



VENDOR CONTRACT (General Contractor)

The Washington-Bruce-Romeo Parks & Recreation and STAR Transportation Commission is entering contract with,

on this date: _____

The Contractor shall complete all work specified laid out within each bid:

PROJECT TITLE _____

JOB SITE(S) _____

DATES: Work is expected to begin _____
and completed by _____

TIMES: All Contracted Construction work will need to be performed between the hours of 7:00 AM and 6:00 PM, Monday - Friday, unless prior permission is obtained.

AMOUNT:

The Commission agrees to pay the Contractor \$ _____ once all work has been satisfactorily completed.

Change Orders will need to be approved before any additions or changes can be made to the project.

INSURANCE:

_____ *Declaration of INSURANCE*

Please have your insurance provider create a certificate for the commission and the township and/or village you will be performing work in.

Email all certificates to: **accounting@rwbpr.org**

- Washington, Bruce, Romeo Parks & Recreation and STAR Transportation Commission
- Washington Township, 57900 Van Dyke, Washington MI 48094
- Bruce Township, 223 E Gates Rd., Bruce MI 48065
- Village of Romeo, 115 W. Newberry St., Romeo MI 48065

- *General Liability with limits of not less than \$1,000,000, each occurrence.*
- *An Additional Insured endorsement to the contractor's general liability in favor of the township and/or village where the work is being completed: ROMEO, WASHINGTON or BRUCE is needed.*
- *A Waiver of Subrogation to the contractor's general liability in favor of the township/village.*
- *Workers' Compensation with 1) statutory "Coverage A" benefits, and 2) Employer's Liability with limits of not less than \$500,000/\$500,000/\$500,000.*
- *A Waiver of Subrogation to the contractor's workers' comp in favor of the township/village.*
- *Automobile liability with limits of not less than \$1,000,000 combined single limit.*
- *An Additional Insured endorsement to the contractor's auto liability in favor of the township/village.*

BOND:

_____ *Certification of BONDS*

A Performance & a Payment bond are required at the cost of the contractor when the awarded bid is over \$50,000. shall become binding upon the award of the contract.

_____ Contractor	_____ Signature	_____ Date
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_____ Commissioner	_____ Signature	_____ Date
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**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: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

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

Requester's name and address (optional)

WBR Parks Rec & STAR Commission
361 Morton St.
Romeo MI 48065

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,

ACH SIGN UP SHEET - ACCOUNTS PAYABLE

Business Name: _____ Date: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____ to send you a check stub for payment

BANKING INFORMATION

Bank Name: _____ Routing Number: _____

Account Number: _____ Account Type: ☐Checking or ☐Saving (**Check one**)

Are you submitting new Bank Information to update? Yes or no (please circle one**)

***Effective Date: _____

I also agree to notify accounting@rwbpr.org when any changes to my account have occurred that might affect the delivery of my direct deposit (ACHA) in a timely manner. I will not hold [WBR PR & STAR Comm.](#) responsible for my payment being delayed in the event I do not notify Accounts Payable of said changes.

Signature _____ Date _____

Printed Name _____ Date _____

E-MAIL FORM TO: accounting@rwbpr.org

QUESTIONS? [Please call Julie Munn, Accounting Dept at \(586\) 752-6543](#)

Internal Notes:

Processed by: _____ Date _____



Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her worker's compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. All factors will be considered, however, no one factor is determinative of the worker's status.

Answer all questions as completely as possible. **Attach additional sheets if you need more space.** Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker. **In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided and updated on an annual basis.**

Washington-Bruce-Romeo Parks & Rec/STAR

Policyholder

Policy Period

Policy Number

Worker's Name: _____ Worker's DBA (applicable): _____

Worker's Place of Business Address (Include street address, city, state, and zip code) _____

Worker's FEIN number _____

Worker is a: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Company

How is the worker paid? ☐ per agreed upon price ☐ per hour ☐ salary ☐ commission ☐ piece work ☐ lump sum

Does the worker hire any employees, casual laborers, or subcontractors? ☐ Yes ☐ No If yes who pays them? _____

If the work is done under a written agreement between the policyholder and the worker, **attach a copy** (preferably signed by both parties).

Describe the term and conditions of the work arrangement. _____

The worker was contracted to perform: _____

What specific training or instruction is the worker given by the policyholder? _____

What expenses are incurred by the worker in the performance of services for the policyholder? _____

List the supplies, equipment, materials and property provided by the worker. Please provide a copy of an invoice from the contractor: _____

During the above policy period, the approximate percentage of payments to the subcontractor in relation to their total income for the year. _____ %

Can the relationship be terminated by either party without incurring liability or penalty? If "No" explain your answer ☐ Yes ☐ No

Does the worker perform similar service for others? ☐ Yes ☐ No. If "Yes" is the worker required to get approval from the policy holder? ☐ Yes ☐ No

Below is a list of other individuals and business entities that the worker has performed services for over the past year.

Does the worker carry insurance? (e.g. workers compensation, general liability, professional liability, etc.) ☐ Yes ☐ No If "Yes" **please attach copies**

What type of advertising, if any, does the worker have (e.g. business listing in a directory or trade journal, newspaper advertisement, business card, etc.)? **Provide copies**, if applicable. Does the worker advertise their business on T.V. or radio? ☐ Yes ☐ No

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature _____ Title _____ Date _____