

BUTLER COUNTY COMISSIONERS

Cindy Carpenter

Donald L. Dixon

TC. Rogers

REQUEST for PROPOSAL

RFP NUMBER: CD 24-06-01

SUBSTANTIAL AMENDMENT 2020-2024 CONSOLIDATED PLAN AND CAPER

PROPOSAL DATE AND TIME:

June 26, 2024

4:00P.M. (EST)

**PROPOSALS MUST BE SEALED AND SUBMITTED TO:
BUTLER COUNTY COMMUNITY DEVELOPMENT
130 HIGH STREET, 6TH FLOOR
HAMILTON, OH 45011**

**ANY PROPOSAL DELIVERED AFTER THE TIME SPECIFIED,
ACCORDING TO THE CLOCK IN THE COMMUNITY DEVELOPMENT OFFICE,
WILL NOT BE ACCEPTED FOR ANY REASON.**

**REQUEST FOR PROPOSALS
SUBSTANTIAL AMENDMENT 2020-2024 CONSOLIDATED PLAN AND CAPER**

Butler County Community Development is requesting proposals for a Substantial Amendment for the 2020-2024 Five Year Consolidated Plan and 2024 CAPER in accordance with the U.S. Department of Housing and Urban Development regulations. The five-year plan covers the period of May 1, 2020 – April 30, 2025. Sealed Proposals will be received at the office of the Butler County Community Development, 130 High Street, 6th Floor, Hamilton, Ohio, 45011, until 4:00 PM, local time, on Wednesday, June 26, 2024, for RFP CD 24-06-01, *Substantial Amendment 2020-2024 Consolidated Plan and CAPER*.

Specifications with proposal requirements may be obtained at the office of the Butler County Commissioners; or by query at: bids.bcoho.gov. To access the specifications on this site, please scroll down until you find the project:

Substantial Amendment 2020-2024 Consolidated Plan and CAPER, RFP CD 24-06-01.

The Board of Butler County Commissioners reserves the right to waive informalities; to reject any and all proposals or any portion of a proposal; or to accept the proposal of the best Offeror as determined by the Board.

By order of the Board of Butler County Commissioners:
Cindy Carpenter, President
Donald L. Dixon, Vice President
T. C. Rogers, Member

Attest: Flora R. Butler, Clerk

Publish 1 time: Wednesday, June 5, 2024, Hamilton Journal-News
Publish online at bids.bcoho.gov June 5 – June 26, 2024. To access the specifications on this site, please scroll down until you find the project Substantial Amendment 2020-2024 Consolidated Plan and CAPER, RFP CD 24-06-01.

INTRODUCTION

In late 1994, the U.S. Department of Housing and Urban Development (HUD) created the requirement for the Consolidated Plan, a comprehensive planning document of the local government and application for funding under any of the Community Planning and Development formula grant programs. Butler County administers the Community Development Block Grant (CDBG) program, the HOME Investment Partnerships (HOME) program, the Shelter + Care (S+C) program, and the Neighborhood Stabilization (NSP) program. Other Federal programs also require that the jurisdiction receiving funds directly from HUD have an approved Consolidated Plan or that the application is consistent with the HUD-approved Consolidated Plan.

The statutes governing the grant programs set forth three basic goals for jurisdictions that implement the HUD programs:

- Decent housing
- Suitable living environment
- Expansion of economic opportunities

The Substantial Amendment for the Consolidated Plan must state how the jurisdiction has pursued these goals for all community development programs, as well as all housing programs. Within the Consolidated Plan, the programs are typically outlined as strategies for effective, coordinated local and regional approaches to meeting stated objectives. The strategies are prioritized and generally describe how jurisdictions will use HUD and local resources to implement the programs.

The Substantial Amendment for the Consolidated Plan also created the opportunity for strategic planning and citizen participation to take place in a comprehensive context. Butler County envisions the amendment for the 2020-2024 Consolidated Plan as a collaborative process whereby participating jurisdictions establish a unified vision for regional activities and implement local community development actions to address needs specific to certain jurisdictions. Consolidated Plans are regulated by Title 24 of the Code of Federal Regulations (CFR) Part 91 which shall be followed.

PROPOSAL – SCOPE OF SERVICES TO BE INCLUDED

A. Butler County is requesting proposals from qualified firms and individuals with proven experience in developing and amending Consolidated Plans or similar planning documents. The Consolidated Plan covers the period of May 1, 2020, through April 30, 2025, consisting of Program Years 2020 thru 2024. Butler County intends to submit the Substantial Amendment for the Consolidated Plan to HUD no later than December 2, 2024, and the 2024 CAPER by July 18, 2025. **The proposer must use the HUD Econ Planning suite.**

In addition to meeting the Federal requirements and deadline for a Substantial Amendment for the Consolidated Plan, Butler County is encouraging meaningful public participation in the amendment process. The resulting Substantial Amendment for the 2020-2024 Consolidated Plan should provide a direct link between pending and completed projects/goals/objectives.

B. Contents of the Consolidated Plan

The specific requirements for amending the Consolidated Plan are found at the Code of Federal Regulations, Title 24, Part 91 et. Seq. (24 CFR Part 91), Subpart C. In order to be in compliance, the following must be amended where applicable in the Consolidated Plan, as a minimum:

Subpart C – Local Governments; Contents of Consolidated Plan

- § 91.200 General
- § 91.205 Housing and Homeless Needs
- § 91.210 Housing Market Analysis
- § 91.215 Strategic Plan
- § 91.220 Action Plan
- § 91.225 Certifications
- § 91.230 Monitoring

Consortia Requirements

In addition, **Subpart E – Consortia; amending Contents of a Consolidated Plan** must also be adhered to in regards to the Butler County / City of Middletown HOME Consortium.

Citizen Participation

Citizen Participation requirements must be met, as found in **Subpart B – Citizen Participation and Consultation**.

C. Implementation Schedule

The consultant shall provide sufficient staffing and be available as needed to complete the Substantial Amendment for the 2020-2024 Consolidated Plan and 2024 CAPER. This will allow time for Butler County to hold their approval hearing, meet the required 30-day comment period, and submit the documents to HUD, prior to the submittal deadlines listed below.

Activity	Completion Date
RFP Released	June 5, 2024
RFP Submittal Deadline	June 26, 2024
Contract Approval & Initiation of Work	July 22, 2024
Draft Substantial Amendment Consolidated Plan Submitted to County	Sept. 20, 2024
Final Substantial Amendment Consolidated Plan Submitted to County	Nov. 1, 2024
Final Substantial Amendment Consolidated Plan Submitted to HUD	**Dec. 6, 2024
Draft 2024 CAPER Submitted to County	May 23, 2025
Final 2024 CAPER Submitted to County	June 6, 2025
Final 2024 CAPER Submitted to HUD	**July 18, 2025

**The Substantial Amendment for the 2020-2024 Butler County Consolidated Plan and 2024 CAPER due dates to HUD may be adjusted as needed.

D. Butler County Responsibilities

Butler County Community Development staff will be available on a limited and negotiated basis to coordinate activities with the consultant. At a minimum, Butler County will be available for monthly meetings with the consultant to review progress, discuss policy issues and coordinate activities. The selected consultant should prepare the proposal with the assumption that it will have primary responsibilities for activities such as coordinating meetings with representatives of target groups and public and private consultation with agencies. Butler County Community Development will help to identify available data and resources. Butler County Community Development will arrange for meetings with elected public officials, if necessary.

E. Additional Miscellaneous detail to be included in Proposal

(1) Describe Offeror’s anticipated use of subcontractors, if any. Offeror must list all subcontractor

arrangements that it expects to enter into in relation to this RFP and the scope of work to be undertaken by such subcontractors. Offeror must also provide the contact person within each subcontractor organization.

(2) Describe with specificity Offeror's ability to meet the timelines and deadlines requested for the implementation of the Program.

(3) Has Offeror ever completed a project of the same or similar size and scope to what is being requested in this RFP? If so, describe the nature of any such projects.

(4) Has Offeror contracted for projects with other government agencies that are of the same or similar size and scope to what is being requested in this RFP? If so, describe the nature of any such projects and with which specific government agencies Offeror are involved.

(5) Please describe any innovations or alternatives that would offer additional value to the intended purpose set forth in each requirement or the RFP as a whole.

(6) Indicate any exceptions Offeror have to any terms and conditions, including but not limited to: Contract Period, Indemnification, and Insurance Requirements.

(7) Indicate any exceptions Offeror has to any requirements and specifications contained in this RFP.

(8) Please affirm that Offeror has no final judgments against it that have not been satisfied in the total amount of fifty percent (50%) of the proposed amount of this project.

F. Registration process

To register for the RFP, Offeror shall submit their name, company name and address, and email address. Only Offerors that register for the RFP will receive copies of any questions/answers and/or direct receipt of any RFP addenda. The latest date to register for the RFP is June 12, 2024.

Except for the exceptions listed below, prospective Offerors or their representatives shall not communicate with any individual(s) or official(s) associated with this Proposal or other Butler County employees during the RFP process. Any attempted communication with unauthorized individuals will result in rejection of the Offeror's proposal.

Exceptions:

1. All RFP questions, requests for information or clarification regarding the RFP or RFP process shall be emailed to the contact person listed below no later than June 13, 2024. Community Development staff will respond to all questions periodically throughout the RFP process with a final response date of June 14, 2024.

Susan Ellerhorst, Community Development Administrator
Phone number: (513) 785.5773
E-mail address: Susan.Ellerhorst@bcoho.gov

All questions and responses will be distributed to all registered Offerors;

2. Should the evaluation team determine discussions with offers necessary pursuant to R.C. 307.862(A)(7) & (8), Offeror(s) will be contacted by the evaluation team for purposes of ensuring full understanding of, and responsiveness to, the requirements specified in the request for proposals;

3. Subsequent to the opening of submitted offers negotiations will be held as set forth in R.C. 307.862(B)(10)(c).

G. Evaluation

After opening, each proposal will be evaluated by a team consisting of Director of Development, Community Development Administrator and Community Development Specialist. In accordance with O.R.C. 307.862(A)(6), (7) and (8), if necessary, the team will conduct discussions with Offerors for the purpose of ensuring full understanding of, and responsiveness to, the requirements specified in the request for proposals. The evaluation team will accord fair and equal treatment with respect to any opportunity for discussion with Offerors to provide any clarification, correction, or revision of proposals. The evaluation team will not disclose any information derived from proposals submitted by competing Offerors during those discussions. Evaluations will then be based upon the following criterion in order of importance.

Scoring - Evaluation Factors and Relative Importance

Element	Items used in ranking may include	Max Points	Total Points
Overall responsiveness	Completeness of response	10	
	Providing required documentation		
	Specificity of response addressing intent of RFP		
Organization	Financial stability of offeror and ability to provide required services	30	
	Assigned personnel – Experience and qualifications of key staff and support provided to County		
	Experience with similarly sized clients and projects of similar size and scope		
	References		
Strategy	Program Approach	40	
	Performance Measures		
	Efficiency of Services Provided		
Proposal costs	Leverage of outside funds to provide services	20	
	Value added services		
	Ability to provide greatest value to County		
Total		100	

H. Negotiations

In accordance with O.R.C. 307.862(A)(9) and (10) the evaluation team may Negotiate with the Offeror who submits the Proposal that the Board determines is the most advantageous to the County based on the rankings performed by the Board including any adjustment to those rankings based on discussions conducted for clarification purposes as set forth above. The evaluation team will conduct negotiations with only one Offeror at a time

I. In accordance with O.R.C. 307.862(B)(10), please be advised:

(a) The County reserves the right to reject any proposal in which the Offeror takes exception to the terms and conditions of the request for proposals; fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications, and requirements specified in the request for proposals; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority;

(b) The County reserves the right to reject, in whole or in part, any proposal the County contracting authority has determined, using the factors and criteria set forth above, would not be in the best interest of the County;

(c) The County may conduct discussions with Offerors who submit Proposals for the purpose of clarifications or corrections regarding a Proposal to ensure full understanding of, and responsiveness to, the requirements specified in the request for proposals.

J. Non exclusive - multiple party solicitation

This RFP is a non-exclusive – multiple party solicitation The Board reserves the right to enter into complete, partial or multiple contracts with one or more vendors in order to best meet the County's needs.

K. Offer withdrawal

An Offeror may withdraw the Offeror's proposal at any time prior to the award of a contract. The Board may terminate negotiations with an Offeror at any time during the negotiation process if the Offeror fails to provide the necessary information for negotiations in a timely manner or fails to negotiate in good faith. If the Board terminates negotiations with an Offeror, the Board shall negotiate with the Offeror whose proposal is ranked the next most advantageous to the Board according to the factors and criteria listed above.

L. Cancellation and reissuance of RFP

In accordance with O.R.C. 307.862(F), please be advised that the board may cancel or reissue this request for proposals if any of the following apply:

(1) The supplies or services offered through all of the Proposals submitted to the Board are not in compliance with the requirements, specifications, and terms and conditions set forth in the request for proposals;

(2) The prices submitted by the Offerors are excessive compared to existing market conditions or exceed the available funds of the Board;

(3) The Board determines award of a contract would not be in the best interest of the County.

M. Miscellaneous notifications

1. Proposal and contract execution

The Offeror with his usual signature must sign its proposal. Proposal by partnerships must be signed with the partnership name and by one of the members of the partnership or by an authorized representative followed by the signature and title of the person signing. Proposals by corporations must be signed with the name of the corporation, followed by the signature and designation of the President, Secretary, or any other individual person authorized to act on its behalf of contracting matters.

2. Multiple copies

An Offeror submitting a paper copy of its proposal must deliver one (1) original and three (3) copies of the entire written proposal by the above referenced deadline. All copies must reference RFP CD 24-06-01. Upon request, a receipt will be issued for all Proposals received.

3. Proposal format

Proposals shall be printed on 8.5" x 11" plain white paper with margins of 1" on each side. Each page of the proposal shall be numbered sequentially at the bottom of the page. Proposal content must include a heading which clearly indicates the subject matter. Offerors may secure their proposals with paperclips or binder clips only, do not use staples, specialized bindings or coverings of any type or form.

4. Required inclusions in proposal packet:

(a) The Proposal Quotation Sheet must be completed in its entirety and signed by an authorized representative of the Offeror.

(b) Submit no less than three (3) letters of reference for whom services were provided (similar in nature and functionality to those requested by The Board). References shall include at a minimum, company name, contact person, address, phone number, nature of relationship, services performed and time period of services performed.

(c) Must disclose any pending or threatened court actions and/or claims against Offeror, parent company or subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause to reject the proposal and/or any ensuing contract.

(d) Include current certificate of Workers compensation insurance.

(e) Include current certificate of professional insurance and commercial general liability insurance with limits of not less than one million dollars (\$1,000,000.00) per claim and three million dollars (\$3,000,000.00) in the annual aggregate per occurrence. If medical malpractice or other professional liability insurance is required for the provision of the referenced services, then your submission should include a copy of the cover sheet of such policies. Additionally, proposer must provide proof of automobile liability / bodily injury liability to cover any employee or contractor who may drive an automobile in the course of provision of these services.

(f) The Offeror must provide a certification that the proposal and pricing will remain in effect and unchanged for a minimum of one hundred twenty days (120) from the date of the proposal opening.

(g) The Offeror must include completed copies of the following forms, which are included as attachments to this RFP:

- Attachment A: Offeror's cost proposal for the required services.
- Attachment B: Vendor Information Form
- Attachment C: Civil Rights Compliance
- Attachment D: Delinquent Personal Property Tax Affidavit
- Attachment E: Non-Collusion Affidavit
- Attachment F: Independent Contractor
- Attachment G: W-9 Form
- Attachment H: Electronic Payment form.

5. Public Records

Materials received constitute public information as a matter of statutory law and will be made available for public inspection upon request pursuant to Ohio Revised Code 149.43. Only vendor financial information will be considered as confidential or trade secret information. Any such portion of the proposal to be held confidential as trade secret material should be marked "PROPRIETARY" in the upper right corner and will not be considered public record if it clearly falls within an exemption enumerated in ORC 149.43. Pricing pages of the proposal document shall be considered public information.

6. Record Keeping Requirements

The Offeror will keep all financial records consistent with Generally Accepted Accounting Principles (GAAP) during the period covered by the contract. The contractor is also required to provide the Butler County Commissioner's Office, the Butler County Board of Commissioners, their designated representative, authorized representative (for the Offeror), and any other person or agency instrumentally involved in providing financial support for the contract work, access and right to examine any books, documents, papers, or records related to this contract or to conduct a full audit as may be determined necessary by the Board or the county or state auditor .

7. Indemnification

The Offeror shall assume the defense of, indemnify, and hold harmless Butler County, the Board of Butler County Commissioners and any County agencies receiving services under this contract from any claims or liabilities of any type or nature to any nature to any person, firm, or corporation arising in any manner from the Offeror's performance of the work required under this contract and the contractor shall pay any judgment obtained or growing out of said claims or liabilities.

8. Equal Opportunity Provisions Required

All Offerors must be willing to enter a contract containing the express language contained in Section 125.111 of the ORC, which requires the following:

Every contract for or on behalf of the State or any of its political subdivisions for the purchase of material, equipment, supplies, contract of insurance, or services shall contain provisions similar to those required by Section 153.59 of the Revised Code in the case of construction contracts by which the Offeror agrees to the following:

That in the hiring of employees for the performance of work under the contract or any subcontract, no Offeror or their subcontractor shall by reasons of race, color, religion, sex, age, handicap, national origin or ancestry, discriminate against any citizen of this State in the Employment of a

person qualified and available to perform the work to which the contract relates.

That no Offeror, their subcontractor, or any person acting on behalf of any Offeror or their subcontractor shall, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under the contract on account of race, color, religion, sex, age, handicap, national origin, or ancestry.

The Offeror, their subcontractor, or any person or employee acting on behalf of any Offeror or their subcontractor must have legal status of employment within the United States of America.

9. Invoices

The Offeror will be required to submit invoices in duplicate (one original and one copy) to Butler County Community Development, Accounts Payable, 130 High Street - 6th Floor, Hamilton, Ohio 45011. The contractor's Federal Tax Identification Number should appear on all statements and invoices. Invoices should include:

1. Name and address of contractor.
2. Remittance address.
3. Billing period
4. Service Dates
5. Project Name

Invoices are routinely paid within forty-five (45) days after receipt by the County. Butler County does not pay any imposed late fees.

10. Term

The term of the contract shall cover services performed or to be performed from July 22, 2024 – July 18, 2025.

PLEASE NOTE

PROPOSAL MUST BE SEALED, DELIVERED TO, AND RECEIVED IN THE
BUTLER COUNTY COMMUNITY DEVELOPMENT OFFICE,
ON THE **SIXTH** FLOOR OF THE
BUTLER COUNTY ADMINISTRATION BUILDING, 130 HIGH
STREET, HAMILTON OHIO 45011

BY

4:00 PM

June 26, 2024

ANY PROPOSAL DELIVERED AFTER THE TIME SPECIFIED,
ACCORDING TO THE CLOCK IN THE COMMUNITY DEVELOPMENT OFFICE, **WILL NOT BE**
ACCEPTED FOR ANY REASON.

OFFEROR INFORMATION

Company name: _____

Address: _____

I.R.S. Employer Identification number: _____

Workers' Compensation number: _____

Year the company was founded: _____ Number of employees: _____

Contact person for bid: _____

Contact phone: _____ Contact fax: _____

Contact e-mail: _____

Certification: This proposal has been completed in accordance with the Specifications provided herein.

I hereby certify that, to the best of my knowledge, the information contained herein, is accurate, complete, and current as of this date. I also certify that I have the authority to submit this proposal and to negotiate, sign, modify and terminate contracts on behalf of the above named organization.

Signature: _____

Typed or printed name: _____

Title: _____

Date: _____

CIVIL RIGHTS COMPLIANCE

Offeror agrees that in the performance of any agreement, if entered into, 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.

Name of Company: _____

Signature of Representative of Offeror: _____

Date: _____

ATTACHMENT D

DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT

(This Affidavit must be executed for the Proposal to be considered.)

STATE of OHIO,)
)ss.
COUNTY OF _____)

I, _____, _____,
(Name of party signing affidavit) (Title)

having affirmed under oath that at the time of proposal for _____ to be opened
(Project or Item Proposed)
_____, was submitted on _____, delinquent personal property
(Date) (Date)
taxes in the amount of \$ _____, (_____ Dollars)

were due and unpaid to the County of Butler including the interest in the amount of \$ _____
_____ Dollars) and penalties in the amount of
\$ _____, (_____ Dollars). This document

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

(Name of Individual Company)

(Taxes Filed Under the Name of)

(Signature)

(Complete Address)

(Telephone)

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

SEAL

Notary Public
My commission expires _____

NON-COLLUSION AFFIDAVIT

STATE OF OHIO,)
)ss.
COUNTY OF _____)

I, _____, _____
(name of party signing affidavit) (title)

being duly sworn, do depose and say:

That _____
(Name of Individual 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

My commission expires



NON-MEMBER ACKNOWLEDGMENT

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

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



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

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

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

STEP 1: Personal Information

First Name MI Last Name

Date of Birth: Month Day Year

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

Name of Public Employer for which individual is providing personal services

Employer Contact
First Name MI Last Name

Employer Code Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service Month Day Year End Date of Service Month Day Year

STEP 3: Acknowledgment

The public employer identified in Step 2 has 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



NOTICE OF RE-EMPLOYMENT OR CONTRACT SERVICES OF AN OPERS BENEFIT RECIPIENT

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

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



STEP 1: Benefit Recipient's Personal Information

Social Security Number

-OR-

OPERS ID

First Name

MI

Last Name

Address

City

State

ZIP Code

Date of Birth

STEP 2: Employment Information

Beginning date of re-employment:

Title

STEP 2: Employment Information Continued

1. A benefit recipient hired as a public employee or elected to office.
2. A benefit recipient hired under a personal service contract as an independent contractor.

In all cases of doubt, the OPERS Board shall determine whether any person is a public employee, and its decision is final. An independent contractor is not a public employee and shall not become a contributor to the retirement system. Generally, independent contractors are not included on the employer's payroll and receive a Form 1099-MISC for income tax reporting purposes.

To the extent an employer improperly classifies the benefit recipient as an independent contractor on this form, and the benefit recipient receives (1) a monthly retirement benefit from the retirement system, or (2) reimbursements from the OPERS HRA or the OPERS RMA, the employer and/or the individual may be liable to OPERS and/or the applicable plan(s) for any amounts incorrectly paid under the plan(s) and the employer may also be liable to OPERS for any unpaid employee or employer contributions to the retirement system.

3. A benefit recipient employed in a position described in Ohio Revised Code Section 101.31, 121.03, or 121.04, or as the head of a division of a state department, or in a position to which appointment is made by the governor with the advice and consent of the Senate.
4. A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court. Please forward a copy of the assignment papers.
5. A benefit recipient re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of the members of a board or commission or by the legislative authority of a county, municipal corporation, or township and the following conditions have been met.
- a. Not less than 60 days before the employment as a re-employed benefit recipient commenced, the public employer gave public notice (containing the time, date, and location at which a public meeting was to take place) that the benefit recipient would be receiving a benefit and was seeking employment with the public employer; and
 - b. Between 15 and 30 days before the employment as a re-employed benefit recipient commenced, the public employer held a public meeting on the issue of the benefit recipient being employed by the public employer.
6. An elected official receiving a benefit who is elected or appointed to the same position for the remainder of the term or the term immediately following retirement. Please mark a, b, c or d below.
- a. The director of the Board of Elections has been notified in writing, at least 90 days prior to the primary election for the next term, of the elected official's intent to retire.
 - b. The elected official was already retired at least 90 days prior to the general election.
 - c. The appointing authority has been notified that the official was already retired or intends to retire prior to the end of the term.
 - d. None of these apply.
7. An elected official receiving a benefit who is elected or appointed to a different elected office.

STEP 3: Employer Certification of Health Care Coverage

Will the employer's health care coverage be available to the re-employed benefit recipient listed on this form?

Yes No

If "yes," when will this coverage first become available?

____/____/____

STEP 4: Fiscal Officer Certification

I certify that the employment or contract information provided on this form is accurate to the best of my knowledge. I understand that failure to timely or accurately report a benefit recipient's service to OPERS may result in employer liability to OPERS for overpaid benefits and/or unpaid contributions. In any case of doubt, it is the employer's obligation to request a determination of whether the benefit recipient is a public employee who should be contributing to OPERS for his/her service.

Employer

Employer Code

____-____

Address

City

State

ZIP Code

Signature of Fiscal Officer

Reporting to OPERS _____ Today's Date ____/____/____

Do not print or type name

Fiscal Officer Reporting to OPERS First Name

MI

Last Name

Title

Work Phone Number

____-____-____

Form
SUB W-9
(Rev SEPT 2022)

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

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by email to AP@butlercountyohio.org or by mail to:

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

To **properly complete** the form, the following information must be provided:

- Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
- Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
- Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
- Part IV, you must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS) or any other Ohio pension system (SERS, STRS etc)
- Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

Part I Business Ownership and Address Information

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

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

Check appropriate box for federal tax classification: (check only one box) If Individual PART III below is ALWAYS "YES"

- Individual/Sole Proprietor (or single-member LLC) C Corporation S Corporation Partnership Trust/Estate
 Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) _____
 Other _____ Exempt from backup withholding

NOTE: Check the appropriate box 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.

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

Address Line 2

City, state, and ZIP code

Requestor's name and address:

**Auditor of Butler County
130 High Street, 4th Floor
Hamilton, OH 45011**

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

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

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

Taxpayer Identification Number (TIN):

____ - _____

and / or

Social Security Number (SSN):

____ - ____ - _____

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

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

- Yes
 No

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

Printed first name, middle initial, and last name

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

Birth date (MM / DD / YY)
/ /

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

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

Are you currently receiving a pension benefit from Ohio Public Employees Retirement System (OPERS) or any other Ohio retirement system?

- Yes
 No

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

Part V Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US person (including a US resident alien).

Certification Instructions: You must cross out exempt from backup withholding above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of
U.S. person _____

Date _____



Nancy NIX
Butler County Auditor (CPA)

Butler County Auditor's Office
130 High Street / 3rd-4th Floors
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.

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

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.

Print Name	Title:
Signature:	Date: