

*Vinton County Commissioners*  
*Development Department*

TERRI FETHEROLF  
Director

205 South Market Street  
McArthur, Ohio 45651  
dev.dept@vintonco.com

Phone: 740-596-3529  
740-596-0329  
Fax: 740-596-3529

November 4, 2020

Dear Contractor:

Thank you for expressing an interest in the Vinton County Housing Program for Gallia and Vinton Counties.

Enclosed you will find a new contractor application for the Housing Program. Please complete this application and return it with **all of the requested documentation**.

Failure to provide the required documentation, and fully completed application will result in your application being placed in the inactive file and marked as incomplete. You will not be added to the Vinton County Housing Contractor list until your application has been verified to be complete.

Please assure that the worker's compensation certificate is current and that your certificate of insurance lists Vinton County Commissioner's Development Department as the certificate holder and is also current.

Completed applications can be dropped off in person or by mail. Our office is located at 205 South Market Street, McArthur, Ohio 45651

If you have any questions regarding the Housing Repair Program, contractor requirements or need assistance in completing the application please call me at 740-596-3529.

Sincerely,



Kenny Holley, Housing Program Manager  
Vinton County Commissioners Development Department

Vinton County Housing Program  
Contractor Application

**Company Information**

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

Owner Name: \_\_\_\_\_, Title \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_, Title \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

EIN or SSN \_\_\_\_\_

**Company Type**

- Sole Proprietor     Corporation     Other  
 Partnership     LLC

Select Only One

**Contractor Type**

- General     HVAC     Other  
 Septic     Well

Select All That Apply, Based On Meeting All Criteria Found In  
The Requirements Section

D.U.N.S Number \_\_\_\_\_

**Training Information**

**EPA Renovation, Repair, and Painting (RRP)**

Attach another sheet if necessary

Employee Name \_\_\_\_\_

Certificate # \_\_\_\_\_

Employee Name \_\_\_\_\_

Certificate # \_\_\_\_\_

**EPA Certified Firm**

Name on Certificate \_\_\_\_\_

Certificate # \_\_\_\_\_

**ODH Lead Abatement for Contractor License**

Employee Name \_\_\_\_\_

License # \_\_\_\_\_

**ODH Lead Abatement for Workers License**

Employee Name \_\_\_\_\_

License # \_\_\_\_\_

EPA 608 Certifications     Type II     Type III     Universal

Employee Name \_\_\_\_\_

License # \_\_\_\_\_

**ATTENTION: ATTACH COPIES OF ALL LICENSES AND CERTIFICATES TO THIS APPLICATION**

Vinton County Housing Program  
Contractor Application

**Insurance Information**

**Commercial Liability Coverage** Do you have the minimum coverages described below? Yes \_\_\_\_\_ No \_\_\_\_\_  
Public liability \$25,000.00 per person, \$100,000.00 each occurrence, Property damage 100,000.00 each occurrence

Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Fax # \_\_\_\_\_

*Attach a current insurance certificate listing Vinton County Commissioners as the Certificate Holder*

**Worker's Compensation Coverage** BWC Policy Number \_\_\_\_\_

*Attach a current Certificate of Ohio's Worker's Compensation*

**General Information**

Years of Experience as a contractor (Owner/s Only) \_\_\_\_\_ How many people are employed \_\_\_\_\_

How many \$15,000.00 to \$40,000.00 projects can you fund, staff, and manage at one time? \_\_\_\_\_

Have you ever defaulted on a contract? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain \_\_\_\_\_

Have you ever had a judgement filed against you for failure to pay material suppliers ore subcontractors?

Yes \_\_\_\_\_ No \_\_\_\_\_, if yes, explain \_\_\_\_\_

To your knowledge, are you included on any Federal or State list of ineligible contractors? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide a description of the largest job you have done \_\_\_\_\_

Dollar Amount of the job described above \$ \_\_\_\_\_

Circle your typical annual gross volume of contracted work \$0.00 - \$25,000.00 \$25,000.000 - \$50,000.00

\$50,000.00 - \$100,000.00 \$100,000.00 - \$200,000.00 Over \$200,000.00

Does your company have an equal employment opportunity policy, which complies with Federal Regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your company have a written safety plan as required by OSHA Yes \_\_\_\_\_ No \_\_\_\_\_

Vinton County Housing Program  
Contractor Application

References

Recent Projects Completed (Local projects are preferred)

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Description of work \_\_\_\_\_  
Contract Amount \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Description of work \_\_\_\_\_  
Contract Amount \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Description of work \_\_\_\_\_  
Contract Amount \_\_\_\_\_

Certification and Consent

I certify that all of the information contained in this application is true and complete to the best of my knowledge. I understand that the information provided is subject to verification. I also understand that any false or fraudulent statements may result in my companies indefinite removal from the program and may result in my company being placed in the Federal debarred contractor list.

Further, by signing this application I certify that I am authorized to submit this application and agree to the terms contained within. I also give my consent to contact any of the above named parties to verify any of the information provided in this application.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verification by Agency Staff

# Vinton County Commissioners Development Department

## **General Contractor Requirements**

- Commercial Liability Insurance
- Worker's Compensation Certification
- EPA Firm Certification
- EPA RRP Certification for all supervisors and employees
- USDA Form AD-1048
- References

In addition to the documents above, all Contractors must have the knowledge, ability, tools, manpower, equipment, and the financial capability to complete contracted work in a timely, professional and quality workmanlike manner.

## **HVAC Contractor Requirements**

- Commercial Liability Insurance
- Worker's Compensation Certification
- EPA Firm Certification
- EPA RRP Certification for all supervisors and employees
- USDA Form AD-1048
- Sample Combustion Analysis Reports
- Sample Manual J Reports
- Sample Manual D Reports
- References

In addition to the documents above, all HVAC Contractors must have the knowledge, ability, tools, manpower, equipment, and the financial capability to complete contracted work in a timely, professional, and quality workmanlike manner. All HVAC Contractors must also have the equipment, software, and ability to conduct and generate Manual J, Manual D, and Combustion Analysis Reports as indicated above.

## **Septic and Well Installer Requirements**

- Commercial Liability Insurance
- Worker's Compensation Certification
- Registered with the Vinton County Health Department
- USDA Form AD-1048
- References

In addition to the documents above, all Contractors must have the knowledge, ability, tools, manpower, equipment, and the financial capability to complete contracted work in a timely, professional and quality workmanlike manner.

# Request for Taxpayer Identification Number and Certification

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

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

See Specific Instructions on page 3.

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

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
<b>Employer identification number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

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

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

# U.S. DEPARTMENT OF AGRICULTURE

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## Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

### (BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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PR/Award Number or Project Name

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Name(s) and Title(s) of Authorized Representative(s)

---

Signature(s)

---

Date





# INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

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

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

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

## STEP 1: Personal Information

Social Security Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth

Month Day Year

\_\_\_\_/\_\_\_\_/\_\_\_\_

First Name

MI

Last Name

\_\_\_\_ MI \_\_\_\_

Name of Current Employer

\_\_\_\_\_

I am an OPERS or other retirement system benefit recipient

## STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

\_\_\_\_\_

Employer Contact

First Name

MI

Last Name

\_\_\_\_ MI \_\_\_\_

Employer Code

Employer Contact Phone Number

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

Service Provided to Public Employer

\_\_\_\_\_

\_\_\_\_\_

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

### 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.

In accordance with Ohio Administrative Code section 145-1-42(A)(2), an independent contractor means an individual who:

- Is a party to a bilateral agreement which may be a written document, ordinance or resolution that defines the compensation, rights, obligations, benefits and responsibilities of both parties;
- Is paid a fee, retainer or other payment by contractual arrangement for particular services;
- Is not eligible for workers' compensation or unemployment compensation;
- May not be eligible for employee fringe benefits such as vacation or sick leave;
- Does not appear on a public employer's payroll;
- Is required to provide his own supplies and equipment, and provide and pay his assistants or replacements if necessary;
- Is not controlled or supervised by personnel of the public employer as to the manner of work; and
- Should receive an Internal Revenue Service form 1099 for income tax reporting purposes.

An independent contractor is not a public employee and shall not become a contributor to the retirement system. 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. Under the OPERS Health Reimbursement Arrangement (HRA) and the OPERS Retiree Medical Account (RMA), re-employed retirees who are not independent contractors are not eligible for a monthly allowance or reimbursement of any medical expenses incurred during the re-employment period. If you are not an independent contractor and receive an allowance or reimbursements, you may be liable to OPERS and/or the applicable plan.

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. If you entered into a contract to provide services as an independent contractor, you are acknowledging that you meet the requirements of an "independent contractor" as that term is defined in Ohio Administrative Code section 145-1-42(A)(2). If you begin to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, you are acknowledging the pension portion of your benefit will be forfeited during the period of the contract. You are acknowledging that the annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract, and you may be liable to the retirement system for any amounts incorrectly paid from the plan(s). You are also acknowledging that you are not eligible for a monthly allowance or reimbursement of medical expenses incurred during the period you are providing services under the OPERS HRA or the OPERS RMA, and you may be liable to OPERS and/or the applicable plan for any allowance or reimbursements received. 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