

BID PROPOSAL

Questions or concerns please email Don Romancak - dromancak@loraincounty.us

To the Lorain County Board of Commissioners

For the Lowell Ave. Storm Sewer Replacement Project, in accordance with the plans and specifications now on file in the office of the Lorain County Board of Commissioners; Purchasing Department, Administration Building, Fourth Floor, 226 Middle Avenue, Elyria, Ohio 44035.

The signer of this proposal, as bidder, declares that the only persons, company, or parties interested in this proposal, as principals, are named herein; that he/she has carefully examined the contract documents (legal notice, general and specific provisions, bonds, contract plans, and specifications), that he/she has made all investigations necessary to determine the location, character, and extent of the work, and agrees to furnish all labor, material, and equipment necessary to complete the above mentioned improvement within the time mentioned herein, for the following prices, to-wit:

Contractor Bid: - Lowell Ave. Storm Sewer Replacement

<u>ODOT ITEM</u>	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Price</u>
• 201	Tree Removed, 24"	1	Each	\$ _____	\$ _____
• 202	Pipe Removal and Disposal	498	Lin. Ft.	\$ _____	\$ _____
• 202	Catch Basin Removed	2	Each	\$ _____	\$ _____
• 441	Asphalt Drive Apron (As Per Plan)	7	Each	\$ _____	\$ _____
• 611	12" Corr. Plastic Pipe, 707.33 Type C Incl. Bedding & Premium Backfill and Fittings	598	Lin. Ft.	\$ _____	\$ _____
• 611	4" or 6" Type E Conduit, 707.41 (Misc. Storm/House Drain Connections) Including Fittings and 6" Cleanout	100	Lin. Ft.	\$ _____	\$ _____
• 611	Catch Basin, 2-2B	2	Each	\$ _____	\$ _____
• 623	Construction Layout Stakes & Surveying	1	Lump	\$ _____	\$ _____
• 653	Topsoil Furnished and Placed	30	C.Y.	\$ _____	\$ _____
• 659	Seeding and Mulching, Class 1	550	C.Y.	\$ _____	\$ _____
• SPEC	Ditch Cleaning/Excavation	229	Lin. Ft.	\$ _____	\$ _____
• SPEC	12" Tee & Riser with Grate	3	Each	\$ _____	\$ _____

Contractor Bid: - Lowell Ave. Storm Sewer Replacement (continued)

<u>ODOT ITEM</u>	<u>Description</u>
• SPEC	Mailbox Removal and Reset
• SPEC	Catch Basin Cleaning
• 624	Mobilization

<u>Qty</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Price</u>
3	Each	\$ _____	\$ _____
1	Lump	\$ _____	\$ _____
1	Lump	\$ _____	\$ _____

Construction Contingency Allowance: \$ 1,500.00

TOTAL Contractors Bid (Incl. Allowance): \$ _____

The undersigned further agrees to accept the foregoing total unit prices as compensation for any small additions or deductions caused by any changes or alterations in the plans or specifications of the work.

The undersigned further agrees to commence said work on or before _____, and to complete all work on or before _____.

A certified check, cashier's check, or letter of credit equal to ten percent (10%) of the total amount of the bid, or a bond for the full amount (100%) of the total amount of the bid accompanies this proposal.

On acceptance of this proposal for said work, I/we do hereby bind myself/ourselves to enter into a written contract with the Lorain County Board of Commissioners within ten (10) days from the date of Notice of Award.

Signature _____	Date _____
Typed Name and Title _____	Company Name _____
Telephone Number _____	Company Address _____
Fax Number _____	Federal Tax I.D. Number _____

Complete the following and submit with your bid.

CONTRACTOR'S SUB-CONTRACTORS

The Contractor must name sub-contractors in the space provided below.

Sub-contractor

Company Name: _____
Address: _____

List work Sub-Contractor will perform:

Sub-Contractor

Company Name: _____
Address: _____

List work Sub-Contractor will perform:

Sub-Contractor

Company Name: _____
Address: _____

List work Sub-Contractor will perform:

All labor shall be paid not less than the prevailing wage rate as determined by the Ohio Department of Commerce for Lorain County.

PROPOSED SUBSTITUTIONS

Refer to the “Instructions to Bidders”, Standards and Substitutions. Bidder shall list here any substitutions for which consideration is desired and any price change to the base bid for each substitution desired, if such substitution is accepted.

Base Bid Brand Name, Make or Method Specified	Proposed Substitution	To the Base Bid		
		Add	Deduct	No Change

It is understood and agreed that the proposal submitted is based on furnishing “Standards” as specified and entitles the Bidder to require such named materials and/or methods to be incorporated in the project, except if substitution for same, based on supplementary quotations entered above, are accepted and subsequently made a part of the written contract.

Signature

Company Address

Typed Name and Title

Telephone Number

Company Name

Federal Tax I.D. Number

AFFIDAVIT

State of Ohio
County of _____

I, _____, _____ swear that on _____, 20____,
(name of signing party) (title)

I/we submitted a competitive bid for a contract with Lorain County, Ohio for _____.
(Project Name)

NON-COLLUSION

_____ its agents, officers, or employees have not directly or indirectly entered
(Insert name of individual, partnership, corporation)
into any agreement, participated in a collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal.

ANTI-DISCRIMINATION STATEMENT

_____ does hereby agree that in the hiring of employees for the performance of
(Insert name of individual, partnership, corporation)
work under this contract or any subcontract hereunder, no contractor or sub-contractor or any person acting on behalf of such contractor shall by reason of race, creed or color, or handicap, discriminate against any citizen of the State of Ohio in the employment of laborers or workers who qualify and who are available to perform the work to which this contract relates.
_____ further agrees that no contractor, subcontractor nor any person acting
(Insert name of individual, partnership, corporation)
in his behalf shall in any manner discriminate against or intimidate any employee hired for the performance of work under this contract on account of race, creed or color, or handicap.

PERSONAL PROPERTY TAX DISCLOSURE

_____ hereby state:
(Insert name of individual, partnership, corporation)

- 1. That on _____, 20____, I/we received an award from Lorain County for the contract.
- 2. That at the time the competitive bid was submitted I/we had/had not been charged with delinquent personal property taxes on general tax list of personal property of Lorain County, Ohio.
- 3. That the amount of due and unpaid delinquent taxes is \$ _____.
- 4. And that the amount of due and unpaid penalties and interest is \$ _____.

REAL ESTATE TAX DISCLOSURE

_____ hereby state:
(Insert name of individual, partnership, corporation)

- 1. That on _____, 20____, I/we received an award from Lorain County for the contract.
- 2. That at the time the competitive bid was submitted I/we had/had not been charged with delinquent Real Estate taxes on any parcel of real estate within Lorain County, Ohio.
- 3. That the amount of due and unpaid delinquent taxes is \$ _____.
- 4. And that the amount of due and unpaid penalties and interest is \$ _____.

(Signature – Title) (Company Name)

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID

SAFETY POLICY STATEMENT

_____ does hereby agree that all employees for the performance of work under this contract or any subcontract hereunder, shall comply with all Federal, State, County and Local safety standards, policies and procedures.

_____ further agrees to submit a copy of the company's safety standards, policies and procedures upon request.

Date: _____ By: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this form; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <input type="checkbox"/>	
	Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) <input type="checkbox"/>	
4 Exemptions (other apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <input type="text"/> Exemption from FATCA reporting code (if any) <input type="text"/> Applies to accounts established outside the U.S. <input type="checkbox"/>		
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number	
<input type="text"/>	<input type="text"/>
OR	
Employer identification number	
<input type="text"/>	<input type="text"/>

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <input type="text"/>	Date <input type="text"/>
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General Instructions

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

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

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 1099 (home mortgage interest), 1099-E (student loan interest), 1099-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*, later.

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*, later, 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 Pub. 516, *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 20, 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 exemption (under paragraph 2 of the first protocol) and is relying on this exemption 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 instructions for Part II 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*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

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*, later, 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 that 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a 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.

a. 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)(ii). 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.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

If the entity/person on line 1 is (s) ...	THEN check the box for ...
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. [P= Partnership; C= C corporation; or S= S corporation]
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code:

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IPA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 404(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 8 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ²	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(c) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(g)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(g)

F—A dealer in securities, commodities, or derivative financial instruments (including national principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN, if you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

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 item 1, 4, or 5 below indicates 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 6 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), ABLE accounts (under section 529A), 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.

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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. Trust 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 ¹ The actual owner ²
6. Sole proprietorship or disregarded entity owned by an individual	The owner ²
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii)(A))	The grantor ²

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ³
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered securities	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or priority that receives agricultural program payments)	The public entity
15. 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)(ii)(B))	The trust

- ¹ 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.
- ² Circle the minor's name and furnish the minor's SSN.
- ³ 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.
- ⁴ 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, earlier.
- ⁵ Note: The 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 1-800-908-4480 or submit Form 14038.

For more information, see Pub. 6027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 1-800-829-4058.

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 email. 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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4388). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 6027.

Visit www.irs.gov/identitytheft to learn more about identity theft and how to reduce your risk.

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.

RESPONSIBLE BIDDER INFORMATION

Company Name

Address

Telephone Number

Fax Number

E-Mail Address

Federal Tax I.D.

How long at this address?

Previous address if less than two years at the above address

TYPE OF OWNERSHIP

Sole Proprietor

Please submit copies of certified financial statements, prepared by a certified public accountant, and/or tax returns for the past three years.

Partnership

Date of Partnership Agreement

Name of Partners

Address

% of Partnership

Please submit copies of: Partnership Agreement, certified financial statements, prepared by a certified public accountant, and/or tax returns for the past three years.

Corporation

Stockholders Name

Address

of Shares

BUSINESS HISTORY

Number of years in engaged as a contractor in the construction industry

Have you conducted business under another name? Yes No

If yes, complete the following:

Company Name

Address

Telephone

Federal Tax ID

Trade

MANAGEMENT INFORMATION

List the names of each person who performs the following function:

Bookkeeping/Accounting

Estimating

Banking/Check Signing

Taxes

EXPERIENCE

List projects your company worked on of comparative size, complexity and cost within recent years, demonstrating the bidder's ability and capacity to perform a minimum of thirty percent (30%) on a dollar cost basis of the project with its own forces.

<u>Project Name & Location</u>	<u>Contact Person & Phone #</u>	<u>Contract Amount</u>	<u>% of work performed By own forces</u>
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For each project listed, **please attach documentation** regarding: timeliness of performance, quality of work, extension requests, fines and penalties imposed and payment thereof, liens filed, history of claims for extra work, and contract defaults, if any.

Attach a list your company's recent experience record in the construction industry, including the original contract price for each construction job undertaken, the amount of any change orders or cost overruns, and the company's record for complying with and meeting completion deadlines on construction projects.

Within the previous five years, was this company ever determined by a public entity not to be a responsible bidder? Yes No

If yes, state the reasons given by the public entity

Please attach documentation of company's financial responsibility to procure insurance and acceptable performance bonds required for the project.

List any claims made against performance bonds secured by company on other projects:

<u>Project Name</u>	<u>Amount of Claim</u>	<u>Date of Claim</u>
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List any suspensions or revocations of any professional license of any director, officer, owner or managerial employee.

<u>Name</u>	<u>Type of License</u>	<u>Date of Suspension</u>
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List any OSHA violations within the previous three years, as well as all notices of OSHA citations filed against the company in the same three-year period together with a description and explanation of remediation or other steps taken regarding such violations and notice of violation.

<u>Date of Violation</u>	<u>Description/Explanation</u>
--------------------------	--------------------------------

List any and all violations within the previous five years pertaining to unlawful intimidation or discrimination against any employee by reason of race, creed, color, disability, sex or national origin and/or violations of an employees civil or labor rights or equal employment opportunities.

<u>Date of Violation</u>	<u>Description/Explanation</u>
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List any litigation and/or judgments in which you or your company has been named as a defendant or third party defendant involving a claim for personal injury or wrongful death arising from performance of work related to any project within the previous five years.

Date of Judgment

Description/Explanation

List any allegations of violation of the prevailing wage law and any other state or federal labor law, including, but not limited to, child labor violations, failure to pay wages, or unemployment insurance tax delinquencies or unfair labor practices within the past five years.

Date of Violation

Description/Explanation

List any violations of the workers compensation law.

Date of Violation

Description/Explanation

List any criminal convictions or criminal indictments involving you, your company, its officers, directors, owners and/or managerial employees, within the past five years.

Date of Conviction/

Indictment

Name and Title

Conviction/Indictment

List any violations within the past five years or pending charges concerning federal, state or municipal environmental and/or health laws, codes, rules and/or regulations.

Date of Violation

Description/Explanation

Yes, company provides health insurance in compliance with the Patient Protection and Affordable Care Act to its employees.

Provide identity of permanent workforce that will be employed on the public contract. Include number of employees (or contract labor) to be assigned to the contract, their city and state of residence and the job description or trade specialties. This information can be prepared separately and attached to this document for submittal.

Identify any temporary workforce that will be employed on the public contract to include the number of employees (or contract labor) to be assigned to the contract, their city and state of residence and their job description or trade specialties. This information can be prepared separately and attached to this document for submittal.

Yes, company participates in a bona fide apprenticeship program that is approved by the Ohio State Apprenticeship Council and the United States Department of Labor.

No, company does not participate in a bona fide apprenticeship program that is approved by the Ohio State Apprenticeship Council and the United State Department of Labor.

Company has adopted and implemented a comprehensive drug and alcohol testing program for its employees. Yes No

Company's employees are OSHA-10 and/or OSHA-30 certified. Yes No

I hereby acknowledge that the foregoing information is true and correct to the best of my knowledge, information and belief and that failure to provide complete, truthful and accurate information may be grounds for immediate disqualification of any bid or proposal.

Signature

Typed name and title

Company Name and Address

STATE OF _____
COUNTY OF _____

Before me, a Notary Public for the State of _____, appeared the above named _____, who acknowledged that they/he/she signed the foregoing instrument and that their signing was there/his/her free act and acknowledges the above statements are true.

In testimony whereof, I have hereto subscribed my name and affixed my seal this _____ day of _____, _____.

Notary Public, State of _____
Commission Expires _____

PREVAILING WAGE COORDINATOR

The Lorain County Board of Commissioners has designated KC Saunders as Wage Coordinator, in accordance with Section 4115.071 of the Ohio Revised Code. Her office is located at 226 Middle Avenue, Elyria, Ohio 44035. Contractors are required to supply to the Wage Coordinator, a schedule of the dates during the life of his contract with Lorain County on which he is required to pay wages to his employees. He shall also deliver to the Wage Coordinator a certified copy of his payroll within two weeks after the initial pay date and supplemental reports for each month thereafter, which shall exhibit for each employee, his name, current address, social security number, number of hours worked, rate of pay, job classification, fringe payments, and deductions from his wages. If the life of the contract is expected to be no more than four months from the beginning of performance by the contractor or subcontractor, such supplemental reports shall be filed each week after the initial report. The certification of each payroll shall be executed by the contractor, subcontractor, or duly appointed agent thereof and shall state that the payroll is correct and complete and that during the payroll period, all persons employed on said project have been paid the full weekly wages earned, that no rebates have or will be made either directly or indirectly to, or on behalf of said contractor or subcontractor for the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions.

LISTING OF VIOLATORS OF PREVAILING WAGE

If you or any principal contractor or subcontractor appear on a list of violators as filed with the Secretary of State pursuant to Ohio Revised Code Section 4115.133, you are not qualified to bid on this project if within two years of the date of your conviction.

PREVAILING WAGE COORDINATOR MONITORING PROCEDURES AT PROJECT SITE

1. Wage Coordinator shall spot check employees pay checks in the field on the scheduled pay days for full compliance, with regard to the prevailing wage rates, including benefits. See sections 4115.031 and 4115.11.
2. Wage Coordinator shall visit the project site to get names of employees performing work on the project site, to cross check with payroll reports submitted. See section 4115.07.
3. Wage Coordinator shall verify the subcontractors performing work on the project site with regard to whether they have been approved by the contracting authority. See Section 4115.05.
4. Wage Coordinator shall check to see that the prevailing wages are posted on the project site in a place accessible to employees. See section 4115.07.

PREVAILING WAGE MEMORANDUM

A. Contract and subcontract provisions.

1. **Redetermination of Rate.** If the contract under which the prevailing wage is to be paid is not entered into, or work thereunder commenced within 90 days from the date of determination, then a redetermination must be obtained. See section 4115.05.
2. **Contracts.** Every contract with the contractor must provide each laborer, workman, or mechanic employed by the contractor or any subcontractor, or other persons about or upon the project must be paid at the Prevailing Wage provided in Chapter 4115. See section 4115.05.
3. **Subcontracts.** No contractor or subcontractor under a contract for the project shall sublet any work unless specifically authorized to do so by the contract. See section 4115.05.

B. Reporting obligations placed on contractors and subcontractors.

1. **General.** Contractors and subcontractors should comply with all reporting provisions applicable to them under Chapter 4115, including the following items:
2. **Reports to Employees:** On the first pay date, furnish each employee not covered by a collective bargaining agreement or an understanding with a bona fide labor organization (a) individual written notification of the job classification assigned to each employee (b) the Prevailing Wage determined applicable to that classification (separated into hourly rate of pay and fringe benefits); and (c) the identity of the Wage Coordinator. Each contractor and subcontractor must also furnish individual written notification to each affected employee every time the job classification of the employee is changed. See section 4115.05.
3. **Payment of Wages:** Each contractor and subcontractor must make full payment of the Prevailing Wage in legal tender without deductions as described in, or otherwise provided by Section 4115.07. See Section 4115.07.

The obligation to make the required payments may be discharged in the manner described in section 4115.031.

Employers who have not established a plan by a labor agreement or otherwise for the provision of wages as defined in division (E)(2) of Section 4115.03 must pay the Prevailing Wage in full in cash. See section 4115.11.

4. Records to be maintained: Contractors and subcontractors must maintain payroll records with respect to the wages paid to and the number of hours worked by each employee, which must cover all disbursements of wages to employees who are required to be paid not less than the Prevailing Wage. The records must be open to inspection by the Bureau or the Wage Coordinator and are not to be destroyed or removed from Ohio for one year following the completion of the project. See section 4115.07.
5. Posting at project site: Contractors or subcontractors must post in a prominent and accessible place on the project site a legible statement of the schedule of the Prevailing Wages specified in the contract of the various classifications of laborers, workmen, and mechanics employed, which is to remain posted during the life of each contract. See section 4115.07.
6. Report to the Wage Coordinator: As soon as performance is begun under their contract, each contractor or subcontractor must supply or deliver to the Wage Coordinator (a) a schedule of the dates during the life of the contract on which they are required to pay wages to employees and (b) a certified copy of the payroll within two weeks after the initial pay date and supplemental reports for each month thereafter which contain each employee's name, current address, social security number, number of hours worked during each day of the pay period covered and the total for each week, hourly rate of pay, job classification, fringe benefits, and deductions from wages. If the contract life is expected to be no more than four months from the beginning of performance, the supplemental reports shall be filed each week after the initial report. See section 4115.071(c).
7. Preparation of payroll certification: Each payroll certification must be executed by the contractor, subcontractor, or their duly appointed agent, recite that the payroll is correct and complete and that the wage rates shown are not less than those required by the contract. See section 4115.071(c).

C. Duties Of The Wage Coordinator

The wage Coordinator's duties are those specified in Section 4115.071 which include, without limitation, establishing and maintaining for public inspection, files of payroll reports and affidavits submitted by contractors and subcontractors pursuant to Section 4115.03 to 4115.16, ascertaining from contractors or subcontractors, at the beginning of performance under the contract, dates during the life of the contract when payments of wages to employees are to be made; receive from each contractor or subcontractor a copy of the complete payroll as required, establish and follow procedures to monitor compliance by each contractor and subcontractor with the requirements imposed by Chapter 4115 for timely filing of copies of payroll records; and reporting any delinquency in filings of certified payroll to the Director of the Bureau of Employment Services. See section 4115.071.

D. Enforcement And Penalties

1. Halt of Work: If the Bureau's investigation discloses that a contractor or subcontractor has failed to pay the Prevailing Wage, the Director may order a halt on the part of the contract for which less than Prevailing Wage has been paid until such time as the defaulting contractor has filed a bond with the Bureau in the amount set by the Bureau, conditioned upon payment of the Prevailing Wage. The Bureau may not order the work halted unless it (a) provides written notice to the contractor or subcontractor and their sureties and (b) holds a hearing pursuant to Section 4115.13. See section 4115.15.

2. Employee Suit for Recovery: Any employee upon a project paid less than the applicable Prevailing Wage may recover from the person, firm, or corporation that constructs the project twice the difference between the applicable Prevailing wage and the amount paid to him. The employee may file suit for recovery within sixty days of the Director of the Bureau of Employment Service's determination of any violations of Chapter 4115.03 to 4115.16. If the employee wins, the employer must pay the costs and reasonable attorney's fees allowed by the court. See section 4115.10(A). Section 4115.032 also provides that "...the Bureau of Employment Services shall, and any interested person may, bring proceedings under such section, to enforce compliance." The term "interested party" is defined in Section 4115.03(F) as follows: "(F) 'Interested party', with respect to a particular improvement, means: (1) Any person who submits a bid for the purpose of securing the award of a contract for construction of the public improvement; (2) Any person acting as a subcontractor of a person mentioned in division (f)(1) of this section; (3) any bona fide organization of labor which has as members or is authorized to represent employees of a person mentioned in division (F)(1) or (2) of this section and which exists, in whole or in part, for the purpose of negotiating with employers concerning wages, hours, or terms, and conditions of employment of employees; (4) any Association having any members of the persons mentioned in division (F)(1) or (2) of this section."

3. Employee complaint to Bureau: Any employee on the project paid less than the applicable Prevailing Wage file a written complaint with the Bureau and, at the employee's written request, the Director may take an assignment of a claim in trust for the assigning employee and bring any legal action necessary to collect the claim. The employer is to pay the cost and reasonable attorney's fees allowed by the Court if found in violation of Section 4115.03 to 4115.16. See section 4115.10(B).

4. Bureau Suit for Recovery: If upon investigation, the Director determines that a violation has occurred, and no employee files a lawsuit or requests the Director to take an assignment of his wage claim within sixty days, the Director must bring legal action to collect twice the amount owed to employees. See section 4115.10(c).

5. Bureau Investigation: The Director of the Bureau of Employment Services, either upon motion or within five days of the filing of a complaint by an employee under

Section 4115.10 or by an interested party under 4115.16 must investigate any alleged violation of Sections 4115.03 to 4115.16. The investigation, powers, duties, hearings, and results of convictions are set forth in sections 4115.131 and 4115.132, O.R.C. For further action on complaints of violations and action by the Bureau, see section 4115.16. See sections 4115.13, 4115.131, 4115.132, 4115.14, and 4115.16.

6. Penalties: Section 4115.99 provides that whoever violates Division (c) of Section 4115.071 (Reports to Wage Coordinator, payroll certification), 4115.10 (Failure to pay requisite wage level), and 4115.11 (method of payment – cash) is guilty of a misdemeanor of the second degree for the first offense; and for each subsequent offense, guilty of a misdemeanor of the first degree. For penalty for misdemeanors, see section 2929.21.
7. List of Convicted Contractors and Subcontractors: The Bureau is to file with the Ohio Secretary of State a list of contractors and subcontractors who it finds have been prosecuted and convicted for violations of Sections 4115.03 to 4115.16 and each such contractor or subcontractor will be prohibited (a) from contracting directly or indirectly with any public authority for the construction of a public improvement, or (b) from performing any work on a public improvement as a contractor or subcontractor for a period of two years from the date of conviction. In addition, no public authority is to award a contract to any such contractor or subcontractor during the time its name appears on such list. See section 4115.133.

E. General

The Bureau is empowered to make reasonable regulations for contractors and subcontractors to facilitate the administration of the applicable Chapter 4115, O.R.C. requirements. See section 4115.12.

It is recommended that when contacting the Bureau for the Determination and requesting the identity or designation of a Wage Coordinator, also request a copy of any regulations that may have been adopted pursuant to Section 4115.12.

**ENGINEER'S QUANTITIES
LOWELL AVE. STORM REPLACEMENT PROJECT**

ITEM	DESCRIPTION	QUANTITY	UNIT
201	TREE REMOVED, 24"	1	EACH
202	PIPE REMOVAL AND DISPOSAL	498	LIN. FT.
202	CATCH BASIN REMOVED	2	EACH
441	ASPHALT DRIVE APRON (AS PER PLAN)	7	EACH
611	12" CORR. PLASTIC PIPE, 707.33, TYPE C INCL. BEDDING & PREMIUM BACKFILL AND FITTINGS	598	LIN. FT.
611	4" OR 6" TYPE E CONDUIT, 707.41 (MISC. STORM/HOUSE DRAIN CONNECTIONS) INCLUDING FITTINGS AND 6" CLEANOUT	100	LIN. FT.
611	CATCH BASIN, 2-2B	2	EACH
623	CONSTRUCTION LAYOUT STAKES & SURVEYING	1	LUMP
653	TOPSOIL FURNISHED AND PLACED	30	CU. YD.
659	SEEDING & MULCHING, CLASS 1	550	SQ. YD.
SPEC.	DITCH CLEANING/EXCAVATION	229	LIN. FT.
SPEC.	12" TEE & RISER WITH GRATE	3	EACH
SPEC.	MAILBOX REMOVAL AND RESET	3	EACH
SPEC.	CATCH BASIN CLEANING	1	LUMP
624	MOBILIZATION	1	LUMP

**Engineer's Estimate of Cost
Sheffield Township SWAC Project
Lowell Avenue Storm Sewer Replacement
January 18, 2018**

<u>REF</u>	<u>ITEM</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>		<u>TOTAL PRICE</u>
1	201	Tree Removal, 24"	1	Each	= \$	500.00
2	202	Pipe Removal and Disposal	498	LF	= \$	1,000.00
3	202	Catch Basin Removed	2	Each	= \$	500.00
4	441	Asphalt Drive Apron, as per plan	7	Each	= \$	3,500.00
5	611	12" Corr. Plastic Pipe, 707.33, Type C incl. Bedding and Premium Backfill and Fittings	598	LF	= \$	24,000.00
6	611	4" or 6" Type E Conduit, 707.41 for House/Drain Connections, and Fittings	100	LF	= \$	1,450.00
7	611	Catch Basin, 2-2B	2	Each	= \$	2,500.00
8	623	Construction Layout Stakes & Surveying	1	Lump	= \$	750.00
9	653	Topsoil Furnished and Placed	30	CY	= \$	750.00
10	659	Seeding and Mulching, Class 1	550	SY	= \$	1,375.00
11	Spec	Ditch Cleaning/Excavation	229	LF	= \$	2,000.00
12	Spec	12" Tee & Riser with Grate	3	Each	= \$	750.00
13	Spec	Mailbox Removal and Reset	3	Each	= \$	300.00
14	Spec	Catch Basin Cleaning	1	Lump	= \$	1,000.00
15	624	Mobilization	1	Lump	= \$	1,000.00
CONSTRUCTION TOTAL						\$ 41,375.00
Contingency						\$ 1,500.00
TOTAL						\$ 42,875.00

DRAINAGE
THE CONTRACTOR SHALL MAINTAIN DRAINAGE AT ALL TIMES.
UTILITIES
THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES. THE CONTRACTOR SHALL VERIFY THE DEPTHS AND LOCATIONS OF ALL UTILITIES PRIOR TO START OF WORK.
LORAIN CITY UTILITIES DEPT.
WATER / SEWER
200 W. 9TH STREET
LOVELL, OHIO 44032
440-322-2527
440-322-2524
OHIO ENERGY
5300 JACOB AVE
LOVELL, OHIO 44032
440-322-2524
OHIO ENERGY
5300 JACOB AVE
LOVELL, OHIO 44032
440-322-2524
OHIO ENERGY
5300 JACOB AVE
LOVELL, OHIO 44032
440-322-2524

ITEM 441, TYPE 1 ASPHALT CONCRETE SURFACE
ASPHALT DRIVES
EXTENDING FROM THE INTERSECTIONS TO THE CURBS ARE AS SHOWN FROM THE PLANS. THE CONTRACTOR SHALL VERIFY THE DEPTHS AND LOCATIONS OF ALL UTILITIES PRIOR TO START OF WORK.
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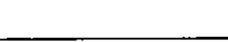
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STATION/SE	WIDTH 1	WIDTH 2	LENGTH	AREA (SF)
1+35.17	16'	14'	8'	120
2+17.17	12'	9'	8'	84
3+58.17	16'	14'	8'	120
4+58.17	16'	14'	8'	120
5+33.17	16'	14'	8'	120
6+51	64'	62'	8'	504
TOTAL INFORMATION PURPOSES ONLY				1,188 S.F.

ITEM	DESCRIPTION	QUANTITY	UNIT
201	TREE REMOVAL, 24"	1	EACH
202	PIPE REMOVAL AND DISPOSAL	458	LIN. FT.
202	CATCH BASIN REMOVED	2	EACH
441	ASPHALT DRIVE APRON (AS PER PLAN)	7	EACH
611	12" CORR. PLASTIC PIPE 707.33, TYPE C INCL. BEDDING & PREMIUM BACKFILL	598	LIN. FT.
611	4" OR 6" TYPE E CONDUIT, 707.41 (MISC. STORM/HOUSE DRAIN CONNECTIONS) INCLUDING FITTINGS AND 6" CLEANOUT	100	LIN. FT.
611	CATCH BASIN, 2-2B	2	EACH
623	CONSTRUCTION LAYOUT STAKES & SURVEYING LUMP	1	LUMP
653	TOPSOIL FURNISHED AND PLACED	30	CU. YD.
659	SEEDING & MULCHING, CLASS 1	550	SQ. YD.
SPEC.	DITCH CLEANING/EXCAVATION	229	LIN. FT.
SPEC.	12" TEE & RISER WITH GRADE	3	EACH
SPEC.	MAILBOX REMOVAL AND RESET	1	LUMP
SPEC.	CATCH BASIN CLEANING	1	LUMP
624	MOBILIZATION	1	LUMP

GENERAL SUMMARY

DRIVE TABLE

TYPICAL ROADSIDE DITCH SECTION

STA. 0+00 TO STA. 1+29
STA. 7+27 TO STA. 8+26

CAD FILE NAME: LOWELL STREET.dwg
L.C.E. PROJECT REF. NO. 201708

