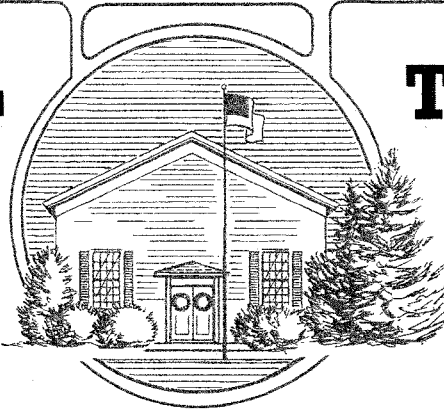


# RUSSELL

8501 Kinsman Road  
P.O. Box 522



# TOWNSHIP

Novelty, Ohio 44072

May 21, 2016

Mr. Donald Wortkoetter  
Karvo Companies, Inc.  
4524 Hudson Drive  
Stow, OH 44224

Re: 2016 Asphalt Resurfacing of Watt Road, TR 158 – Russell Township, Geauga County

Dear Mr. Wortkoetter:

Enclosed please find copies of the contracts to be executed for the Asphalt Resurfacing of Watt Road in Russell Township, Geauga County, (TR-158) that was recently awarded to your company.

Please return the following items:

- 1 - Three signed copies of the Contract Documents
- 2 - One executed copy of the Certification of Personal Property Tax
- 3 - One copy of your current Worker's Compensation certificate
- 4 - One copy of the Insurance Certificate required per section B 4.18 of the Standard Construction provisions for Geauga County projects. The Township and the Geauga County Engineer shall be named as additionally insured and the project name shall be stated on the certificate.
- 5 - One completed Surety Inquiry with your Federal ID number.
- 6 - One completed *Declaration Regarding Material Assistance to a Terrorist Organization*.
- 7 - One executed Affidavit in Compliance with ORC Section 3517.13.
- 8 - One completed Requirement for New Vendors packet including OPERS Form, W-9, & Hold Harmless Agreement.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Walder', written in a cursive style.

Charles E. Walder  
Fiscal Officer

**UNIT PRICE CONTRACT**

RS-158-16

THIS CONTRACT is made and entered into at Russell Township

Geauga County, Ohio this 18<sup>th</sup> day of MAY

20 16 by and between the Russell Township Board of Trustees

Party of the First Part, hereinafter called the "Public Authority" and \_\_\_\_\_

Karvo Companies Inc, Party of the Second, hereinafter

called the "Contractor".

**WITNESSETH, THAT** the Contractor and the Public Authority for the consideration stated herein agree as follows:

**ARTICLE I - SCOPE OF THE WORK**

The Contractor shall perform everything required to be performed and shall provide and furnish all of the labor, materials, necessary tools, expendable equipment, and all utility and transportation services required to perform and complete in a workmanlike manner all the work required and called for on the Plans and described in the Description of Work and in conformance with the General Clauses and Covenants for the project entitled

The Asphalt Resurfacing of Watt Road, TR 158

in Russell Township

all in strict accordance with the Plans and Specifications including any and all Addenda, prepared by the Geauga County Engineer, acting and hereinafter referred to as the "Engineer", and the Contractor shall do everything required by this Contract and the other documents constituting a part hereof.

**ARTICLE II - COMPENSATION TO BE PAID TO THE CONTRACTOR**

In consideration of the completion of the work described herein and the fulfillment of all stipulations of the Contract to the satisfaction and acceptance of the Engineer and the Public Authority, the Public Authority shall pay and the said Contractor further agrees to receive and accept payment based on the Contractor's Proposal as set forth in the confirmed copy of the Contractor's Proposal hereto attached, which price agrees with those in the accepted Contractor's Proposal as full compensation for furnishing all the equipment and materials and for the costs of all premiums on insurance and bonds and for doing all the work contemplated and specified in this Contract; also for all the work arising out of the nature of the work aforesaid, or from the actions of the elements, or from any unforeseen obstructions or difficulties which may be encountered in the prosecution of the same; and for all risks of every description connected with the work; and for well and faithfully completing the work and the whole thereof, in full compliance with the Plans and Specifications and the requirements of the Engineer under them.

Payments are to be made to the Contractor in accordance with and subject to the provisions embodied in the Contract Documents hereto attached or incorporated herein by reference.

### **ARTICLE III - COMPONENT PARTS OF THIS CONTRACT**

This Contract consists of this document together with the following additional documents incorporated herein as if fully rewritten:

- A. Specifications for Bid Proposals
  - 1. Legal Notice
  - 2. Description of Work
  - 3. General Clauses and Covenants
  - 4. Wage Rate Information
- B. Proposal Package
  - 1. Bid Guaranty Bond or Certified Check, Cashier's Check or Letter of Credit
  - 2. Proposal Form
  - 3. Subcontractor Information
  - 4. Construction Schedule
  - 5. Corporation Certificate
- C. Plans
- D. Standard Contract Provisions for Contracts Prepared by the Geauga County Engineer's Office, 2016
- E. Modifications to the Construction and Material Specifications for Geauga County, 2016
- F. ODOT Standard Construction and Material Specifications
- G. ODOT Standard Construction Drawings
- H. Recommendation of the Engineer to award the Bid
- I. The Resolution of the Public Authority awarding the Bid
- J. Performance Bond
- K. Certification of Personal Property Tax
- L. Workers Compensation Certificate
- M. Certificate of Insurance
- P. Affidavit in Compliance with Section 3517.13 of the Ohio Revised Code

### **ARTICLE IV - MISCELLANEOUS**

- A. The Contractor acknowledges that he has not received or relied upon any representations or warranties of any nature whatsoever from the Public Authority, its agents or employees, and that this Contract is entered into solely upon the Contractor's own independent business judgment.
- B. The parties agree that the law of the State of Ohio shall control with regard to any and all contractual disputes that may arise and that any and all contractual litigation undertaken or arising under this Contract shall be presented in a Court of Competent Jurisdiction of Geauga County, Ohio.
- C. The parties agree that this is the sole and exclusive agreement of the parties and that any necessary modification be reduced to writing and executed in a like manner.
- D. If any covenant or provision of this Contract or the application thereof to any person, firm or corporation or to any circumstance, shall to any extent be held invalid or unenforceable, the remainder of this Agreement, or application of such covenant or provision to persons, firms or corporations or to circumstances other than those to which it is held invalid or unenforceable, shall not be effected thereby.
- E. In hiring employees for the performance of work under this contract or any subcontract, no contractor or subcontractor shall, by reason of race, color, religion, sex, age, handicap, national origin, or ancestry, discriminate against any citizen of this state in the employment of a person qualified and available to perform the work to which this contract relates.
- F. No contractor, subcontractor, or any person acting on behalf of any contractor or subcontractor shall, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under this contract on account of race, color, religion, sex, age, handicap, national origin, or ancestry.

G. The Contractor shall defend, indemnify, and save harmless the Public Authority, its officers, agents and employees from all claims, demands, payments, suits, actions, recoveries, and judgments of every description, whether or not founded in law, brought or recovered against it, to include reimbursement of any fees or cost incurred by the Public Authority and in the defense of any claims against the Public Authority arising from the conduct of the Contractor pursuant to the terms of this contract, by reason of any negligent act or omission of said Contractor, his agents or employees, in the execution of this Contract or in consequence of insufficient protection, or for the use of any patented invention by said Contractor.

H. The Contractor shall at all times during the life of the Contract, subscribe to and comply with the Worker's Compensation laws of the State of Ohio and pay such premiums as may be required thereunder and to save the Board harmless from any and all liability arising from, out of, or under said act. He shall also furnish at the time of delivery of this Contract and at such times as may be requested, a copy of the official certificate or receipt showing the payment hereinbefore referred to.

I. The Contractor shall at all times during the life of the Contract, subscribe to and comply with the Worker's Compensation laws of the State of Ohio and pay such premiums as may be required thereunder and to save the Board harmless from any and all liability arising from, out of, or under said act. He shall also furnish at the time of delivery of this Contract and at such times as may be requested, a copy of the official certificate or receipt showing the payment hereinbefore referred to.

J. The Contractor agrees that it is an independent contractor with respect to the Public Authority and not an agent or employee of the owner.

**IN WITNESS WHEREOF**, the Parties hereto have caused this instrument to be executed in three (3) original counterparts as of the day and year first above written

**PUBLIC AUTHORITY**

**Witnesses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE CONTRACTOR**

**Witnesses:**

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BY \_\_\_\_\_

Title \_\_\_\_\_

**PROPOSAL**  
**Unit Price Contract RS-158-16**  
**The Asphalt Resurfacing of Watt Road (TR 158)**  
**Russell Township, Geauga County**

We the undersigned KARVO COMPANIES INC

propose to do and construct the pavement, drainage and appurtenances as shown on the plans and as called for in the specifications. We have thoroughly familiarized ourselves with the plans and specifications, which we accept as sufficient for the purpose of this improvement. Further, we have visited the site of the improvement and are proposing to furnish all labor, material and equipment to complete the work for the prices set against each item.

ITEM NO.	ODOT NO.	DESCRIPTION OF ITEM	ESTIMATED QUANTITY		UNIT PRICE BID			TOTAL ITEM
					LABOR	MATL	BID	
1	103	Contract Performance Bond and Premium	1	LUMP	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00
2	202	Anchor Assembly Removed, Type A	1	EACH	\$225.00	\$0.00	\$225.00	\$225.00
3	202	Guardrail Removed	50	FEET	\$2.40	\$0.00	\$2.40	\$120.00
4	202	Pipe Removed, 24" and Under, As Per Plan	36	FEET	\$26.25	\$0.00	\$26.25	\$945.00
5	202	Structure Removed	1	LUMP	\$4,180.00	\$0.00	\$4,180.00	\$4,180.00
6	202	Wearing Course Removed	350.0	SY	\$12.50	\$0.00	\$12.50	\$4,375.00
7	203	Borrow, As Per Plan	50	CY	\$15.22	\$22.83	\$38.05	\$1,902.50
8	203	Ditch Relocation	150	FEET	\$2.36	\$3.54	\$5.90	\$885.00
9	301	Asphalt Concrete Base PG64-22	2100.0	CY	\$36.40	\$54.60	\$91.00	\$191,100.00
10	301	Asphalt Concrete Base, PG64-22, (Driveways)	75.0	CY	\$70.00	\$105.00	\$175.00	\$13,125.00
11	407	Tack Coat, As Per Plan	2800	GAL	\$0.66	\$0.99	\$1.65	\$4,620.00
12	441	Asphalt Concrete, Surface Course, (448) Type 1, PG64-22, As Per Plan	760.0	CY	\$48.40	\$72.60	\$121.00	\$91,960.00
13	441	Asphalt Concrete, Surface Course, (448) Type 1, PG64-22 Driveways	70.0	CY	\$82.00	\$123.00	\$205.00	\$14,350.00
14	503	Cofferdams and Excavation Bracing	1	LUMP	\$1,232.00	\$1,848.00	\$3,080.00	\$3,080.00
15	511	Concrete, Misc: Cutoff Walls, As Per Plan	4.0	CY	\$412.00	\$618.00	\$1,030.00	\$4,120.00
16	512	Type 2 Waterproofing	70.0	SY	\$5.20	\$7.80	\$13.00	\$910.00
17	602	Concrete Masonry Precast Headwall, HW-2.2	0.3	CY	\$1,284.00	\$1,926.00	\$3,210.00	\$963.00
18	606	Anchor Assembly, Type E-98	1	EACH	\$794.00	\$1,191.00	\$1,985.00	\$1,985.00
19	606	Guardrail, Type 5, with 9' Posts	162.5	FEET	\$9.28	\$13.92	\$23.20	\$3,770.00
20	614	Maintaining Traffic	1	LUMP	\$18,000.00	\$0.00	\$18,000.00	\$18,000.00
21	614	Work Zone Center Line, Class II, As Per Plan	3.86	MILE	\$58.00	\$87.00	\$145.00	\$559.70
22	617	Compacted Aggregate (RACP), As Per Plan	400.0	CY	\$11.20	\$16.80	\$28.00	\$11,200.00
23	624	Mobilization	1	LUMP	\$8,900.00	\$0.00	\$8,900.00	\$8,900.00
24	626	Barrier Reflectors, Type A2	5	EACH	\$2.40	\$3.60	\$6.00	\$30.00

COPY

**PAGE 2  
PROPOSAL**

**Unit Price Contract RUS-158-16  
The Asphalt Resurfacing of Watt Road, TR 158  
Russell Township, Geauga County**

25	642	Center Line, Type 1, As Per Plan	1.93	MILE	348	522	\$870.00	\$1,679.10
26	642	Edge Line, Type 1, As Per Plan	3.86	MILE	\$196.00	\$294.00	\$490.00	\$1,891.40
27	644	Stop Line	80.0	FEET	\$3.40	\$5.10	\$8.50	\$680.00
28	659	Seeding and Mulching, Class 1	100	SY	\$2.16	\$3.24	\$5.40	\$540.00
29	671	Erosion Control Mat, Type C	100.0	SY	\$2.38	\$3.57	\$5.95	\$595.00
30	811	15" Conduit, Type A, 706.02, As Per Plan	48.0	FEET	\$37.66	\$56.49	\$94.15	\$4,519.20
31	811	15" Conduit, Type D, 707.33, As Per Plan	20.0	FEET	\$16.02	\$24.03	\$40.05	\$801.00
32	811	6'x3' Conduit, Type A, 706.05, As Per Plan	56.0	FEET	\$192.80	\$289.20	\$482.00	\$26,992.00
33	811	Catch Basin, CB 2-2B, As Per Plan	1	EACH	\$524.00	\$786.00	\$1,310.00	\$1,310.00
34	811	Precast Block Wingwalls, As Per Plan	4	EACH	\$379.60	\$569.40	\$949.00	\$3,796.00
35	SPEC	Mailbox, Remove and Reset	50	EACH	\$50.00	\$75.00	\$125.00	\$6,250.00

**TOTAL CONTRACT**

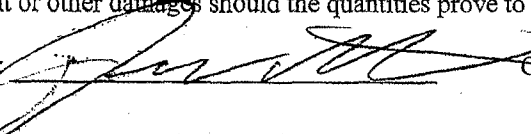
**\$432,358.90**

**EARLIEST START DATE: JUNE 6, 2016**

**LATEST COMPLETION DATE: AUGUST 19, 2016**

**CALENDAR DAYS TO COMPLETE: 45 DAYS**

It is understood and agreed that the quantities shown in the Specifications and Details are approximate only and will be used to determine the lowest and best bid. The Contractor shall not be entitled to loss of profit or other damages should the quantities prove to be more or less than the estimated amount.

Sign:  Contractor: Karvo Companies Inc

By: Donald Wortkoetter Address: 4524 Hudson Dr

Title: Vice President Stow, OH 44224

Phone: 330-929-9616 Fax: 330-929-9620

**CERTIFICATION OF PERSONAL PROPERTY TAX**

**STATE OF OHIO**

**COUNTY OF** \_\_\_\_\_

Before me, a Notary Public, in and for said county and State, personally appeared \_\_\_\_\_, who being first duly sworn that he/she is the Public Authority or officer of                     *Karvo Companies Inc*                    

which having been awarded a contract by                     *Russell Township Board of Trustees*                     for                     *The Asphalt Resurfacing of Watt Road, TR 158, in Russell Township*                    

hereby states that.                     *Karvo Companies Inc*                    

\_\_\_\_\_ was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which                     *Russell Township*                     has territory and that                     *Karvo Companies Inc*                     (Taxing District)

was not charged with delinquent personal property taxes on any such tax list, or that attached hereto and incorporated herein is a list of all delinquent personal property taxes charged against                     *Karvo Companies Inc*                    

In consideration of the award of the above contract, the above statement is incorporated in said contract as a covenant of the undersigned.

\_\_\_\_\_  
*Karvo Companies Inc*  
(Name of Company)

By: \_\_\_\_\_  
Signature

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

This Certification is in compliance with Ohio Revised Code Section 5719.042, which requires a certification of delinquent personal property taxes by any successful bidder prior to the execution of any contract of a taxing district let by competitive bid and in the event there are any due and unpaid delinquent taxes, a copy of this statement shall be transmitted by the fiscal officer to the County Treasurer within 30 days of the date it is submitted.

## SURETY INQUIRY

In order for our office to properly prepare a "Notice of Commencement" for this project please complete the following information about your surety company and return this sheet along with your contract documents to our office.

Project Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Surety Co: \_\_\_\_\_

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

\_\_\_\_\_

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

Contractor: \_\_\_\_\_

Contractor's Federal ID # - \_\_\_\_\_



\*\*\*\*\* FOR INSTRUCTIONAL USE ONLY \*\*\*\*\*

**READ BEFORE COMPLETING YOUR DMA FORM**

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- \* DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

\*\*\*\*\* FOR INSTRUCTIONAL USE ONLY \*\*\*\*\*



**GOVERNMENT BUSINESS AND FUNDING CONTRACTS**  
 In accordance with section 2909.33 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

**COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR**

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION**

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above on of this declaration.

APPLICANT SIGNATURE X	DATE
--------------------------	------

CERTIFICATION/AFFIDAVIT IN COMPLIANCE  
WITH SECTION 3517.13 OF THE OHIO REVISED CODE

Personally appeared before me the undersigned, a bidder or representative of a bidder in competitive bidding on behalf of \_\_\_\_\_ for a contract for the purchase of goods and/or services to be let by **Township/County of Geauga, Ohio** who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under section 3517.13 of the Ohio Revised Code, and further states that the undersigned has the authority to make the following representation on behalf of the entity if the undersigned as an individual is not the bidder himself or herself:

1. On behalf of the individual, partnership or other unincorporated business, association, estate, or trust that all of the following persons, if applicable, are in compliance with 3517.13 (I)(1):

- a. the individual;
- b. each partner or owner of the partnership or other unincorporated business;
- c. each shareholder of the association;
- d. each administrator of the estate;
- e. each executor of the estate;
- f. each trustee of the trust;
- g. each spouse of any person identified in (a) through (f) of this section;
- h. each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
- i. any combination of persons identified in (a) through (f) of this section.

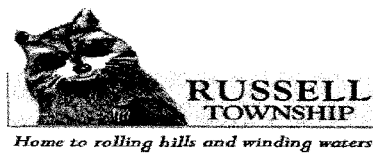
2. On behalf of a corporation or business trust, except a professional association organized under Chapter 1785 O.R.C., that all of the following persons, where applicable, are in compliance with 3517.13 (J)(1):

- a. an owner of more than twenty per cent of the corporation or business trust;
- b. each spouse of an owner of more than twenty per cent of the corporation or business trust;
- c. each child seven years of age to seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
- d. any combination of persons identified in (a) through (c) of this section.

**BIDDER:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

Sworn to before me and subscribed in my presence by the above named person  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTARY PUBLIC:** \_\_\_\_\_  
My Commission Expires:



## Requirements for New Vendors

If you are a vendor in which Russell Township solely purchases goods and supplies (not including services or hired contractors), the following forms must be completed, signed, and returned before payment can be processed: **W9 Form and the OPERS Independent Contractor Acknowledgement Form** (see below for instructions). *Failure to provide these two forms will result in delay of payment until these forms are received.*

## Requirements for Independent Contractors or Businesses Providing Services

A Contractor hired to do work and/or provide goods and services to Russell Township shall be an Independent Contractor working for and at the direction of Russell Township. Written proposals, contracts, agreements, invoices and any other related documents shall be written to and directed in the name of Russell Township. Any Contractor hired by Russell Township shall, **at a minimum**, be required to furnish us with a current **completed and signed** W9 form, OPERS Independent Contractor Acknowledgement Form, a signed Hold Harmless Agreement Form, and a current, valid Certificate of Liability Insurance. *Failure to provide all of these forms will result in a termination of services until all forms are received.*

## Instructions for OPERS Independent Contractor Acknowledgement Form

The fields in which the vendor or contractor need to fill out are highlighted in yellow on both sides of the form. If you are a business and are not classified as an independent contractor, you may provide your Federal Tax Identification Number in lieu of the social security number. For service dates, you may put the entire year in which you provided goods or services (i.e. January 1, 2016-December 31, 2016). **Please make sure to sign page 2 of the form; incomplete or unsigned forms will not be accepted.** If you have any questions regarding this form, please call the Russell Fiscal Office at 440-338-7783.

*All forms may be faxed, emailed, or mailed to:*

*Russell Township Fiscal Office  
Attn: Brittany Milite  
P.O. Box 522  
Novelty, OH 44072*

*BMilite@Russelltownship.Us  
JDorka@Russelltownship.US  
Fax: 440-338-1965*



# INDEPENDENT CONTRACTOR/WORKER 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 (or FEIN if business)

First Name MI Last Name

Name of Current Employer

## STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

R u s s e l l T o w n s h i p

Employer Contact

First Name MI Last Name

B r i t t a n y L. M i l l i t e

Employer Code

7 4 6 5 - 0 0

Employer Contact Phone Number

4 4 0 - 3 3 8 - 7 7 8 3

Service Provided to Public Employer

Start Date of Service

Month Day Year

/ /

End Date of Service

Month Day Year

/ /

**Signature required on second page of the form**

**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. If entering into a contract to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, the pension portion of your benefit will be forfeited during the period of the contract. The annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract.

This acknowledgement 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

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																					
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																					
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Social security number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">or</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	<b>Social security number</b>																					or										<b>Employer identification number</b>																				
<b>Social security number</b>																																																					
or																																																					
<b>Employer identification number</b>																																																					

<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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 on page 3.	

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [irs.gov](http://irs.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>

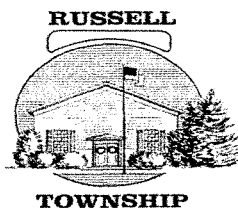
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



HOLD HARMLESS AGREEMENT

\_\_\_\_\_ shall implement appropriate safeguards to prevent accidents or injuries to persons or properties. To the fullest extent that is permitted by law, \_\_\_\_\_ agrees to indemnify, defend and hold harmless Russell Township, its officials, agents, employees, volunteers, and all others connected with Russell Township, from any and all actions claims, demands, suits, liabilities (statutory and workmen's compensation law), losses, damages, or expenses including attorney's fees, as well as all costs from death of, injury to, theft of, or damage to properties or persons, including third parties; growing out of, directly or indirectly caused by any service, operation, or associated incidents from the actions or omissions undertaken by \_\_\_\_\_ or any of its agents, employees, or subcontractors.

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED ENTITY REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE

\_\_\_\_\_  
DATE

Russell Township  
 Geauga County  
 Estimate: \$480,000.00

Tabulation - The Asphalt Resurfacing of Watt Road, TR 158  
 in Russell Township  
 Bid Opening - May 4, 2016

Karvo Companies inc  
 4524 Hudson Dr  
 Stow, OH 44224

Ronyak Paving, Inc.  
 P.O. Box 567  
 Burton, OH 44021

Chagrin Valley Paving, Inc.  
 17290 Munn Road  
 Chagrin Falls, OH 44023

ITEM NO.	ODOT NO.	DESCRIPTION OF ITEM	ESTIMATED QUANTITIES		UNIT BID	TOTAL BID	UNIT BID	TOTAL BID	UNIT BID	TOTAL BID
1	103	Contract Performance Bond and Premium	1	LUMP	\$2,000.00	\$2,000.00	\$4,500.00	\$4,500.00	\$5,000.00	\$5,000.00
2	202	Anchor Assembly Removed, Type A	1	EACH	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00
3	202	Guardrail Removed	50	FEET	\$2.40	\$120.00	\$2.40	\$120.00	\$2.40	\$120.00
4	202	Pipe Removed, 24" and Under, As Per Plan	36	FEET	\$26.25	\$945.00	\$26.21	\$943.56	\$27.00	\$972.00
5	202	Structure Removed	1	LUMP	\$4,180.00	\$4,180.00	\$4,180.00	\$4,180.00	\$4,180.00	\$4,180.00
6	202	Wearing Course Removed	350.0	SY	\$12.50	\$4,375.00	\$10.00	\$3,500.00	\$3.00	\$1,050.00
7	203	Borrow, As Per Plan	50	CY	\$38.05	\$1,902.50	\$38.05	\$1,902.50	\$38.25	\$1,912.50
8	203	Ditch Relocation	150	FEET	\$5.90	\$885.00	\$5.90	\$885.00	\$6.00	\$900.00
9	301	Asphalt Concrete Base PG64-22	2100.0	CY	\$91.00	\$191,100.00	\$98.00	\$205,800.00	\$109.00	\$228,900.00
10	301	Asphalt Concrete Base, PG64-22, (Driveways)	75.0	CY	\$175.00	\$13,125.00	\$180.00	\$13,500.00	\$200.00	\$15,000.00
11	407	Tack Coat, As Per Plan	2800	GAL	\$1.65	\$4,620.00	\$1.75	\$4,900.00	\$2.00	\$5,600.00
12	441	Asphalt Concrete, Surface Course, (448) Type 1, PG64-22, As Per Plan	760.0	CY	\$121.00	\$91,960.00	\$120.00	\$91,200.00	\$125.00	\$95,000.00
13	441	Asphalt Concrete, Surface Course, (448) Type 1, PG64-22 Driveways	70.0	CY	\$205.00	\$14,350.00	\$200.00	\$14,000.00	\$225.00	\$15,750.00
14	503	Cofferdams and Excavation Bracing	1	LUMP	\$3,080.00	\$3,080.00	\$3,080.00	\$3,080.00	\$3,100.00	\$3,100.00
15	511	Concrete, Misc: Cutoff Walls, As Per Plan	4.0	CY	\$1,030.00	\$4,120.00	\$1,028.93	\$4,115.72	\$1,200.00	\$4,800.00
16	512	Type 2 Waterproofing	70.0	SY	\$13.00	\$910.00	\$12.86	\$900.20	\$15.00	\$1,050.00
17	602	Concrete Masonry Precast Headwall, HW-2.2	0.3	CY	\$3,210.00	\$963.00	\$3,210.00	\$963.00	\$3,500.00	\$1,050.00
18	606	Anchor Assembly, Type E-98	1	EACH	\$1,985.00	\$1,985.00	\$1,985.00	\$1,985.00	\$1,985.00	\$1,985.00
19	606	Guardrail, Type 5, with 9' Posts	162.5	FEET	\$23.20	\$3,770.00	\$23.20	\$3,770.00	\$23.20	\$3,770.00
20	614	Maintaining Traffic	1	LUMP	\$18,000.00	\$18,000.00	\$18,500.00	\$18,500.00	\$20,000.00	\$20,000.00
21	614	Work Zone Center Line, Class II, As Per Plan	3.86	MILE	\$145.00	\$559.70	\$130.00	\$501.80	\$400.00	\$1,544.00

Russell Township  
 Geauga County  
 Estimate: \$480,000.00

Tabulation - The Asphalt Resurfacing of Watt Road, TR 158

in Russell Township  
 Bid Opening - May 4, 2016  
 Karvo Companies inc  
 4524 Hudson Dr  
 Stow, OH 44224

Ronyak Paving, Inc.  
 P.O. Box 567  
 Burton, OH 44021

Chagrin Valley Paving, Inc.  
 17290 Munn Road  
 Chagrin Falls, OH 44023

ITEM NO.	ODOT NO.	DESCRIPTION OF ITEM	ESTIMATED QUANTITIES		UNIT BID	TOTAL BID	UNIT BID	TOTAL BID	UNIT BID	TOTAL BID
22	617	Compacted Aggregate (RACP), As Per Plan	400.0	CY	\$28.00	\$11,200.00	\$30.00	\$12,000.00	\$30.00	\$12,000.00
23	624	Mobilization	1	LUMP	\$8,900.00	\$8,900.00	\$7,500.00	\$7,500.00	\$14,700.00	\$14,700.00
24	626	Barrier Reflectors, Type A2	5	EACH	\$6.00	\$30.00	\$6.00	\$30.00	\$6.00	\$30.00
25	642	Center Line, Type 1, As Per Plan	1.93	MILE	\$870.00	\$1,679.10	\$976.00	\$1,883.68	\$870.00	\$1,679.10
26	642	Edge Line, Type 1, As Per Plan	3.86	MILE	\$490.00	\$1,891.40	\$757.00	\$2,922.02	\$490.00	\$1,891.40
27	644	Stop Line	80.0	FEET	\$8.50	\$680.00	\$16.00	\$1,280.00	\$8.50	\$680.00
28	659	Seeding and Mulching, Class 1	100	SY	\$5.40	\$540.00	\$5.40	\$540.00	\$5.40	\$540.00
29	671	Erosion Control Mat, Type C	100.0	SY	\$5.95	\$595.00	\$5.92	\$592.00	\$6.00	\$600.00
30	811	15" Conduit, Type A, 706.02, As Per Plan	48.0	FEET	\$94.15	\$4,519.20	\$94.13	\$4,518.24	\$120.00	\$5,760.00
31	811	15" Conduit, Type D, 707.33, As Per Plan	20.0	FEET	\$40.05	\$801.00	\$40.04	\$800.80	\$40.00	\$800.00
32	811	6'x3' Conduit, Type A, 706.05, As Per Plan	56.0	FEET	\$482.00	\$26,992.00	\$481.52	\$26,965.12	\$510.00	\$28,560.00
33	811	Catch Basin, CB 2-2B, As Per Plan	1	EACH	\$1,310.00	\$1,310.00	\$1,310.00	\$1,310.00	\$1,310.00	\$1,310.00
34	811	Precast Block Wingwalls, As Per Plan	4	EACH	\$949.00	\$3,796.00	\$949.00	\$3,796.00	\$949.00	\$3,796.00
35	SPEC	Mailbox, Remove and Reset	50	EACH	\$125.00	\$6,250.00	\$125.00	\$6,250.00	\$169.50	\$8,475.00
					<b>TOTAL</b>	<b>\$432,358.90</b>	<b>TOTAL</b>	<b>\$449,859.64</b>	<b>TOTAL</b>	<b>\$492,730.00</b>