

**Notice to Bidders
Tompkins County
Excavator(s)**

SEALED BIDS for two (2) new and unused Excavators will be accepted at the Tompkins County Finance Department, **Purchasing Division**, 125 East Court Street, Old Jail Building, 2nd Floor, Ithaca, NY 14850 up until 11:30 a.m. on January 29, 2014 at which time and place they will be opened and publicly read.

Specifications packages, including submittal forms, are available at the following website:
www.tompkinscountyny.gov/purchase/currentbids

Questions regarding the specifications may be directed to Lisa Hall, lhall@tompkins-co.org.

Tompkins County reserves the right to reject any or all bids and to waive any informalities.

Lisa M. Hall
Buyer

Tompkins County

Request for Bid – Submission Instructions

Respondents shall submit their bid response per the instructions below. Respondents who do not follow these guidelines may have their bids rejected as incomplete or non-responsive.

- Respondents shall read all documents contained in this specification package. Failure to do so does not excuse respondent from abiding by all instructions, terms or conditions.
- Responses shall be submitted to the location and in the format indicated in the specifications no later than the date and time indicated.
- The County reserves the right to amend the specifications prior to the due date by written “Addenda”. It is the respondent’s responsibility to ascertain whether any addenda have been issued prior to submitting their bid.
- Respondents shall submit their bid in a sealed package or envelope with the name of their company and the title of the Request for Bid.
- Respondents must provide one original printed copy, with original signatures, of their bid response. Electronic files may be requested as well.
- Respondents shall submit **all** forms that require signatures with their bid response.
- All responses submitted become the property of the County and are subject to Public Information Policy.
- This invitation for bid does not commit the County to award a contract, nor shall the County be responsible for any cost or expense that may be incurred by the respondent in preparing and submitting their response or any cost incurred prior to the execution of a contract.
- The County reserves the right to cancel the contract without cause with a minimum of thirty (30) days written notice. Termination or cancellation of the contract will not relieve the respondent of any obligations or liabilities resulting from any acts committed by the respondent prior to the termination of the contract. The respondent may cancel the contract with one hundred-twenty (120) days written notice.

Tompkins County
Request for Bid – Terms & Conditions

Method of Award:

The County reserves the right to award the contract to the respondent who submits the bid(s) that prove(s) to be in the best interest of the County. The County has the sole discretion and reserves the right to cancel this request, reject any/all responses, to waive any/all informalities and/or irregularities if it is deemed to be in the best interest of the County to do so.

Contract Extension:

The County agrees, under the General Municipal Laws of New York State to allow all authorized users who wish to utilize any contract awarded as a result of this solicitation to do so. However, it is understood that the extension of such contract is at the discretion of the respondent and the respondent is only bound to the contract between itself and the County.

Term of Contract:

Unless otherwise specified, any contract resulting from this solicitation shall be for one year with the option to renew for up to three (3) additional twelve (12) month periods by mutual agreement in accordance with the terms of the contract.

Contract Award:

The contract award, if any, will be made within forty-five (45) calendar days of due date. The contract shall be awarded to the respondent who submits the lowest responsible bid that proves to be in the best interest of the County.

Non-Appropriation Clause:

In accordance with New York State General Municipal Law, the County will not be liable for any purchases or contracts for goods or services for which funding is not available. As a result, the respondent agrees to hold the County harmless for any contracts let for which funding either does not currently exist, or for which funding has been removed prior to the authorization to proceed. Should it become necessary for the County to cancel a project after the order to proceed has been issued, the County will only be liable for, and the respondent agrees, to only assess those financial damages that it can prove to have incurred as a result of the contract cancellation.

Guarantee:

The respondent shall guarantee that the product(s) or equipment provided is standard new products or equipment (unless otherwise requested), latest model of regular stock product and in current production. Replacements parts shall be easily obtained and that no attachment or part (if applicable) has been substituted or applied contrary to the manufacturers' recommendations and standard practice. Every product delivered shall be guaranteed against faulty material and workmanship for the term(s) of the contract(s). If during this period such faults develop, the product(s) shall be replaced at no cost to the County.

Late Delivery Penalties:

Delivery terms shall be stated in the detailed specifications, or may be requested from the respondent to be specified on the bid form. By signing the bid forms the respondent agrees that they are able to meet the specified requirements. A penalty fee of \$10.00 per calendar day, for each day the item(s) ordered are not delivered to the proper County location may be assessed. In the event that the item is on backorder through no fault of the respondent, the respondent is required to inform the County immediately. Late penalty fees shall be deducted from the invoice once the item is received by the County.

Invoices:

Invoices shall be mailed directly to the ordering department. Invoices mailed to the incorrect location may not be forwarded thus causing delay in payment.

Tax on Materials:

In regard to any taxes applicable to this project respondents are to acquire a copy of form ST-120.1 from the New York State Department of Taxation and Finance and follow accordingly. Tompkins County is tax exempt. If required, a Tax Exemption Certificate will be forwarded upon request.

Failure to Perform:

In the event the equipment and/or products fail to perform to the County's expectations the vendor shall, at its own expense, repair or replace said item(s).

Installation of Equipment:

In the event that installation of equipment is needed, the respondent shall arrange with the County for the installation within forty-eight (48) hours after delivery of the product(s).

Training:

If required, training shall take place during regular business hours. Training shall be provided until all County personnel involved in the contract are adequately trained.

Financing of Material or Equipment Purchases:

When any bid includes the lease and/or purchase of material and/or equipment the respondent shall submit a price on the bid form provided by the County. The price offered shall include all delivery, installation (if applicable), finance, and any other charges that may be associated with said purchase or lease. The County shall only deal with the contractor/vendor actually submitting the bid AND arrangements made between the respondent and any other party as a part of this bid are strictly between those parties and the County shall not be included or required to participate in them in any way. Furthermore, the County shall only make payments directly to the vendor awarded a contract and issued a purchase order or authorization to proceed. The County shall not make partial or pre-payments of any kind unless stipulated in the specifications by the County.

Pricing Adjustments:

Pricing adjustments will only be considered at the time of bid renewal. If, in the opinion of the County, any price adjustment request is in excess of that acceptable to the County, the County reserves the right to reject the proposed increase and seek new bids.

Workforce Diversity and Inclusion:

Tompkins County government is committed to creating a diverse and fully inclusive workplace that strengthens our organization and enhances our ability to adapt to change by developing and maintaining:

- A. An organization-wide understanding and acceptance of the purpose and reasons for diversity;
- B. Recruitment and retention policies that assure a diverse workforce;
- C. A workplace environment that is welcoming and supportive of all;
- D. Awareness, understanding and education regarding diversity issues;
- E. Zero tolerance for expressions of discrimination, bias, harassment, or negative stereotyping toward any person or group;
- F. A workforce ethic that embraces diversity and makes in the norm for all interactions, including delivery of services to the public.

Respondents are encouraged to include an outline of their diversity policy in their proposal response.

Contract Re-Assignment:

The respondent shall not re-assign any portion of the any contract that results from this solicitation without the express written consent of the County.

Deviations:

Deviations to the specifications are to be so noted and fully explained. Tompkins County reserves the right to accept any or all deviations if it proves to be in the best interest of the County.

Corporate Compliance:

FEDERAL FUNDING COMPLIANCE: The Respondent agrees to comply with all Federal, State, and local laws and regulations governing the provision of goods and services under this Contract. To the extent that federal funds are provided to the Respondent under this contract, the Respondent agrees that it will comply with all applicable federal laws and regulations, including but not limited to those laws and regulations under which the Federal funds were authorized.

Further, Respondent agrees to comply with the County's Compliance Plan regarding Federal and State fraud and abuse laws; the Compliance Plan can be reviewed at www.tompkins-co.org or a copy can be obtained from Tompkins County Administration, 125 East Court Street, Ithaca, NY 14850.

Respondents that are providers of healthcare services certify that the Respondent, and all employees, directors, officers, and subcontractors of the Respondent, are not "excluded individuals or entities" under Federal and/or New York State statues, rules and regulations, to determine if any of them are on or have been added to the exclusion list.

The Respondent shall promptly notify the County if any employee, director, officer of subcontractor is on or has been added to the exclusion list. The County reserves the right to immediately cancel this contract, at no penalty to the County, if any employee, director, officer or subcontractor is on or has been added to the exclusion list.

By submitting a response to a Request for Proposals, you are attesting to the fact that you and/or the provider, which you represent, have not been sanctioned nor excluded by any of the aforementioned entities.

Iranian Energy Sector Divestment:

By submitting a response to this solicitation, the respondent hereby represents that said respondent is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment", in that said respondent has not:

- a. Provided goods or services of \$20 Million or more in the energy sector of Iran including, but not limited to, the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
- b. Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector of Iran.

Any respondent who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

Except as otherwise specifically provided herein, every respondent submitting a response to this solicitation must certify and affirm the following under penalties of perjury:

- (1) “By submission of this response to solicitation, each respondent and each person signing on behalf of any respondent certifies, and in the case of a joint response, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each respondent is not on the list created pursuant to NYS Finance Law Section 165-a (3)(b).”

Except as otherwise specifically provided herein, any response to this solicitation that is submitted without having complied with subdivision (1) above, shall not be considered for award. In any case where the respondent cannot make the certifications as set forth in detail the reasons therefore. The County reserves the right, in accordance with General Municipal Law Section 103-g to award the contract to any respondent who cannot make the certification on a case-by-case basis under the following circumstances:

- (1) The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the respondent has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging any new investments in Iran; or
- (2) The County of Tompkins has made a determination that the goods and services are necessary for the County to perform its functions and that, absent such an exemption, the County of Tompkins would be unable to obtain the goods or services for which the Bid is offered. Such determination shall be made by the County in writing and shall be a public document.

Detailed Specifications
Tompkins County Excavator(s)

Scope:

Tompkins County is seeking bids for two (2) new and unused excavators as described within. Bidders **do not** have to bid on both excavators to be considered for award.

Delivery:

Pricing is to include delivery to the Tompkins County Highway Division, 170 Bostwick Road, Ithaca, NY 14850. Bidders shall express, in calendar days, on their Bid Form(s) the number of days in which delivery shall occur after the receipt of purchase order.

Deviations:

Please check the appropriate column, “yes” or “no”, indicating if the item bid meets the specification for each Excavator you are bidding. Deviations to the specifications must be described in detail on the appropriate page(s) and submitted with the Bid. The County reserves the right to accept or reject any or all deviations.

EXCAVATOR 1 (Compact Excavator)

A. Engine

Item # and Description	Yes	No
1. Tier IV compliant 3-cylinder diesel engine		
2. Minimum of 28.4 SAE net horsepower at 2,400 RPM		
3. Minimum torque of 72.6 ft.-lbs. at 1,440 RPM		
4. Dry type air cleaner with restriction indicator		
5. In-line full flow fuel filter		
6. Pusher style fan design minimizing debris accumulation		
7. Liquid cooled engine		
8. Direct fuel injection		
9. Equipped with a glow-plug starting aid		
10. Equipped with a "one-touch" decelerator		

B. Electrical

Item # and Description	Yes	No
1. Machine shall have a 12-volt electrical system		
2. Machine shall have a heavy-duty battery and starting motor		
3. Minimum 24-amp alternator		
4. Horn shall be provided as standard equipment		

C. Hydraulics

Item # and Description	Yes	No
1. Hydraulic system shall have two variable displacement, axial piston pumps that provide a minimum combined flow 20.2 gallons per minute		
2. System relief pressure shall be a maximum of 3,336 psi		
3. Auxiliary hydraulics (single/bi-directional) with plumbing to arm shall be standard equipment		
4. Hydraulic system with 10 spool control valve to control bucket and arm functions, swing, and travel		
5. Pilot control oil supply provided by a separate gear pump with a maximum capacity of 3.2 gallons per minute		
6. External hydraulic oil cooler		
7. Hydraulic reservoir sight gauge level indicator		

D. Controls

Item # and Description	Yes	No
1. Two-speed travel with selectable control		
2. Pilot operated wrist controls and foot pedals		
3. Spring applied, hydraulically released swing brake with dual cushion relief to hold the upper structure when engine is off		
4. Factory Standard - control pattern valve (SAE or TLB control pattern)		
5. Minimum swing speed of 8.9 revolutions per minute		

Excavator 1 (Compact Excavator) Continued

E. Undercarriage

Item # and Description	Yes	No
1. Machine shall be equipped with rubber tracks		
2. The undercarriage shall have an overall length of 7'1" of track		
3. The undercarriage overall width shall be a maximum of 5'7"		
4. Each track frame supported by a minimum of 4 bottom rollers		
5. Tracks shall have permanently sealed and lubricated track rollers		
6. Travel motors shall be encased within the frame		
7. Track drive shall be fully hydrostatic with 2 axial piston motors		
8. Forward/reverse travel speed of 1.6 MPH (low) and 2.8 MPH (high)		
9. Grease type track tension adjustment		
10. Outer flange undercarriage rollers		
11. Track frame shall be of asymmetrical design		
12. Gradeability shall be 58% (30°)		
13. Heavy-duty hydraulically controlled dozer blade shall be standard equipment		
14. Heavy plate guard to protect dozer blade cylinder shall be included		
15. Maximum dozer blade height of 13"		
16. Maximum ground pressure of 4.6 psi		

F. Operator Environment

Item # and Description	Yes	No
1. ROPS/FOPS certified three (3) post canopy – standard		
2. ROPS/FOPS support mounts liquid filled to minimize vibrations		
3. Deluxe adjustable seat with seat belt and arm rests		
4. Left or right arm rest in the up position that locks out the pilot controls		
5. Safety gate on the left and right hand side of the operator that must be lowered to activate the hydraulic pilot controls		
6. Maximum interior (canopy) noise level rating of 80 dBA		
7. Maximum exterior dynamic noise level rating of 93 dBA		

G. Display (to include the following indicators)

Item # and Description	Yes	No
1. Engine oil pressure		
2. Water temperature lamp		
3. Air filter lamp		
4. Water separator detection lamp		
5. Low fuel warning lamp		
6. Battery charge lamp		
7. Glow plug indicator lamp		
8. Water temperature gauge		
9. Hour meter		

Excavator 1 (Compact Excavator) Continued

H. Dimensions

Item # and Description	Yes	No
1. Overall transport height of 8' 5"		
2. Overall transport length of 15' 5"		
3. Maximum overall transport width of 5' 7"		
4. Maximum tail swing radius of 2' 9"		
5. Zero tail swing overhang		
6. Minimum upper structure ground clearance of 1' 10"		
7. Minimum ground clearance of 12.9"		
8. Operating weight of 7,958 lbs.		

I. Performance

Item # and Description	Yes	No
1. Minimum dig radius at ground line of 17' 2"		
2. Maximum dig depth of 10' 1"		
3. Minimum dump height of 11' 8"		
4. Minimum vertical straight wall dig depth of 7' 10"		
5. Minimum arm digging force of 4, 203 lbs. force		
6. Minimum bucket digging force (two position bucket) of 8,430 lbs. force		

J. Boom and Bucket

Item # and Description	Yes	No
1. Shall have a quick change bucket and coupler		
2. Shall include an 18", 24" digging bucket and a 36" digging bucket		
3. Shall include hydraulic 2 tine thumb		
4. Boom shall be of a center swing design		
5. Boom cylinder shall have a protective guard		
6. Boom shall swing a minimum of 70° left and 60° right		

K. Serviceability

Item # and Description	Yes	No
1. Centralized daily service points for quick/easy maintenance checks		
2. Hinged engine cover for easy accessibility		
3. Engine exhaust directed out lower rear of machine minimizing exhaust gases near operator		
4. 10 gallon hydraulic tank refill capacity		
5. 12.7 gallon total hydraulic system capacity		
6. 1.8 gallon engine oil with filter change capacity		
7. 10 gallon fuel tank capacity		
8. 1.2 gallon radiator capacity		

L. Warranty

Item # and Description	Yes	No
1. Minimum base warranty of one (1) year or 1,000 hours		
2. Optional extended warranty for full machine		
3. Optional extended warranty for Powertrain only		

EXCAVATOR 2

A. Engine

Item # and Description	Yes	No
1. Shall have a minimum of 160 SAE net horsepower at 1,800 RPM		
2. Shall produce a minimum torque of 458 ft-lbs at 1,500 RPM per SAE J1349		
3. Parent metal bore		
4. Integral water pump		
5. Integral oil cooler		
6. Dual stage air cleaner		
7. Automatic self-adjusting belt tensioner		
8. Vertical spin-on engine oil filter		
9. 500-hour engine oil change interval		
10. Auto engine warm-up		
11. Tier Iva emission approved engine		

B. Electrical

Item # and Description	Yes	No
1. 24-volt electrical system		
2. Minimum 50-amp alternator		
3. Single serpentine belt for fan and alternator		

C. Hydraulics

Item # and Description	Yes	No
1. Hydraulic system with a minimum of two variable displacement pumps that provide a minimum combined flow of 111 gallons per minute		
2. System relief pressure shall be a maximum of 4,970 psi for the standard relief and 5,330 psi for the power boost relief		
3. Auxiliary valve section as standard equipment		
4. Hydraulic system filtered by a minimum 10-micron full flow cartridge filter for drain circuit		
5. Pilot control oil supply filtered by a minimum 10-micron filter		
6. Pilot-operated controls for the broom, stick, bucket, swing and travel		
7. External hydraulic oil cooler		
8. Hydraulic reservoir sight gauge level indicator		
9. 5000-hour oil change interval		
10. 1000-hour oil filter change interval		

Excavator 2 - Continued

D. Controls

Item # and Description	Yes	No
1. Excavator shall have low effort and easy-to-operate controls		
2. Selectable cushion control for the boom and stick		
3. Selectable switch to activate or de-activate the cushion control		
4. Selectable optional switch to activate the free swing or to switch to hydrostatic stopping		
5. Minimum swing speed of 11.8 revolutions per minute		
6. Selectable two-speed travel with auto down shift		
7. Minimum three operating modes: SP (super power), H (heavy), A (automatic)		
8. "one-touch" decelerator control built into the right hand joystick		
9. "one-touch" decelerator selectable to the auto-decelerator mode where the excavator will idle down after the controls are in neutral		
10. Length of the delay for the auto-decelerator mode adjustable from five to thirty seconds		
11. "Power boost" feature that operates in the H and SP modes and provides a minimum 9%		
12. Increased power for a minimum of eight seconds		
13. Anti-drift valves in boom and arm circuits		
14. Cushioned cylinder stops at arm in and out, boom up, and bucket curl		
15. A 100% swing brake hold upper structure when engine is off		

E. Undercarriage

Item # and Description	Yes	No
1. Undercarriage shall have an overall length of 14' 8" of track		
2. Overall width shall be a minimum of 10' 6" with 32" track, 3-bar grouser shoes		
3. Each track frame supported by a minimum of 8 bottom rollers and 2 upper rollers		
4. Permanently lubricated rollers		
5. Travel motors encased within the frame with a minimum travel speed of 3.5 MPH		
6. Track tension maintained by a hydraulic track adjustment cylinder		
7. Full underside shield protection for the excavator upper structure and turn table made of high strength steel		
8. Outer flange rollers for track alignment		
9. Machine hydraulics in the power boos mode while travel is engaged		
10. Gradeability of 70%		
11. Spring applied, hydraulically released disc brakes on each travel motors		
12. Selectable travel alarm, continuous alarm or shutdown after 10 seconds		
13. Drawbar pull 42,265 lbf		

Excavator 2 - Continued

F. Operator Environment

Item # and Description	Yes	No
1. Roll over protection structure – ROPS		
2. Heater, air conditioner defrost with auto climate control as standard		
3. Air suspension cloth seat with adjustable head rest and armrests		
4. 3” wide seat belt		
5. Rear view camera with 7” color monitor mounted in cab		
6. Adjustable pilot controls for excavator operation		
7. Adjustable pilot control consoles, with minimum of four (4) positions		
8. AM/FM radio with aux-in port for MP3, antenna and 2 speakers		
9. Rear cab window that can also be an emergency exit		
10. Windshield wiper with washer		
11. Onboard self-diagnostic system		
12. Left arm rest in the up position that locks out the pilot controls		
13. Safety gate on the left side of the operator that must be lowered to activate the hydraulic pilot controls		
14. Single-key cab door lock, ignition, and all vandal protection locks		
15. Auxiliary 12-volt, 10 amp power supply		
16. 4 point ISO mounted cab		
17. Cab glass of impact resin and safety glass front window		
18. Interior cab sound level to exceed 70.0 dBA		

G. Display (to include the following indicators)

Item # and Description	Yes	No
1. Message system that displays messages in words		
2. Auto warm-up mode		
3. Engine idling mode		
4. Optional free swing selection mode		
5. Power-up mode		
6. Heavy mode		
7. Automatic mode		
8. Travel speed		
9. Emergency stop		
10. Low fuel level		
11. Low coolant level		
12. Battery level		
13. Air filter condition		
14. Low oil pressure		
15. Overheat for the engine temperature		
16. Overheat for the hydraulic oil temperature		
17. Alternator		
18. Electrical problems		

H. Dimensions

Item # and Description	Yes	No
1. Maximum overall transport height of 9' 10"		
2. Maximum overall transport length of 30' 9"		
3. Maximum overall transport width of 10' 6"		
4. Maximum tail swing radius of 9'		
5. Minimum upper structure ground clearance of 3' 5"		
6. Minimum ground clearance of 17"		
7. Stick shall be minimum 9' 8"		
8. Shall include a 36" and 48" Severe duty buckets		
9. Shall include a Progressive 4 tine thumb that interlocks with bucket teeth		

I. Performance

Item # and Description	Yes	No
1. Minimum dig radius at ground line of 31' 11"		
2. Minimum dig depth (8' level bottom) of 21' 3"		
3. Minimum dump height of 22' 4"		
4. Minimum vertical straight wall dig depth of 19' 7"		
5. Minimum arm digging force, power boost mode, of 24,729 pounds force		
6. Minimum arm digging force, standard mode, of 23,155 pounds force		
7. Minimum bucket digging force, standard mode, of 31,923 pounds force		
8. Minimum bucket digging force, power boost mode, of 34,171 pounds force		
9. Minimum lift capacity over the side (at 15' radius and ground line with standard stick) of 14,550 pounds		
10. Minimum lift capacity over the end (at 15' radius and ground line with standard stick) of 22,600 pounds		
11. Swing torque 47,200 lbf		

J. Serviceability

Item # and Description	Yes	No
1. 39-gallon hydraulic tank refill capacity		
2. 63-gallon total hydraulic system capacity		
3. 5.3-quart final drive capacity (per side)		
4. 5.3-quart swing drive capacity		
5. 6.1-gallon engine oil with filter change capacity		
6. 108-gallon fuel tank capacity		
7. 7.6-gallon radiator capacity		

K. Warranty

Item # and Description	Yes	No
1. Minimum engine warranty of two (2) years of 2,000 hours		
2. Minimum base warranty of twelve months or 1,800 hours		
3. Optional extended warranty Full Machine		
4. Optional extended warranty Power train Only		

ANTI-DISCRIMINATION CLAUSE

During the performance of this contract, (the contractor) hereby agrees as follows:

- (a) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color or national origin, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination because of race, color, creed, ethnicity, Vietnam-era veteran status, disabled veteran, marital status, disability, national origin, or status as an ex-offender. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.
- (b) The contractor will send to each labor union or representative of workers with which he has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner for Human Rights, advising such labor union or representative of the contractor's agreement under clauses (a) through (f) hereinafter called "non-discrimination clauses". If the contractor was directed to do so by the contracting agency as part of the bid or negotiation of this contract, the contractor shall request such labor union or representative to furnish him with as written statement that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.
- (c) The contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's and local Tompkins County Laws against discrimination as the State Commission for Human Rights shall determine.
- (d) The contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color or national origin.
- (e) The contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to his books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.
- (f) This contract may be forthwith cancelled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commission for Human Rights that the Contractor may be declared ineligible for future contracts made by or on behalf of the State or a public authority or agency of the State, until he satisfies the State Commission for Human Rights that he has established and is carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the Contractor and opportunity has been afforded him to be heard publicly before three members of the Commission. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law. The Contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions be performed within the State of New York. The Contractor will take such action in enforcing such provisions of such subcontract or purchase order as the contracting agency may direct, including sanctions or remedies for non-compliance. If the Contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Contractor shall promptly so notify the Attorney General, requesting him to intervene and protect the interests of the State of New York.

GENERAL CONDITIONS ACCEPTED BY:

Firm: _____

By: _____

Date: _____

Title: _____

**COUNTY OF TOMPKINS
GENERAL CONDITIONS**

AFFIDAVIT OF NON-COLLUSION

NAME OF RESPONDER: _____ PHONE NO.: _____ FAX NO.: _____

BUSINESS ADDRESS: _____ EMAIL: _____

I hereby attest that I am the person responsible within my firm for the final decision as to the price(s) and amount of the proposal, or If not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his/her behalf and on behalf of my company.

I further attest that:

1. The prices in this bid/proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition with any other contractor, responder or potential bidder; and
2. Neither the price(s), nor the amount of this bid/proposal, have been disclosed to any other firm or person who is a responder or potential responder on this project, and will not be so disclosed prior to bid/proposal opening; and
3. No attempt has been made or will be made to solicit, cause or induce any company or person to refrain from responding to this RFB/RFP, or to submit a bid/proposal higher than the proposal of this company, or any intentionally high or non-competitive bid/proposal or other complementary proposal; and
4. The bid/proposal of my company is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary proposal; and
5. My company has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other company or person, offerer, promised or paid cash of anything of any value to any company or person, whether in connection with this or any other project, in consideration for an agreement or promise by a company or person to refrain from responding to this RFB/RFP or to submit a complementary bid/proposal on this project; and
6. My company has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any company or person, and has not been promised or paid cash or anything of value by and company or person, whether in connection with this or any project, in consideration for my company's submitting a complementary bid/proposal or agreeing to do so on this project; and
7. I have made a diligent inquiry of all members, officers, employees, and agents of my company with responsibilities relating to the preparation, approval or submission of my company's proposal on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion act or other conduct inconsistent with any statements and representations made in this affidavit.
8. **By submission of this proposal I certify that I have read, am familiar with, and will comply with any and all segments of these specifications.**

The person signing this proposal, under the penalties of perjury, affirms the truth thereof.

Signature & Company Position: _____

Print Name & Company Position: _____

Company Name: _____

Date Signed _____ Federal I.D. Number _____

REFERENCES

Company #1 _____
Address _____
City, State, ZIP _____
Contact Person _____
Telephone _____
Date(s) of Service _____
Type of Service _____
Comments _____

Company #2 _____
Address _____
City, State, ZIP _____
Contact Person _____
Telephone _____
Date(s) of Service _____
Type of Service _____
Comments _____

Company #3 _____
Address _____
City, State, ZIP _____
Contact Person _____
Telephone _____
Date(s) of Service _____
Type of Service _____
Comments _____

TOMPKINS COUNTY INSURANCE AND INDEMNIFICATION

The Successful Bidder Shall Maintain and Agree to the Following:

(Vendor) hereinafter referred to as Contractor, shall indemnify, hold harmless and defend Tompkins County and its officers, employees, agents and elected officials from and against any and all claims and actions brought against Tompkins County and its officers, employees, agents and elected officials for injury or death to any person or persons or damage to property arising out of the performance of this contract by the Contractor, its employees, subcontractors or agents except all actions and claims arising out of the negligence of Tompkins County. The Contractor shall maintain the following minimum limits of insurance or as required by law, whichever is greater.

A.) **Workers' Compensation and New York Disability** - Statutory Coverage Employer's Liability - Unlimited.

B.) **Commercial General Liability** including, contractual, independent contractors, products/completed operations - Occurrence Form required.

*	Each Occurrence	\$1,000,000
*	General Aggregate	2,000,000
*	Products/Completed Operations Aggregate	2,000,000
*	Personal and Advertising Injury	1,000,000
*	Fire Damage Legal	50,000
*	Medical Expense	5,000

- **General Aggregate** shall apply separately to the project prescribed in the contract

* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

C.) **Business Auto Coverage** Liability for Owned, \$1,000,000 CSL or
Hired and Non-Owned Autos 500,000 Per Person BI
1,000,000 Per Accident BI
250,000 PD Split Limits

* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

All insurance shall be written with insurance carriers licensed by the State of New York Insurance Department and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Tompkins County Certificate of Insurance (copy attached) including the Contract Number. The accord Certificate of Insurance or insurance company certificate may be used for proof of Workers' Compensation and Disability. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the RFP/bid.



TOMPKINS COUNTY CERTIFICATE OF INSURANCE

BIDS CANNOT BE ACCEPTED NOR CAN WORK COMMENCE UNTIL THIS
CERTIFICATE IS RECEIVED AND ACCEPTED BY COUNTY ADMINISTRATION

INSURED NAME ADDRESS CITY,ST ZIP	<i>INSURANCE CARRIER:</i> A B	A.M. BEST RATING:
PRODUCER NAME ADDRESS CITY, ST ZIP PHONE:	C D	

This certifies that the policies listed below have been issued and are in force at this time.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS (IN \$1,000)
	GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE FORM <input type="checkbox"/> OTHER	 (Certified copy of policy must be submitted if "other")			EACH OCCURRENCE \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV INJURY \$ FIRE DAMAGE (ANY ONE FIRE) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-HIRED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA				EACH OCCURRENCE \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				COVERAGE A STATUTORY COVERAGE B " EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$
	NYS DISABILITY				STATUTORY
	PROFESSIONAL LIABILITY OR ERRORS/OMISSIONS				\$
	OWNERS CONTRACTORS PROTECTIVE LIABILITY				
	OTHER				

Insurance Carriers providing liability coverages acknowledge that the above referenced contract constitutes an "Insured Contract" as defined in their policy. As required by said contract, the County of Tompkins and its officers, employees, agents and elected officials are included as Additional Insureds under each respective policy. Insurance Carriers warrant that no policy will be non-renewed, canceled, or materially changed without thirty (30) days advance notice to County Administration.

Certificate Holder:
TOMPKINS COUNTY ADMINISTRATION
125 EAST COURT STREET
ITHACA, NY 14850

PHONE (607-274-5548 FAX: (607) 274-5558
 JKippola@Tompkins-Co.Org

Authorized Representative

Signature _____

Name _____

Title _____ Date _____

**Tompkins County
Vendor Responsibility Form**

The Office of the State Comptroller requires that governmental agencies award contracts only to vendors that have been certified as “responsible.” Vendor responsibility means that a vendor has the integrity to justify the award of public dollars and the capacity to fully perform the requirements of the contract. It is the contracting agency’s responsibility, under Section 163 (9) of the State Finance Law (SFL), to evaluate and make a determination of the responsibility of a prospective contractor. A responsibility determination, wherein the contracting agency determines that it has reasonable assurances that a vendor is responsible, is an important part of the procurement process, promoting fairness in contracting and protecting a contracting agency and the County against failed contracts.

The following factors are to be considered in making a responsibility determination:

1. Legal Authority to do business in New York State
2. Integrity
3. Capacity – both organizational and financial
4. Previous performance

Please complete the following questions. This form **must** be returned with your bid submission in order for your bid to be ruled responsive.

Within the past five (5) years has your firm, any affiliate, any predecessor or company or entity, owner, director, officer, partner or proprietor been the subject of:

ANSWER ALL QUESTIONS

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| A. An indictment, judgment, conviction, or a grant of immunity, including pending actions, for any business related conduct constituting a crime under governmental law? | YES _____ | NO _____ |
| B. A government suspension or debarment, rejection of any bid or disapproval of any proposed sub-contract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement? | YES _____ | NO _____ |
| C. Any governmental determination of a violation of any public works law or regulation, or labor law or regulation, or any OSHA violation deemed “serious or willful?” | YES _____ | NO _____ |
| D. A consent order with NYS Department of Environmental Conservation, or a governmental enforcement determination involving a construction-related violation of federal, state, or local environmental laws? | YES _____ | NO _____ |

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <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 Line 1 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.

Social security number
or
Employer identification number

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

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.

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

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

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

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

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

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

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

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

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

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

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

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

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

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

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. 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.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

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

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

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

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

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

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

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

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

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

Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

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

Protect yourself from suspicious emails or phishing schemes.

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

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

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

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

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

² Circle the minor's name and furnish the minor's SSN.

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

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

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

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

E. A finding of non-responsibility by a governmental agency or Authority for any reason.

YES _____

NO _____

If yes to any of the above, please provide details regarding the finding.

ENTITY MAKING FINDING: _____

YEAR OF FINDING: _____

BASIS OF FINDING: _____

(Attach additional sheets if necessary)

Offerer Certification:

I certify that all information provided to Tompkins County with respect to State Finance Law §139-k is complete, true and accurate.

Name: _____

Title: _____

Company Name: _____

Company Address: _____

Signature: _____

BID/PROPOSAL SIGN-OFF SHEET

BID/PROPOSAL TITLE:

Please check off and sign for items below and submit this required sheet with your bid/proposal response; the bid/proposal may be rejected if the required documents are not included with the response.

		DONE	INITIALS
1.	Bid/Proposal completed		
2.	Non-Collusive certificate completed		
3.	Anti-Discrimination clause completed		
4.	Proof of insurance coverage in amounts required by specification signed by insurance agent enclosed		
5.	Addenda (if issued) received		
	List Addendum # and dates		
6.	Insurance Binder completed		
7.	Reference Form completed		
8.	Vendor Responsibility Form completed		
9.	Corporate Compliance – agree to terms and conditions		
10.	W-9 Taxpayer Identification and Certification		

By signing below the respondent is certifying that:

1. All information provided herein is true and correct to the best of their knowledge.
2. The respondent has read and understands the specifications in their entirety and that the response is made in accordance therewith, and;
3. The respondent possesses the capabilities, resources, and personnel necessary to provide efficient and successful service to the County, and;
4. The respondent will be held responsible for any and all discrepancies, errors, etc. in the discounts or rebates which are discovered during the contract term or up to and including three (3) fiscal years following the County’s annual audit.

Name/Title of Authorized Person Submitting Bid

Firm or Corporation Making Bid

Address

Telephone

Fax

(Remit to address (if different than above))

Signature of Authorized Person Submitting Bid