannula 7' Tubing Low Flow	50 each/case	1	
Nebulizer Handheld Kit Adult Tubing With Mouthpiece	50 each/case	1	
Needle Exel 18g 1-1/2" Hypodermic Stainless Steel Nontoxic Nonpyrogenic Color Coded Polypropylene Hub Regular Bevel Sterile Not made with natural rubber latex Disposable Pink	100 each/box	1	
Needle PrecisionGlide 27g 1-1/4" Hypodermic Regular Bevel Sterile Gray	100 each/box, 10 box/case	1	
Needle/ Syringe 1cc 27g 1/2" PrecisionGlide TB Disposable	100 each/box 8 box/case	1	
Needle/ Syringe Insulin 29g 1/2" 1cc Safety With Safety Blister Sterile	100 each/box, 8 box/case	10	
Needle/ Syringe Monoject Insulin 29g 1/2" U100 1cc Polypropylene Conventional Hubless/Low Dead Space Accu-Tip Flat Plunger Accu-Scale Graduated Ultra-	300 each/case	58	
Nipple/Nut Accessory Plastic Each	50 each/case	1	
Normal Saline IV Solution Posiflush Prefilled Syringe 0.9% 10mL	30 each/package, 4 package/case	2	

Obstetrical Emergency Kit Busse	10/case	1	
Original MedSurg Shoe Post-Op Mesh Blue Women 8.5-10 Open Toe Size Large	Each	1	
OtoClear Ear Tip Plastic Flare Tip Non-Sterile Disposable	40 each/box	1	
OtoClear Ear Wash Kit Each	Each	1	
OtoClear Spray Wash Bottle	Each	1	
Oxygen Regulator 0-25lpm Aluminum/Brass	each	2	
Packing Pak-Its Strip 1/4"x5yd Cotton Non-Adhesive Absorbent Iodoform Sterile Not Made With Natural Rubber Latex Disposable	12 bottle/case	6	
Packing Strip 1/4"x5yd Cotton Absorbent Iodoform Sterile Not Made With Natural Rubber Latex Disposable	12 each/case	2	
Pad 2x3" _ Adhesive White Sterile	100 each/box, 12 box/case	7	
Pad 2x3" Rayon/Polyester Non-Adherent Sterile Not Made With Natural Rubber Latex Disposable	100 each/box, 12 box/case	1	
Pad Gauze 4x4" 12 Ply Cotton Absorbent Sterile Disposable	100 each/box, 12 box/case	5	
Pad Henry Schein Gauze 2x2" 12 Ply Cotton Absorbent Sterile Disposable	100 each/box, 24 box/case	1	
Peripheral venous Catheter Pink 14 Gauge 3-1/4" Angiocath Fluorinated Ethylene Propylene Sterile Not Made With Natural Rubber Latex	10 each/box	1	
Pouch Ostomy New Image 12" Standard Transparent/Red Drainable 2-Piece	10 each/box	5	
Prep Pad Alcohol Medium 2Ply Sterile	200 each/box, 20 box/case	8	
Refrigerator Thermometer -15 To 15C Bottle Probe	each	3	
Scale HSI Digital 400Lb Floor	5 each/case	1	
Set Blood Collection Safety-Lok 23g 3/4" 12" Tubing Winged Safety Not made with natural rubber latex Disposable	50 each/box, 4 box/case	4	
Sharps Dart Plastic 17cm Small One Handed Operation With Locking Lid/ Puncture Resistant Bottom	192 each/case	10	
Shoe Post-Op Vinyl Men 11.5-12.5 Velcro Skid-Resistant Sole Rigid Men Size Medium	Each	1	
Shoe Post-Op Vinyl Men 13-14 Velcro Skid-Resistant Sole Rigid Men Size Large	Each	1	
Shower Chair 18" 3" Casters With Footrest	each	1	
Silvadene Topical Cream 1%	50 gm/jar, 72 jar/case	2	
Silvadene Topical Cream 1% Jar	400 gm/jar	1	

Sling Arm Adult Reusable Non-Sterile Universal Each	Each	6	
Snap-On Eartip Adsoft Deluxe Black PVC For Adscope Stethoscope	pair	2	
Sponge Premium Non-Woven 4x4" 12 Ply Cotton Absorbent White Non-Sterile Disposable	200 each/package, 10 package/case	11	
Stethoscope Eartip Littmann Black Non-Sterile	2 pair/package	2	
Stethoscope Eartip Littmann Gray Non-Sterile	2 pair/package	2	
Stocking Anti-Embolism T.E.D. Nylon Closed Toe Knee High Latex Beige	12 pair/case	5	
Stocking Anti-Embolism T.E.D. Nylon Inspection Toe Knee High Not Made With Natural Rubber Latex Green	1 pair/package, 12 package/crate	4	
Stocking Compression T.E.D. Nylon Inspection Toe Knee High Not Made With Natural Rubber Latex White	1 pair/package, 12 package/crate	1	
Tape Surgical Not Made With Natural Rubber Latex Non-Sterile 1"x10yd Plastic Adhesive Clear Skin Porous Hypoallergenic Disposable	12 each/box, 12 box/case	1	
Temperature Probe SureTemp Oral/Axillary With 9' Cord	each	3	
Tips Cane Model 7831-2 .5" Rubber Replacement Black	10 each/package	1	
Tips Crutch 7/8" Rubber Replacement Gray	8 pair/case	1	
Tracheostomy Tube QuickTrach Size 4	each	1	
Tray Dressing Change Central Line Sterile Not Made With Natural Rubber Latex Disposable With Chloarprep/Glove/Gauze Standard	40 each/case	1	
Tray Incision/Drainage E-Kits Sterile Not Made With Natural Rubber Latex Disposable With Instruments Standard	20 each/case	4	
Tray Laceration E-Kits Sterile Not Made With Natural Rubber Latex Disposable With Instruments Standard	20 each/case	2	
Tube Cuffed 8.0	10 each/box	1	
Tubing Connector For Oxygen Disposable	50 each/case	1	
ViaValve IV Safety Catheter Straight 18 Gauge 1-1/4" Polyurethane Radiopaque Green	50 each/box, 4 box/case	1	
ViaValve IV Safety Catheter Straight 20 Gauge 1-1/4" Pink	50 each/box, 4 box/case	1	
Wall Cabinet Plasti-Prod	2 per/case	2	
Webiril Padding Undercast Cotton 3"x4yd Limb White Not Made With Natural Rubber Latex Non-Sterile Disposable	12 each/package, 6 package/case	1	



# VENDOR INFORMATION

**CONTRACT NO. 18-03-002**

**BUTLER COUNTY SHERIFF'S OFFICE  
MEDICAL SUPPLIES FOR BUTLER  
COUNTY CORRECTION COMPLEX**

Deadline for Bid Submission: 10:30 a.m., Tuesday, March 20, 2018

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. 18-03-002. 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: \_\_\_\_\_

# BID FORM

**CONTRACT NO. 18-03-002  
BUTLER COUNTY SHERIFF'S OFFICE  
MEDICAL SUPPLIES FOR BUTLER COUNTY  
CORRECTION COMPLEX**

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

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

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

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

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

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

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

Authorized Signature

Date: \_\_\_\_\_

# **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, March 20, 2018***

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

## 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



**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  
\_\_\_\_\_

**Butler County Ohio**  
**Substitute Form W9 / Ohio Reporting Form**  
**Request for Taxpayer Identification Number and Certification**

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.6041-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to 613-887-3129; 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:

- 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).
- 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 lines above for the tax classification of the single-member owner.

Address Line 1 (number, street, and apt. or suite no.)

Address Line 2

City, state, and ZIP code

Requestor's name and address

Auditor of Butler County  
130 High Street, Fiscal Services Dept.  
Hamilton, OH 45011

**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.

For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):

--	--	--	--	--	--	--	--	--	--

and / or

Social Security Number (SSN):

--	--	--	--	--	--	--	--	--	--

**Part III Additional Information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?

- Yes  
 No

If "Yes" is checked, you MUST complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.

Printed first name, middle initial, and last name

Date good or service provided (MM / DD / YY)

Birth date (MM / DD / YY)

/ /

/ /

Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional Information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?

- Yes  
 No

If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", you must answer this question "Yes" or "No". If you answer "Yes" please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

**Part V Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- 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.
- 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 \_\_\_\_\_



# INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43216-4642

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

638-50-8832

First Name

JILL

MI Last Name

M COLE



## STEP 2: Public Employment Information

Name of Public Employer

BUTLER COUNTY OHIO

Employer Contact

First Name

JILL

MI Last Name

M COLE

Employer Code

202508

Employer Contact Phone Number

513-887-3153

Service Provided to Public Employer

Start Date of Service

Month Day Year

/ /

End Date of Service

Month Day Year

/ /



**STEP 3: Acknowledgment**

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

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

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

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Do not print or type name

**PLEASE RETURN THIS FORM TO THE BUTLER COUNTY  
AUDITOR'S OFFICE AT 130 HIGH STREET, 4TH FLOOR  
HAMILTON, OHIO 45011**