
SECTION V

STATE FORM NO. 96
QUESTIONNAIRE/NON-COLLUSION AFFIDAVIT
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION



CONTRACTOR'S BID FOR PUBLIC WORK- FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)

Prescribed by State Board of Accounts

PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): _____

1. Governmental Unit (Owner): _____
2. County: _____
3. Bidder (Firm): _____
Address: _____
City/State/ZIP code: _____
4. Telephone Number: _____
5. Agent of Bidder (if applicable): _____

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the City of Bloomington Utilities project

of _____

(Governmental Unit) in accordance with plans and specifications prepared by _____

_____ and dated _____ for the sum of

_____ \$ _____

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS (If applicable)

I, the undersigned bidder or agent as a contractor on a City of Bloomington Utilities project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

ACCEPTANCE

The above bid is accepted this _____ day of _____, subject to the following conditions: _____

Contracting Authority Members:

_____	_____
_____	_____
_____	_____

PART II

(For projects of \$150,000 or more -IC 36-1-12-4)

Governmental Unit: _____

Bidder (Firm) _____

Date (month, day, year): _____

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

SECTION I EXPERIENCE QUESTIONNAIRE

1. What City of Bloomington Utilities projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner

2. What City of Bloomington Utilities projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner

3 Have you ever failed to complete any work awarded to you? _____ If so, where and why?

4 List references from private firms for which you have performed work.

SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1 Explain your plan or layout for performing proposed work. *(Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)*

2 Please list the names and addresses of all subcontractors *(i.e. persons or firms outside your own firm who have performed part of the work)* that you have used on City of Bloomington Utilities projects during the past five (5) years along with a brief description of the work done by each subcontractor.

3 If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

4 What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

5 Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

BID OF

(Contractor)

(Address)

FOR

CITY OF BLOOMINGTON UTILITIES PROJECTS

OF

Filed _____

Action taken _____



**JOHN HAMILTON
MAYOR**

SUBSTITUTE W-9 & BANK/EFT FORM

CITY OF BLOOMINGTON CONTROLLER'S OFFICE

401 N Morton St
Post Office Box 100
Bloomington IN 47402

p 812.349.3412
f 812.349.3456
controller@bloomington.in.gov

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: SUBSTITUTE W-9													
Name (as shown on your tax return):													
Business Name/DBA (if different than above):													
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. <u>Enter the tax classification</u> (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <input type="checkbox"/> Other ▶ _____		Exemptions: Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____											
Address (number, street, and apt. or suite no.):													
City, State, and ZIP code:													
Telephone number:	Fax number:	Email:											
Check all that apply: <input type="checkbox"/> State or Local Government <input type="checkbox"/> City Employee <input type="checkbox"/> Contractual Employee <input type="checkbox"/> Farmer's Market Vendor <input type="checkbox"/> Not for Profit - 501(c)													
List city department(s) you are doing business with (Parks, Fire, Utilities etc.):	Commodities or Services provided:												
	Primary NAICS Code:	DUNS #:											
Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line To avoid backup withhold. For individuals, this is your social security number (SSN). However, for a Resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 3 of IRS Form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3 of IRS Form W-9 Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4.	Social security number												
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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. person 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 on page 3 of the IRS Form W-9.

Please mail or fax this complete form as soon as possible to the Controller's Office using the contact information above.

NO PAYMENTS WILL BE SENT UNTIL THIS FORM IS RECEIVED.

SIGN HERE	Signature of U.S. person ▶	Date ▶
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CITY OF BLOOMINGTON ELECTRONIC FUNDS TRANSFER FORM (EFT)

THE CITY'S REQUIRED METHOD OF PAYMENT IS EFT
 (Electronic Funds Transfer)
PLEASE COMPLETE THE SECTION BELOW TO ENROLL



EFT INFORMATION

Bank Name:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	
Account Number:	
Name of Account:	
Email for Payment Notification:	

REFERENCES FOR SOLE PROPRIETORS & PARTNERSHIPS

Name:	Address:
Phone:	Email:
Name:	Address:
Phone:	Email:
Name:	Address:
Phone:	Email:

BILLING INFORMATION

Payment Remittance		
Address (PO Box)		
Address (Physical)		
City	State	Zip
Person to Contact		
Email		
Phone		