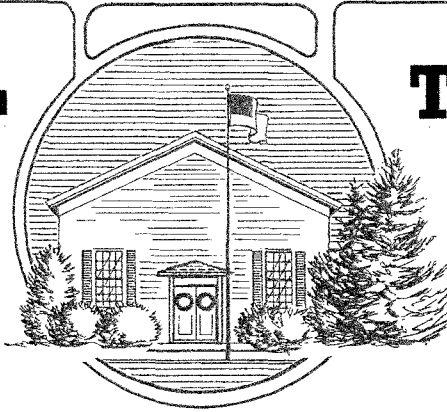


RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

May 6, 2015

Mr. Paul A. Phillips,
Chagrin Valley Paving, Inc.
17290 Munn Road
Chagrin Falls, OH 44023

Re: 2015 Asphalt Resurfacing of Various Road – Russell Township, Geauga County

Dear Mr. Phillips:

Enclosed please find copies of the contracts to be executed for the Asphalt Resurfacing of Various Roads in Russell Township, Geauga County, (TR-152, TR-324, TR-325, TR-326, & TR-327) that was recently awarded to your company.

Please return the following items:

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Walder', is written over a faint, larger signature that is partially obscured.

Charles E. Walder
Fiscal Officer

Russell Township
 Geauga County
 Estimate: \$250,000.00

Tabulation - The Asphalt Resurfacing of Various Roads
 in Russell Township
 Bid Opening - April 10, 2015

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

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

Barbicas Const Co Inc
 124 Darrow Road, Ste 1
 Akron, OH 44305

ITEM NO.	ODOT NO.	DESCRIPTION OF ITEM	ESTIMATED QUANTITIES		CHAGRIN VALLEY PAVING, INC.		RONYAK PAVING, INC.		BARBICAS CONST CO INC	
					UNIT BID	TOTAL BID	UNIT BID	TOTAL BID	UNIT BID	TOTAL BID
1	103	Contract Performance Bond and Premium	1	LUMP	\$2,350.00	\$2,350.00	\$2,130.00	\$2,130.00	\$2,500.00	\$2,500.00
2	202	Wearing Course Removed	150.0	SY	\$5.00	\$750.00	\$8.00	\$1,200.00	\$8.00	\$1,200.00
3	301	Asphalt Concrete Base, PG64-22	1125.0	CY	\$100.00	\$112,500.00	\$110.00	\$123,750.00	\$115.00	\$129,375.00
4	301	Asphalt Concrete Base, PG64-22 (Driveways)	25.0	CY	\$175.00	\$4,375.00	\$200.00	\$5,000.00	\$150.00	\$3,750.00
5	407	Tack Coat, As Per Plan	1,480	GAL	\$2.00	\$2,960.00	\$1.80	\$2,664.00	\$2.00	\$2,960.00
6	441	Asphalt Concrete Surface Course, Type 1, (448) PG64-22 (Driveways)	45.0	CY	\$185.00	\$8,325.00	\$250.00	\$11,250.00	\$175.00	\$7,875.00
7	441	Asphalt Concrete Surface Course, Type 1, (448) PG64-22, As Per Plan	530.0	CY	\$145.00	\$76,850.00	\$145.00	\$76,850.00	\$175.00	\$92,750.00
8	614	Maintaining Traffic	1	LUMP	\$16,510.00	\$16,510.00	\$8,000.00	\$8,000.00	\$3,500.00	\$3,500.00
9	617	Compacted Aggregate (RACP), As Per Plan	360.0	CY	\$20.00	\$7,200.00	\$35.00	\$12,600.00	\$55.00	\$19,800.00
10	624	Mobilization	1	LUMP	\$15,000.00	\$15,000.00	\$3,500.00	\$3,500.00	\$7,500.00	\$7,500.00
11	644	Stop Line	40.0	FEET	\$13.75	\$550.00	\$17.50	\$700.00	\$13.75	\$550.00
TOTAL						<u>\$247,370.00</u>	TOTAL	<u>\$247,644.00</u>	TOTAL	<u>\$271,760.00</u>

UNIT PRICE CONTRACT
RUS-RS-15

THIS CONTRACT is made and entered into at Russell Township
Geauga County, Ohio this 6th day of May
20 15 by and between the Russell Township Board of Trustees
Party of the First Part, hereinafter called the "Public Authority" and _____
Chagrin Valley Paving, Party of the Second, hereinafter
called the "Contractor".

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

ARTICLE I - SCOPE OF THE WORK

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

The Asphalt Resurfacing of Various Roads
in Russell Township

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

ARTICLE II - COMPENSATION TO BE PAID TO THE CONTRACTOR

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

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

ARTICLE III - COMPONENT PARTS OF THIS CONTRACT

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

- A. Specifications for Bid Proposals
 - 1. Legal Notice
 - 2. Description of Work
 - 3. General Clauses and Covenants
 - 4. Wage Rate Information
- B. Proposal Package
 - 1. Bid Guaranty Bond or Certified Check, Cashier's Check or Letter of Credit
 - 2. Proposal Form
 - 3. Subcontractor Information
 - 4. Construction Schedule
 - 5. Corporation Certificate
- C. Plans
- D. Standard Contract Provisions for Contracts Prepared by the Geauga County Engineer's Office, 2015
- E. Modifications to the Construction and Material Specifications for Geauga County, 2015
- F. ODOT Standard Construction and Material Specifications
- G. ODOT Standard Construction Drawings
- H. Recommendation of the Engineer to award the Bid
- I. The Resolution of the Public Authority awarding the Bid
- J. Performance Bond
- K. Certification of Personal Property Tax
- L. Workers Compensation Certificate
- M. Certificate of Insurance
- P. Affidavit in Compliance with Section 3517.13 of the Ohio Revised Code

ARTICLE IV - MISCELLANEOUS

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

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

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

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

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

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

PUBLIC AUTHORITY

[Signature]

Gay G. Haber

Jan Mullis

THE CONTRACTOR

Address _____

BY _____
Title _____

Witnesses:

[Signature]

[Signature]

Brittany L. White

Witnesses:



PROPOSAL
Unit Price Contract RUS-RS-15
The Asphalt Resurfacing of Various Roads
Russell Township, Geauga County

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

ITEM NO.	ODOT NO.	DESCRIPTION OF ITEM	ESTIMATED QUANTITY		UNIT PRICE BID			TOTAL ITEM
					LABOR	MATL	BID	
1	103	Contract Performance Bond and Premium	1	LUMP	\$2,350.00	\$0.00	\$2,350.00	\$2,350.00
2	202	Wearing Course Removed	150.0	SY	\$5.00	\$0.00	\$5.00	\$750.00
3	301	Asphalt Concrete Base, PG64-22	1125.0	CY	\$5.00	\$95.00	\$100.00	\$112,500.00
4	301	Asphalt Concrete Base, PG64-22 (Driveways)	25.0	CY	\$25.00	\$150.00	\$175.00	\$4,375.00
5	407	Tack Coat, As Per Plan	1480	GAL	\$1.00	\$1.00	\$2.00	\$2,960.00
6	441	Asphalt Concrete Surface Course, Type 1, (448) PG64-22 (Driveways)	45.0	CY	\$20.00	\$165.00	\$185.00	\$8,325.00
7	441	Asphalt Concrete Surface Course, Type 1, (448) PG64-22, As Per Plan	530.0	CY	\$25.00	\$120.00	\$145.00	\$76,850.00
8	614	Maintaining Traffic	1	LUMP	\$16,510.00	\$0.00	\$16,510.00	\$16,510.00
9	617	Compacted Aggregate (RACP), As Per Plan	360.0	CY	\$10.00	\$10.00	\$20.00	\$7,200.00
10	624	Mobilization	1	LUMP	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00
11	644	Stop Line	40.0	FEET	\$7.00	\$6.75	\$13.75	\$550.00


TOTAL CONTRACT **\$247,370.00**

EARLIEST START DATE: MAY 18, 2015

LATEST COMPLETION DATE: JULY 31, 2015

CALENDAR DAYS TO COMPLETE: 45 Days

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

Sign: 

Contractor: Chagrin Valley Paving, Inc.

By: Paul A. Phillips

Address: 17290 Munn Road

Title: President

Chagrin Falls, Ohio 44023

Phone: 440 543 2253

Fax: 440 543 2281

CERTIFICATION OF PERSONAL PROPERTY TAX

STATE OF OHIO

COUNTY OF _____

Before me, a Notary Public, in and for said county and State, personally appeared _____, who being first duly sworn that he/she is the Public Authority or officer of _____ *Chagrin Valley Paving, Inc.*

which having been awarded a contract by _____ *Russell Township Board of Trustees* for *The Asphalt Resurfacing of Various Roads in Russell Township*

hereby states that _____ *Chagrin Valley Paving, Inc.*

_____ was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which _____ *Russell Township* has territory and that _____ *Chagrin Valley Paving, Inc.* (Taxing District)

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

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

_____ *Chagrin Valley Paving, Inc.*
(Name of Company)

By: _____
Signature

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

NOTARY PUBLIC

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

SURETY INQUIRY

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

Project Name: _____

Contact: _____

Surety Co: _____

Address: _____

Phone: _____

Contractor: _____

Contractor's Federal ID # - _____

READ BEFORE COMPLETING YOUR DMA FORM

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

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

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

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

- Department of Public Safety Divisions:

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

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



GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

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

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

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

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

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

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

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

DECLARATION

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

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

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

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

CERTIFICATION

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

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

Request for Taxpayer Identification Number and Certification

Give Form **W-9** to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification. (C=C corporation, S=S corporation, F=partnership)	
	<input type="checkbox"/> Other (see instructions)	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here	Signature of U.S. person	Date
-----------	--------------------------	------

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form **W-9** only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form **W-9** has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.


STEP 3: Acknowledgment

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

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

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

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

 Signature _____ Today's Date ____/____/____
Do not print or type name