



January 1, 2020

Lake Metroparks
Administrative Offices
11211 Spear Road
Concord Twp., Ohio 44077

440-639-7275
440-639-9126 fax
lakemetroparks.com

Lake County Probate Judge
Mark J. Bartolotta

Board of Park Commissioners
Gretchen Skok DiSanto
Frank J. Polivka
John C. Redmond, CPA

Executive Director
Paul Palagyi

The following is a list of updated credit information for the Lake Metroparks, a State of Ohio Government. Listed below are three (3) suppliers and bank reference with which Lake Metroparks is doing business.

1. Active Plumbing Supply
216 Richmond Street
Painesville, Ohio 44077
(440) 946-5600
2. Atwell's Police & Fire Equipment
207 Chestnut Street
Painesville, Ohio 44077
(440) 354-5593
3. True Value Hardware
7701 Crile Road
Painesville, Ohio 44077
(440) 352-3761
4. U.S. Bank Government Banking Division
Stephan A. Broerman, Vice President
1350 Euclid Ave., 11th Floor
Cleveland, Ohio 44115
216-623-9252
Fax 216-623-9253

I trust the above information meets your requirement. In the event you should have additional questions or comments, please do not hesitate to contact me at 440-639-7275 ext.1411.

Sincerely,
Christopher J. Brassell
Christopher J. Brassell, CPA



January 1, 2020

TO: All Vendors
RE: Purchasing Procedures

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Before providing goods or services to Lake Metroparks, vendors must be aware of and follow these important procedures.

1. A completed and signed W-9 must be on file in the Finance Department at Lake Metroparks prior to issuance of a Purchase Order.
2. A Purchase Order Number must be assigned for the purchase of all goods or services.
3. **All freight shipments less than 150 pounds must ship to Lake Metroparks using OUR UPS ACCOUNT NUMBER.** Failure to do so will result in back charges to the vendor. Please contact Lake Metroparks' Procurement Department for the account number.
4. Lake Metroparks will not pay invoices if a purchase order is not on file with the Finance Department. All goods purchased without a purchase order and invoiced are the responsibility of the individual placing the order.
5. Vendors supplying goods or services without a Purchase Order Number do so at their own risk.
6. All invoices and shipping documents must indicate the Purchase Order Number to which the billing or shipment applies. Lake Metroparks will return invoices unpaid to the vendor not referencing a Purchase Order Number.
7. Send ALL invoices to the Administrative Offices to the attention of the Finance Department.
8. Independent Contractor Acknowledgement: All individuals employed under a Lake Metroparks contract that provide services to Lake Metroparks are not considered public employees for the purpose of Ohio Public Employees Retirement System (OPERS) membership. All Independent Contractors must complete the attached PEDACKN form and return it to the Finance Department before payment for services can be rendered.

Sincerely,

Christopher J. Brassell, CPA



Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

BY THE STATE OF OHIO OR ONE OF ITS POLITICAL SUBDIVISIONS

TAX EXEMPT #A-418662

FEDERAL ID # 34-1601185

Purchaser must state a valid reason for claiming exception or exemption.

LAKE METROPARKS

Purchaser's name

PARK SYSTEM

Purchaser's type of business

11211 SPEAR RD.

Street address

CONCORD TWP., OH 44077

City, state, ZIP code

Jean Sullivan

Signature

PROCUREMENT MNGR

Title

Date signed

1-1-2020

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.



Purchasing Department
For Lake Metroparks

Vendor Registration Form

In order to be a vendor of Lake Metroparks this form must be completed and returned to the Finance Department.

Firm Name: _____

Primary Business Address:

Remit To Address (If different from above)

"Independent Contractor Acknowledgement: All individuals employed under a Lake Metroparks contract that provide services to Lake Metroparks are not considered public employees for the purpose of Ohio Public Employees Retirement System (OPERS) membership."

Primary Contact: _____ **Title:** _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Business Hours: _____

Corporation: ___ **LLC:** ___ **Individual/Sole Proprietor:** ___ **Partnership:** ___ **LLP:** ___

Non-Profit: ___ **Sole Shareholder: Yes** ___ **No** ___ **Number of Employees:** _____

1099: Yes ___ **No** ___ **Other (Please indicate)** _____

Signature of Authorized Company Representative _____

Describe your firm's products and/or services _____

Return this form to: Lake Metroparks
Finance Department
11211 Spear Road
Concord Township, Ohio 44077
Phone 440-639-7275 Fax 440-639-9126
Email: adeering@lakemetroparks.com

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. <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) ► _____ 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) ►	4 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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																																																																			
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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 ►
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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.

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.



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

□□□□□□□□□□ □□ □□□□□□□□□□

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

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Employer Code

Employer Contact Phone Number

□□□□□□□□ □□□□□□ — □□□□□□ — □□□□□□

Service Provided to Public Employer

□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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Start Date of Service

End Date of Service

Month Day Year

Month Day Year

□□ / □□ / □□□□

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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