

BUTLER COUNTY COMMISSIONERS

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

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**INVITATION TO BID**

ITB NO. BCSO-2025-11-01

BUTLER COUNTY SHERIFF'S OFFICE  
LAW ENFORCEMENT UNIFORMS

BID DATE AND TIME:  
WEDNESDAY, DECEMBER 10, 2025  
10:30 A.M. (EST)

BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONER'S OFFICE  
ATTN: CLERK OF THE BOARD  
315 HIGH STREET, 6<sup>TH</sup> FLOOR  
HAMILTON, OH 45011

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**LEGAL AD AND NOTICE TO BIDDERS**  
**ITB NO. BCSO-2025-11-01**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Clerk of the Board, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Wednesday, December 10, 2025 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Commissioners' Chambers on the 2nd Floor in the Butler County Government Services Center, for the Law Enforcement Uniforms in accordance with specifications under ITB No. BCSO-2025-11-01.

Specifications may be obtained by query at <https://bids.bcoho.gov>. To access the ITB packet on the Butler County Board of Commissioners website, please scroll down until the project is found: Butler County Sheriff's Law Enforcement Uniforms, ITB No. BCSO-2025-11-01, or by query at [www.butlersheriff.org/category/request-for-bids/](http://www.butlersheriff.org/category/request-for-bids/). To access the ITB packet on the Butler County Sheriff's Office, scroll down until the project is found.

Bidders are required to complete and submit with bid ALL forms that are included with the specifications packet. Bidders are required to use the forms furnished by the County when submitting their bid.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board, and to hold bids valid for ninety (90) days from the bid date.

Butler County reserves the right to award partial bids to multiple bidders. Bidders may receive bid awards for some but not all of the items on the specified list.

Bids are to be SEALED and delivered to the office of the Butler County Commissioner's Office, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked "Bid on ITB No. BCSO-2025-11-01 Law Enforcement Uniforms".

By order of the Board of Butler County Commissioners.

Donald L. Dixon

T. C. Rogers

Cindy Carpenter

Attest: Nirali v. Desai, Deputy Clerk

Publish 1 time: Wednesday, November 19, 2025  
*Hamilton Journal-News*

# **PLEASE NOTE**

**BID MUST BE SEALED, DELIVERED TO, AND  
RECEIVED IN THE BUTLER COUNTY BOARD  
OF COMMISSIONER'S OFFICE ON THE  
SIXTH FLOOR OF THE BUTLER COUNTY  
GOVERNMENT SERVICES CENTER, 315  
HIGH STREET, HAMILTON, OHIO, BY**

**10:30 a.m. local time on**

**WEDNESDAY, DECEMBER 10, 2025**

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

# **BUTLER COUNTY SHERIFF BID REQUEST**

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**DATE:** November 18, 2025

**ITB NUMBER:** BCSO-2025-11-01

**BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONERS  
ATTN: CLERK OF THE BOARD  
315 HIGH STREET, 6<sup>th</sup> FLOOR  
HAMILTON, OHIO 45011**

**FOR FURTHER INFORMATION CONTACT:  
Kaitlyn Jarvis  
PHONE NUMBER:  
(513) 785-1014**

Sealed bids will be received in this office until: 10:30 a.m. est. on WEDNESDAY, DECEMBER 10, 2025

Using Department: BUTLER COUNTY SHERIFF'S OFFICE  
Delivered To: BUTLER COUNTY GOVERNMENT SERVICES CENTER, 315 HIGH STREET, 6<sup>TH</sup>  
FLOOR, HAMILTON, OHIO 45011

Your written bid is requested for the following:

The Butler County Sheriff's Office (BCSO) is asking for bids for Law Enforcement Uniforms. The bid shall include all related prices on the attached specification sheets for Law Enforcement Uniforms worn by Sheriff's Office personnel. The Sheriff's Office is seeking bids for same and/or similar current quality of uniforms or products. The Sheriff's Office is willing to inspect like and/or similar products for any item included on the bid specification. Any emergencies that arise that are not included in the contract will be put in the form of a resolution and be submitted for approval and payment. The contract is binding for three years with the option to renew at the end of each particular year for two additional years. A cost update maybe negotiated at the time of each renewal.

Other specifications include:

- The vendor must have online ordering capabilities with individual log-ins for each employee;
- BCSO must be able to track each employee clothing allowance;
- Each employee clothing allowance will need to be zeroed out on December 31 and the new year amount set for January 1;
- Online ordering must not allow additional purchases after clothing allowance is spent unless employee enters credit card information;
- BCSO requires free shipping to BCSO office, orders are NOT to be shipped to employee residence;
- BCSO requires 72 hour turnaround of delivery of in season uniform items and 14 business day turnaround for all other items;
- Vendor must have the ability to do custom embroidery, and patches;
- Vendor must be able to provide the employee the opportunity to be measured and fitted (especially new hires) and to try on items (in store or onsite);
- Vendor must provide free shipment on returns for credit, exchange, and/or proper tailoring, customization, etc.

- Website/online ordering administrative capabilities should have:
  - Admin log in
  - Ability to change passwords and employee balances
  - Add and delete (inactivate) users
  - Produce reports (i.e. employee purchases, balances, active employee list)
  - Print invoices
  - Look up employee orders
  - Order items outside realm of approved items (specialty items)
  - Order regular, approved uniform items
  - Have a separate account for admin (Purchase Order purchases)
- Vendor must provide designated sales representative who will be available via telephone and/or email for any order issues
- If vendor would like the bid specifications in electronic format, please email Kaitlyn Jarvis at [kjarvis@butlersheriff.org](mailto:kjarvis@butlersheriff.org).

Butler County reserves the right to award the contract to multiple bidders.

All items must be bid per single unit to be considered. Vendors are not required to bid on all items.

Any questions concerning items should be directed in writing to Lieutenant Mike Matala at [mmatala@butlersheriff.org](mailto:mmatala@butlersheriff.org) or Kaitlyn Jarvis at [kjarvis@butlersheriff.org](mailto:kjarvis@butlersheriff.org)

Bids shall be sealed and bear on its face the Name and Address of the bidder and be plainly marked "BID ON ITB BCSO-2025-11-01 LAW ENFORCEMENT UNIFORMS".

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Bidders Please Note: Butler County is an equal opportunity employer and has specific certifications regarding equal opportunity that are applicable to all contracts/purchases in excess of \$2,000.00.

Bidder is required to use the County Bid Form.

A copy of the Bid Tabulation may be obtained by sending a stamped, self-addressed envelope.

**IMPORTANT:** Bids to be sealed and endorsed on the outside of the envelope with the name of the bidder and item bid upon.

**BUTLER COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT UNIFORMS**

**ITB No. BCSO-2025-11-01**

	SIZE	PREFERRED/CURRENT BRAND NAME IN USE AT BCSO	BRAND NAME PER BID	BID PRICE PER UNIT
<b>DESCRIPTION OF ITEM</b>				
<b>SHIRTS - UNIFORM SHIRTS MUST BE BSSA APPROVED</b>				
Men's Poly Cotton Short Sleeve Shirt	S-4X	Flying Cross		
Men's Poly Cotton Short Sleeve Shirt	4X +	Flying Cross		
Men's Poly Cotton Long Sleeve Shirt	Neck: S -6X Sleeve: 32-38	Flying Cross		
Men's Armorskin Base Short Sleeve Shirt	S-4X	Blauer		
Men's Armorskin Base Short Sleeve Shirt	4x +	Blauer		
Men's Armorskin Base Long Sleeve Shirt	Neck: S -6X Sleeve: 32-38	Blauer		
Men's Training Polo w/ Embroidery	S-4X	Propper I.C.E		
Men's Training Polo w/ Embroidery	4x +	Propper I.C.E		
Women's Poly Cotton Short Sleeve Shirt	S-4X	Flying Cross		
Women's Poly Cotton Short Sleeve Shirt	4x +	Flying Cross		
Women's Poly Cotton Long Sleeve Shirt	Bust: S-6X Sleeve: 32-38	Flying Cross		
Women's Armorskin Base Short Sleeve Shirt	S-4X	Blauer		
Women's Armorskin Base Short Sleeve Shirt	4x +	Blauer		
Women's Armorskin Base Long Sleeve Shirt	Bust: S-6X Sleeve: 32-38	Blauer		
Women's Training Polo w/ Embroidery	S-4X	Propper I.C.E		
Women's Training Polo w/ Embroidery	4X +	Propper I.C.E		
Tactical Pro Short Sleeve Shirt - Black	S-4X	5.11 TacLite		
Tactical Pro Short Sleeve Shirt - Black	4X +	5.11 TacLite		
Tactical Pro Short Sleeve Shirt - Khaki	S-4X	5.11 TacLite		
Tactical Pro Short Sleeve Shirt - Khaki	4x +	5.11 TacLite		
Tactical Pro Long Sleeve Shirt - Black	S-4X	5.11 TacLite		
Tactical Pro Long Sleeve Shirt - Black	4x +	5.11 TacLite		
Tactical Pro Long Sleeve Shirt - Khaki	S-4X	5.11 TacLite		
Tactical Pro Long Sleeve Shirt - Khaki	4X +	5.11 TacLite		
Tactical Short Sleeve Shirt - Black	S-4X	Propper I.C.E		
Tactical Short Sleeve Shirt - Black	4X +	Propper I.C.E		
Tactical Short Sleeve Shirt - Khaki	S-4X	Propper I.C.E		
Tactical Short Sleeve Shirt - Khaki	4X +	Propper I.C.E		
Tactical Long Sleeve Shirt - Black	S-4X	Propper I.C.E		
Tactical Long Sleeve Shirt - Black	4X +	Propper I.C.E		
Tactical Long Sleeve Shirt - Khaki	S-4X	Propper I.C.E		
Tactical Long Sleeve Shirt - Khaki	4X +	Propper I.C.E		
Cold Gear Mock	S-4X	Under Armour		
Cold Gear Mock	4X +	Under Armour		
V-Neck Commando Sweater	XS-5X			
V-Neck Commando Sweater	5x +			
Polyester Armorskin XP Carrier Vest	S-4X	Blauer		
Polyester Armorskin XP Carrier Vest	4X +	Blauer		
Armorskin Suspension System	S-4X	Blauer		
Armorskin Suspension System	4X +	Blauer		
Dickey - Black	N/A			
Cost for Tapering of Shirt	N/A			
Cost of Sergeant Strips Affixed on Shirt	N/A			
<b>OUTERWEAR</b>				
Coat w/ Removable Liner (2-in-1 Coat)	S-4X			
Coat w/ Removable Liner (2-in-1 Coat)	4x +			
Mid-Level Jacket w/ Reversible Reflective for Traffic	S-4X	Flying Cross		
Mid-Level Jacket w/ Reversible Reflective for Traffic	4x +	Flying Cross		
SoftShell Jacket	S-4X	Flying Cross		
SoftShell Jacket	4x +	Flying Cross		
Tactical 3-in-1 Parka	S-4X	5.11 TacLite		
Tactical 3-in-1 Parka	4x +	5.11 TacLite		
Hi-Vis Rain Coat	S-4X	5.11 TacLite		

Hi-Vis Rain Coat	4x +	5.11 TacLite		
Lime Traffic Vest	Reg - XXL			
Cost of Sergeant Stripes Affixed on Jacket	N/A			
<b>PANTS</b>				
Men's 6 Pocket Polyester Trousers	28-42	Flying Cross		
Men's 6 Pocket Polyester Trousers	42 +	Flying Cross		
Men's Wool Trousers	28-42	Flying Cross		
Men's Wool Trousers	42 +	Flying Cross		
Men's Stryke Pants	28-42	5.11 TacLite		
Men's Stryke Pants	42 +	5.11 TacLite		
Women's 6 Pocket Polyester Trousers	00-18	Flying Cross		
Women's 6 Pocket Polyester Trousers	18 +	Flying Cross		
Women's Wool Trousers	00-18	Flying Cross		
Women's Wool Trousers	18 +	Flying Cross		
Women's Stryke Pants	00-18	5.11 TacLite		
Women's Stryke Pants	18 +	5.11 TacLite		
TacLite Pro Pants	All Sizes	5.11 TacLite		
<b>FOOTWEAR</b>				
Low Quarter Clarino Shoes	All Sizes	Bates		
Poromeric Clarino Oxford	All Sizes	Thorogood		
Low Quarter High Shine Leather Shoe	All Sizes	Bates		
Poromeric Clarino Chukka	All Sizes	Thorogood		
Leather Chukka	All Sizes	Thorogood		
6" Waterproof Boot	All Sizes	Rocky Alphaforce		
8" Waterproof Boot	All Sizes	Rocky Alphaforce		
Acadia 8" Gore-Tex Boot 400g	All Sizes	Danner		
ATAC 6" Chukka	All Sizes	5.11 TacLite		
ATAC 6" Side-Zip	All Sizes	5.11 TacLite		
ATAC 8" Storm Side-Zip	All Sizes	5.11 TacLite		
Hi Gloss Boot 8"	All Sizes	N/A		
Rubber Protective Boots	All Sizes	N/A		
Tachyon 8"	All Sizes	Danner		
Gen-Flex 8" Side-Zip	All Sizes	Thorogood		
Instant Spit-Shine	N/A			
<b>HATS &amp; GLOVES</b>				
Summer Straw Hat - Double Brim - Ohio Sheriff Style	All Sizes	Stratton		
Winter Felt Hat - Ohio Sheriff Style	All Sizes			
Faux Fur Trim Hat	All Sizes	Midway Cap Co.		
Knit Watch Cap w/ Gold Sheriff Embroidery	All Sizes			
Tactical Friend or Foe Cap w/ Sheriff Star	All Sizes	Under Armour		
Hat Rain Cover - Smoke	All Sizes			
Gold Acorns for Hat	N/A			
Three Piece Hat Strap	N/A			
Hat Badge	N/A			
Traffic Gloves	All Sizes	Ringers		
Resister Gloves w/ Kevlar	All Sizes	Hatch		
Winter Cut Resistant Kevlar Gloves	All Sizes	Damascus		
Tactical Glove	All Sizes	Vertex		
<b>EQUIPMENT</b>				
Hinged Handcuffs	N/A	Peerless		
Chain Handcuffs	N/A	Peerless		
Chain Handcuffs	N/A	ASP		
Hybrid Handcuff Key	N/A			
Tactical Key Ring Holder	N/A			
Baton 21"	N/A	ASP		
Talon Button Baton 21"	N/A	ASP		
Talon Cap Baton 21"	N/A	ASP		
Leverage Grip Endcap	N/A	ASP		
10% Pepper Spray	N/A	Mark III		
Ear Hugger	N/A			
Lapel Mic	N/A	Hawk Lapel		
Mic (Adaptor Only)	N/A	Hawk Lapel		
K-Flex Ear Piece (6 Pack)	N/A	Kline		
Car Seat Organizer	N/A	Law Pro		
Patrol Gear Bag	N/A	5.11 Tactical		
Citation Holder	N/A			
Clipboard	N/A	SlimMate		
Pocket Notebook	N/A			
Lock Box for Home Storage	N/A			
<b>DUTY GEAR</b>				
Duty Gun Belt w/ Gold Buckle	All Sizes			

Operator Belt (Black)	All Sizes	5.11 Tactical		
Black Belt w/ Gold Buckle	All Sizes			
Black Leather Velcro Belt	All Sizes			
Duty Holster for GLK 17 w/ TLR1 Light	All Sizes LF & RT			
Duty Holster for GLK 19 w/ TLR1 Light	All Sizes LF & RT			
ALS Paddle Holster for G17	All Sizes	Safariland		
ALS Paddle Holster for G19	All Sizes	Safariland		
Serpa Holster for Glock	G17/G19/G26	Blackhawk		
Taser X26P Holster	X26P	Blackhawk		
Taser X26P Holster	X26P	Blade Tech		
X-26 Cartridge Pouch	N/A	Blackhawk		
Latex Glove Holder	N/A			
Duty Magazine Holder w/ Gold Snap	N/A			
Mace Holder w/ Gold Snap	N/A			
Expandable Baton Holder	N/A	ASP		
Envoy 50 Scabbard for Talon	N/A	ASP		
Cuff Case	N/A	Safariland		
Cuff Case	N/A	ASP		
Flashlight Holder (Holds Triad or Tac HL3 Light)	N/A	ASP		
Old Stinger Flashlight Holder w/ Gold Snap	N/A	Gould & Goodrich		
Dual QD Sling Gen 2	N/A	Magpul		
D Cell Flashlight Holder	N/A	Safariland		
Single Belt Keeper (4 pk)	N/A	Safariland		
Double Wide Belt Keepers	N/A	Safariland		
Standard Key Ring Holder	N/A	Safariland		
Handcuff Strap w/ Snap	N/A	Safariland		
Mic Holder	N/A			
<b>FLASHLIGHTS</b>				
TLR-1 HL Glock Flashlight	N/A	Streamlight		
TLR-7A Glock Light	17/19	Streamlight		
LED Flashlight	N/A	Stinger		
Triad USB AC/DC Flashlight	N/A	ASP		
Pro Tac HL 5-X w/ Batteries	N/A	Streamlight		
Pro Tac 2L	N/A	Streamlight		
Hi-Vis Cone	N/A	Streamlight		
Replacemnt Bulb for Stinger Flashlight	N/A	Streamlight		
Replacemnt Battery for Stinger Flashlight	N/A	Streamlight		
3V Batteries (12 pack)	N/A	Surefire		
3V Batteries (2 pack)	N/A	Surefire		
Link Case for 4 Batteries	N/A			
TLR Door Assembly	N/A	Streamlight		
TLR Remote Pressure Switch	N/A	Streamlight		
<b>UNIFORM ACCESSORIES</b>				
Gold Medal Name Plate ; Clutch Back w/ Black Letters	N/A			
Gold IDE Pin w/ Black Background & Clutch Back	N/A			
Enamel Flag Bar	N/A	Blackinton		
Gold Whistle Chain	N/A			
Gold Whistle	N/A			
Clutch Fasteners (6)	N/A	Klench		
Mirror Brite Buttons	N/A			
Toggles & Washers for Buttons	N/A			
Small Collar Brass	N/A			
Plain Gold Tie Bar	N/A			
BCSO Tie	Regular			
BCSO Tie	Long			
Lt. Bars	Large			
Captain Bars	Large			
1 Star Black / Gold / Clutch Back	N/A			
2 Star Black / Gold / Clutch Back	N/A			
3 Star Black / Gold / Clutch Back	N/A			
4 Star Black / Gold / Clutch Back	N/A			
5 Star Black / Gold / Clutch Back	N/A			
Badge Clip	N/A			
Shirt Stay Plus Y	N/A	Shirt Stay Plus		
Cloth Service Star - 1	N/A			
Cloth Service Star - 2	N/A			
Cloth Service Star - 3	N/A			
Cloth Service Star - 4	N/A			
Cloth Service Star - 5	N/A			
Cloth Service Star - 6	N/A			
Cloth Service Star - 7	N/A			
Cloth Sergeant Stripes	N/A			



Duty Belt Replacement Gold Buckle	N/A			
Wallet w/ Cut Out for Badge	N/A	Galls		
Wallet w/ Cut Out for Badge & Credit Cards	N/A	Galls		
Wallet w/ Cut Out for Badge	N/A	Strong Leather		
Unapplied Namestrip	N/A			
Wallet or Breast Badge w/ Rocker	N/A			
Wallet or Breast Badge w/ No Rocker	N/A			
Refinsih Badge	N/A			
Cost of Custom Embroidery	N/A			
Cost of Custom Patches	N/A			

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**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.

<b>Sign Here</b>	Signature of U.S. person	Date
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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](http://www.irs.gov/FormW9).

**What's New**

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

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

**Purpose of Form**

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



**Nancy NIX**  
Butler County Auditor CPA

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

Dear New Butler County Vendor:

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

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

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

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

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

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

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

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

Thank you for your prompt attention to this matter.



**Nancy NIX**  
Butler County Auditor CPA

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

### **Payment Authorization/Change Form**

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

#### **Remittance Address**

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

Vendor Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### **ACH Payment Detail (Optional)**

Action: ☐ Add ☐ Change/Update ☐ Inactivate

Vendor Name \_\_\_\_\_

SSN \_\_\_\_\_ OR FEIN \_\_\_\_\_

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

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

☐ Checking

☐ Savings

Account Number: \_\_\_\_\_

ACH Authorization: This authorizes the Butler County Auditor's Office to send payment electronically to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. This authorization will be in effect until the Butler County Auditor's Office receives this form inactivating the ACH payments from myself and has a reasonable opportunity to act on it.

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

Print Name:

Title:

Signature:

Date:





**Nancy NIX**  
Butler County Auditor CPA

Butler County Auditor's Office  
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Hamilton, Ohio 45011  
Phone: 513-887-3154

The Butler County Auditor's Office offers the ability for vendors to receive payments from the County electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information. The first payment processed after we receive all documentation will continue to be a paper check. Once we are able to verify the banking information provided, via the prenote process, all future payments will be sent electronically.

<b>Action:</b>	<input type="checkbox"/> <b>ADD</b>	<input type="checkbox"/> <b>CHANGE/UPDATE</b>	<input type="checkbox"/> <b>INACTIVATE</b>
<b>Payee Name:</b>			<b>Phone No:</b>
<b>Taxpayer ID:</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Butler County Employee:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>SSN:</b>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Address:</b>			
<b>E-mail (Required):</b>			
<b>Bank Name:</b>			
<b>Bank Routing Number:</b>		<input type="checkbox"/> <b>Savings Acct No:</b>	
		<input type="checkbox"/> <b>Checking Account No:</b>	

**ATTACH VOIDED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION**

**Authorization:** This authorizes the Butler County Auditor's Office to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor's Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

<b>Print Name</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>



# NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965  
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

**Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to [employeroutreach@opers.org](mailto:employeroutreach@opers.org).**

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

## STEP 1: Personal Information

First Name

MI

Last Name

Date of Birth:

Month

Day

Year

## STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

B U T L E R C O U N T Y

Employer Contact

First Name

MI

Last Name

J I L L

M

C O L E

Employer Code

2 0 2 5

Employer Contact Phone Number

5 1 3 — 8 8 7 — 3 1 5 5

Service Provided to Public Employer

Start Date of Service

Month

Day

Year

End Date of Service

Month

Day

Year

## CIVIL RIGHTS COMPLIANCE

Vendor agrees that in the performance of this agreement there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

\_\_\_\_\_  
Signature of Representative of Vendor

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date

Attachment A

### STEP 3: Acknowledgment

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

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

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

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name



STATE OF OHIO )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

Page 1 of 1

**NON-COLLUSION AFFIDAVIT**

STATE OF OHIO )

)ss.

COUNTY OF )

I, \_\_\_\_\_,  
(name of party signing affidavit)

(title)

being duly sworn, do depose and say:

That \_\_\_\_\_  
(Name of Individual or Company)

its agent, officers or employees have not directly or indirectly entered into any agreement,  
participated in any collusion, or otherwise taken any action in restraint of free competitive  
bidding  
in connection with this proposal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

SEAL

\_\_\_\_\_  
Ohio

My commission expires  
\_\_\_\_\_