

DEPARTMENT OF PUBLIC WORKS

ARNOLD VECCHIONE
Director



BEN NASCENZI, Deputy Director, C.B.O./Z.O.
THOMAS DELLER, Town Planner
PETER DELPONTE, Code Enforcement
PHILLIP MANCINI, Town Engineer

JOSEPH M. POLISENA
Mayor

August 21, 2019

Dear Vendor,

The time has come to prepare for the upcoming winter season. Enclosed you will find the 2019-2020 Plowing Contractors application. Please note the following instructions;

- Page 1 - Complete as much information as possible and sign application. You must submit all required items – *i.e.; copies driver's license(s), registration(s) insurance(s)*
- Page 2 - **Terms & Conditions** - note that this has an additional insurance requirement that must be met.
- Page 3 - **W-9**- all information must be completed, please pay particular attention to 'Part I' and sign and date form.
- Page 4 - **Notice of Designation as Independent Contractor**Top section must be completed in full and form must be signed.
- Page 5 - DPW Letter requiring Signature and Notarization with regards to Workers Compensation and drug pool requirement for CDL Drivers.
- Page 6 & 7- Information for your review.

All applications must be returned no later than October 1, 2018. Applications which are not completed properly will cause a delay in processing which may affect your placement on the callback vendor list. As always, if you should have any questions you may feel free to call the office.

Sincerely,

Arnold Vecchione
DPW Director

| | |
|---|---|
| <p>VENDOR NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">OR</p> <p>COMPANY NAME: _____</p> <p>ADDRESS: _____</p> | <p>TELEPHONE:</p> <p>CELLULAR: _____</p> <p>WORK _____</p> <p>HOME _____</p> <p>PAGER _____</p> <p>EMERGENCY _____</p> <p>OTHER: _____</p> |
|---|---|

| #OF VEHICLES AVAILABLE | | | | | | PROVIDE COPIES ✓ | |
|------------------------|------|-------|------|------|--|--------------------------|--------------------------|
| TYPE | MAKE | MODEL | REG# | YEAR | SANDER? <input checked="" type="checkbox"/> | Registration | Insurance |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |

| DRIVERS/OPERATORS | | Copy of Drivers License ✓ |
|-------------------|-----------|---------------------------|
| NAME | LICENSE # | |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

| | |
|--|--|
| <p style="text-align: center;">INSURANCE INFORMATION: →</p> <p>INSURANCE CO _____</p> <p>ADDRESS: _____</p> <p>POLICY#: _____</p> <p>EFFECTIVE DATES: _____</p> | <p>MUST PROVIDE COPIES OF INSURANCE CARDS FOR EACH VEHICLE.</p> <p>** ALSO, YOU MUST PRESENT A COPY OF YOUR LIABILITY INSURANCE POLICY THAT THE TOWN OF JOHNSTON IS AN ADDITIONAL INSURED UNDER SUCH POLICY.</p> <p>(SEE PAGE 2)</p> <p style="text-align: right;">COPY <input type="checkbox"/></p> |
|--|--|

ALL VENDORS ARE REQUIRED TO APPEAR IN PERSON AT THE PUBLIC WORKS - HIGHWAY DEPARTMENT GARAGE PRIOR TO ACTUAL PERFORMANCE OF DUTIES. ALL VENDORS WILL UTILIZE THE TIME CARD AND TIME CLOCK SYSTEM. VENDORS WILL BE REQUIRED TO LOG (PUNCH) IN AND LOG (PUNCH) OUT, AND ACKNOWLEDGE (SIGN) CARD. FAILURE TO FOLLOW THIS PROCEDURE MAY JEOPARDIZE OR DELAY PAYMENT OF SERVICES.

THE TOWN OF JOHNSTON RESERVES THE RIGHT TO REVIEW, MODIFY ALL REGULATIONS, ASSIGNMENTS AND TERMS OF VENDOR EMPLOYMENT AT ANY TIME. DISMISSAL OF ANY VENDOR FOR: UNSATISFACTORY PERFORMANCE, UNSATISFACTORY EQUIPMENT, CRIMINAL VIOLATIONS/MOTOR VEHICLE VIOLATIONS, LACK OF PROOF OF INSURANCE, CONDUCT OR ACTIONS DETRIMENTAL IN REPRESENTING THE TOWN OF JOHNSTON, IS THE SOLE DISCRETION OF THE TOWN OF JOHNSTON PUBLIC WORKS DEPARTMENT - HIGHWAY DEPARTMENT.

| | | |
|---|-------------|------------|
| Vendor Signature _____ | Title _____ | Date _____ |
| THE TOWN OF JOHNSTON IS REQUIRED TO ISSUE FEDERAL TAX FORM: 1099 TO ALL VENDORS. | | |

Terms & Conditions

All private vendors driving for the Town of Johnston during the winter season of 2019-2020 are required to sign below acknowledging that your vehicles have liability insurance coverage. By signing below you agree to Release, Indemnify, and Hold Harmless the Town of Johnston or its agents from and against all claims, suits, damages, costs, lawsuits, and expenses in any manor arising out of or connected with snow plowing activity for the Town of Johnston. You acknowledge that you will be responsible for any and all bodily injury or injury to public or private property. You are required to present a copy of your liability insurance policy to the Highway Department office and said policy shall specifically provide that the **Town of Johnston is an additional insured under such policy.**

All private vendors driving for the Town of Johnston during the winter season 2019-2020 are required to sign below acknowledging agreement and compliance with new Federal Regulations which became effective on January 1, 1996.

- (1) All vendors who provide services to the Town of Johnston and have vehicles weighing more than 26,000 lbs.
- (2) All drivers who have CDL licenses must be enrolled in a certified drug and alcohol testing program.

I certify that those individuals I have provided to the Town of Johnston on a contract basis meet the CDL license and drug and alcohol testing program as required by applicable Federal law.

By signing below I hereby certify and acknowledge that I understand the terms and conditions stated above and that I accept those terms and conditions.

Name _____

Company Name _____
(if applicable)

Signature _____

On this _____ day of _____, 2019 appeared the above, known to me, who swore the above signature was his/her free act and deed, and that the information herein is true.

Notary Public
My Commission Expires: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | | |
|-----------------------|---|---|--|
| Print or type. | See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | | 2 Business name/disregarded entity name, if different from above | |
| | | 3 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. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |
| | | <input type="checkbox"/> Individual/sole proprietor or single-member LLC | Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | | <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) ▶ _____ 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. | |
| | | <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| | | 6 City, state, and ZIP code | |
| | | 7 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.

| | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

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

Sign Here

Signature of U.S. person ▶

Date ▶

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.

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.

NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1

PLEASE READ OTHER SIDE

WARNING

No one can force you to sign this form. When you sign this form you are stating that you are an independent contractor and in the event of injury, are not entitled to workers' compensation benefits.

* (Name) _____ Soc. Sec. No. _____
* Business Name _____ FEIN _____
_____ Business License No. _____
Address _____ Date of Birth _____

I declare that I am an independent contractor pursuant to RIGL §28-29-17.1 and, therefore, I am not eligible for nor entitled to Workers' Compensation benefits pursuant to Title 28, Chapters 29-38, of the Workers' Compensation Act of the State of Rhode Island for injuries sustained while working as an independent contractor for the hiring entity named below. This designation will remain in effect while performing services for the named hiring entity or until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.

* Hiring Entity Name Town of Johnston Soc. Sec. No. _____
Department of Public Works FEIN 05-6000-209
* Address 100 Irons Avenue Business License No. _____
Johnston, RI 02919

Warning! This form is for purposes of Workers' Compensation only and completion of this form does not mean that you are an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the RI Division of Taxation. Information on this form will be shared within the Dept. of Labor and Training, the RI Division of Taxation and the Internal Revenue Service.

Independent Contractor: _____

Signature

Date

A hiring entity that knowingly assists, aids and abets, solicits, conspires with or coerces an employee to misrepresent the employee's status as an independent contractor may be subject to criminal prosecution under RIGL §28-33-17.3.

*** This information is available to the public including the Hiring Entity's Workers' Compensation Insurance Carrier.**

The Department will mail a confirmation of this filing to the independent contractor within five business days. If you have any questions, call 462-8100, option 5.

WORKERS COMPENSATION

In order for the Town to comply with the laws governing Workers Compensation in relation to hiring snow removal equipment, the following rules are in effect;

- For a sole owner of equipment, the registered owner and spouse, if applicable, are the only accepted operator(s) of such equipment, and each shall sign their own 'Notice of Designation as Independent Contractor form.
- For Contractor's with more than one piece of equipment and/or more than one driver, **proof of Workers Compensation insurance must be provided.**

The above is an additional requirement to that related to the rules of the CDL, when applicable, which requires that any CDL licensed driver be in a drug pool.

By signing below I _____, acknowledge that I have read
(print name)
the above rules governing Workers Compensation in relation to the Town of Johnston's hiring of snow removal equipment.

Signature, Title

Date

Notary

My commission expires



Town of Johnston
Department of Public Works

Snow Vendor Price List

| Truck Type | Rate FY 19/20 |
|---------------------------------------|------------------|
| Pickups | \$75.00 |
| 6 Wheel Landscaping Dump | \$85.00 |
| 6 Wheel Landscaping Dump w/4yd Sander | \$100.00 |
| 6 Wheel Dump Truck (5-7yd) | \$120.00 |
| 6 Wheel Dump Truck w/5yd Sander | \$135.00 |
| 10 Wheeler | \$135.00 |
| 10 Wheeler w/10yd Sander | \$150.00 |
| Front-end Loader | \$160.00 |

Anyone interested in operating as a Snow Plow/Sander Vendor MUST adhere to ALL of the following Work Rules;

- 1) MUST REPORT TO THE GARAGE WITHIN THIRTY (30) MINUTES OF THE CALL.
- 2) EACH DRIVER OF EACH VEHICLE MUST REPORT TO THE OFFICE TO PUNCH THEIR TIME CARD IN AND PUNCH THEIR TIME CARD OUT EACH TIME THEY WORK - NO EXCEPTIONS.
- 3) MUST HAVE WORKING CELL PHONE DURING ENTIRE SHIFT.
- 4) PRIOR TO LEAVING SHIFT MUST EMPTY ALL UNUSED SAND BACK INTO THE DPW YARD.
- 5) WHILE WORKING MUST CALL INTO THE OFFICE PRIOR TO/AS OF AND UPON RETURN FROM - BREAKS, BREAKDOWNS, COFFEE BREAK, FUEL STOPS, LUNCH/DINNER - IF LEAVING DESIGNATED AREA FOR ANY REASON.
- 6) IF YOU PLAN ON SWITCHING THE DRIVER FOR YOUR VEHICLE YOU MUST CALL BOTH YOUR FOREMAN AND THE OFFICE BEFORE ANY SUCH SWITCH MAY OCCUR. ONLY DRIVERS ACCEPTED ON YOUR APPLICATION ARE ALLOWED TO OPERATE A VEHICLE DURING SNOW OPERATIONS.
- 7) NO VEHICLE IS TO BE ON PRIVATE PROPERTY AT ANY TIME, THIS INCLUDES THAT VEHICLES ARE NOT TO TURN AROUND IN OR BACK INTO ANY PRIVATE DRIVEWAY.