



The Town of West Warwick is currently seeking Independent Contractorsto remove snow/ice during the 2018/2019 fiscal season. IC's must contact the Public Works Department to complete necessary paperwork. Inspection of equipment will be scheduled by DPW.

For further information please call Public works at 822-9225 or stop by 10 Junior Street.



TOWN OF WEST WARWICK · DEPARTMENT OF PUBLIC WORKS
10 Junior Street · West Warwick, Rhode Island 02893-4829
www.westwarwickri.org
Phone: (401) 822-9225

October 10, 2018

ATTENTION: Interested Suppliers of Snow/Ice Control Services

RE: Registration Materials for 2018/2019 Winter Season

Dear Sir/Madam:

In an effort to establish early availability of reliable suppliers of snow/ice control services, the town of West Warwick is looking to secure a list of vendors and those vendors to complete the registration process, including all documentation and equipment inspection before November 30, 2018 for priority consideration.

The enclosed package provides:

- I Form - Registration Instructions and Compensation Conditions
- R Form - Hourly rates Schedule
- E Form - Application Form
- DWC-11-1C Form - Designation of Independent Contractor
- W9 Form - Request for Taxpayer Identification Number

ALL VEHICLES AND RELATED EQUIPMENT MUST BE INSPECTED FOR THE
2018/2019 WINTER SEASON.

To set up an appointment for inspection or if you have any questions, please contact us at 401-822-9225.

Sincerely,

David Picozzi
Director of Public Works

R-FORM

Town of West Warwick-Department of Public Works
 10 Junior Street, West Warwick, RI 02893

WINTER 2018/2019

HOURLY RATES FOR HIRED EQUIPMENT USED ON SNOW AND ICE CONTROL. OPERATOR, FUEL, AND EQUIPMENT MAINTENANCE INCLUDED ON ALL RATES

<u>CLASS CODE</u>	<u>EQUIPMENT VEICL</u>	<u>GROSS WEIGHT PER REGISTRATION RATE</u>	<u>HOURLY</u>
100	TRUCK	5,500 TO 8,500 LBS.***	\$ 42.00
200	TRUCK	8,501 TO 10,999 LBS.	\$ 48.00
250	TRUCK	11,000 TO 16,000 LBS.	\$ 52.00
300	TRUCK	16,001 TO 27,000 LBS.	\$ 55.00
400	TRUCK	27,001 TO 36,000 LBS.	\$ 65.00
500	TRUCK	36,001 TO 45,000 LBS.	\$ 70.00
600	TRUCK	45,001 TO 59,000 LBS.	\$ 75.00
700	TRUCK	59,001 LBS. AND OVER	\$ 80.00
800	FRONT END LOADER	2-1/2 C.Y. TO UNDER 4 C.Y.	\$ 100.00
900	FRONT END LOADER	4 C.Y. TO UNDER 6 C.Y.	\$ 115.00
1000	FRONT END LOADER	6 C.Y. AND OVER	\$ 120.00

THIS SIZE VEHICLE (CODE 100) MUST HAVE ALL WHEEL DRIVE. ADD ON ACCESSORY CODE 010 (\$7.00)

ADD THE FOLLOWING AMOUNTS TO EQUIPMENT RATES FOR THESE ACCESSORIES:

<u>CODE</u>	<u>ACCESSORY</u>	<u>ADD ON</u>
010	ALL-WHEEL DRIVE	\$ 8.00
015	PLOWS LESS THAN 9 FEET	\$ 5.00
020	PLOWS AT LEAST 9 FEET BUT UNDER 10 FEET	\$ 6.00
030	PLOWS AT LEAST 10 FEET BUT UNDER 11 FEET	\$ 8.00
040	PLOWS 11 FEET OR GREATER	\$ 10.00
050	POWER-REVERSIBLE PLOW	\$ 2.50
060	TOTAL RATE FOR WING PLOW COMBINATION	\$ 40.00
GSOC	GROUND SPEED ORIENTED CONTROLS*	\$ 9.80
THE FOLLOWING IS ONLY AN ADD ON BY STORM IF IT IS NEEDED:		
065	** MATERIAL SPREADER 3 C.Y. TO UNDER 5 C.Y. CAPACITY	\$ 15.00
070	** MATERIAL SPREADER 6 C.Y. TO UNDER 10 C.Y. CAPACITY	\$ 20.00
080	** MATERIAL SPREADER 10 C.Y. TO UNDER 14 C.Y. CAPACITY	\$ 25.00
090	** MATERIAL SPREADER 14 C.Y. OR GREATER	\$ 30.00

YOU MUST ANNUALLY PROVIDE AN ORIGINAL CERTIFICATION OF CALIBRATION SHOWING THAT THIS SPREADER HAS BEEN CALIBRATED FOR THE TRUCK ON WHICH IT WILL BE USED. THE DEPARTMENT WILL PERFORM PERIODIC INSPECTIONS FOR PROPER APPLICATION RATE. PAYMENT WILL NOT INCLUDE THIS CODE UNLESS THE SPREADER IS CALIBRATED.

MANUFACTURER'S WATER LEVEL CAPACITY OF BODY WITHOUT SIDE BOARDS. BODY TYPE SPREADERS SHALL BE CAPABLE OF APPLYING VARIOUS MATERIALS AT VARIOUS RATES OF SPEED

Vehicle Make: _____ Vehicle Model: _____
Vehicle Year: _____ Vehicle Color: _____
Registration#: _____

Class Code: _____	Hourly Rate: \$ _____
Accessory Code(s): _____	Add On: _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Hourly Rate for Vehicle: \$ _____

(PLEASE READ I-FORM; INSTRUCTION SHEET)

IN SIGNING THIS APPLICATION, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH ANY AND ALL DIRECTIVES CONTAINED IN THE ATTACHED 2-PAGE DOCUMENT:

OWNER'S
SIGNATURE: _____ DATE: _____

NAME AND ADDRESS OF OWNER:

PLEASE LIST ALL TELEPHONE NUMBERS (MUST INCLUDE 24-HR. EMER. TELEPHONE#)

*Please supply the following:

If vehicles are owned by an Individual, Social Security Number: _____

If vehicles are owned by a Company, FEIN# _____

Please attach copies of current registration, insurance, and drivers' license.

Please use a separate E-FORM for each vehicle.

State of Rhode Island, Department of Labor and Training, Division of Workers' Compensation
P.O. Box 20190, Cranston, RI 02920-0942
Phone (401) 462-8100 TDD (401) 462-8084 www.dlt.ri.gov

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 West Warwick Soc. Sec. No. _____
Department of Public Works FEIN 05-6000583
* Address 10 Junior Street Business License No. _____
West Warwick RI 02893

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.

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.	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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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 on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

INSTRUCTIONS TO PROSPECTIVE VENDORS FOR WINTER STORM OPERATIONS.CONDITIONS COVERING COMPENSATION

1. Hired equipment shall be required to log in and out in the DPW office. Compensated time will begin only when the hired equipment is on Town time designated by the time card. No compensatory time is allowed for the attachment or detachment of plowing equipment, for travel, stand-by, breakdown, or meals.
2. Hired equipment shall meet minimum safety standards. Safety lighting on all hired equipment must conform to Town requirements. The Town reserves the right to refuse the use of a piece of hired equipment if in the opinion of a supervisor, the equipment is not able to do the job required. To qualify for approval, your vehicle(s) must pass an inspection with equipment attached. You must call the Town's Fleet Maintenance Manager, David Lombardi, at telephone number 401-822-9225 to arrange for this inspection.
3. The vendor shall be in compliance with the applicable provisions of the State Workers' Compensation Insurance. The owner agrees to accept all responsibility for liabilities incurred by the rented equipment during the term of operations to which it is assigned. The owner further agrees that the Town of West Warwick, the Director, his agents, and employees be held harmless from any and all claims and actions whatsoever that arise from his/her operations (DWC-11-IC FORM).
4. To insure adequate response, all vehicles must be equipped with a cellular telephone. This information must be included on the E-FORM.

PLEASE SUPPLY THE FOLLOWING

1. Fill out the E-FORM listing equipment that is available for hire by the Town of West Warwick using Codes and Rates found on the R-FORM. Please sign the E-FORM. Send us the original E-FORM, not a copy.
2. DWC-11-IC FORM
3. Valid vehicle registration
4. Title, bill of sale, or other proof of ownership for non-registered equipment
5. Certificate of Insurance (standard form) from your insurance company designation Town of West Warwick, Department of Public Works, 10 Junior Street, West Warwick, RI as the holder, and showing itemized evidence of commercial insurance coverage limits for:
 - General liability
 - Auto liability
 - Workers' Compensation (if applicable)

6. This office must be notified of any changes made involving vehicles or accessories and/or changes of address.
7. NO PAYMENTS WILL BE MADE TO VENDORS NOT SUPPLYING THE NECESSARY FORMS.

REPORTING TO WORK/ PAYMENT PROCESSING

1. When a vendor is called to start work, they will be offered a minimum of four hours of work. Their driver must "report to the DPW office to accept assignment and log in a start time: within one hour of the vendor's receiving the call to report. Failure to report within one hour of call-in will annul the four hour minimum guarantee.
 2. When a vehicle is notified to end work, DPW PERSONNEL will simultaneously "log out" the vehicle.
 3. The vendor must submit an INVOICE to the DPW office. Payments will only be processed AFTER the Invoice is received.
 4. If you have any questions, please do not hesitate to contact the Department of Public Works between the hours of 7 AM to 3 PM.
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DWC-11-IC Reverse Side

This is a form DWC11-IC, Designation of Independent Contractor. This means that you have stated that you are an independent contractor NOT an employee and are NOT eligible for Workers' Compensation benefits.

Many factors are considered when determining whether someone is an employee or an independent contractor. Some of those factors are: independent contractors set their own work hours, have their own tools and work when and for whom they choose.

An employer generally does not have to withhold or pay any taxes on payment to independent contractors, such as social security, Medicare, unemployment and Temporary Disability Insurance (TDI).

This form is for purposes of Workers' Compensation, and completion of this form does not mean that you are considered an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the R.I. Division of Taxation.

SHOULD YOU HAVE ANY QUESTIONS ABOUT WHETHER YOU ARE AN INDEPENDENT CONTRACTOR OR AN EMPLOYEE, PLEASE CONTACT THE RI DIVISION OF TAXATION AT (401) 222-3682, OR THE US GOVERNMENT INTERNAL REVENUE SERVICE AT 800-829-1040.

IF YOU FEEL YOU HAVE BEEN COERCED OR FORCED TO SIGN THE INDEPENDENT CONTRACTOR FORM, REPORT THIS TO THE WORKERS' COMPENSATION FRAUD AND COMPLIANCE UNIT AT (401) 462-8100, option 7.

When your work as an independent contractor ends with this employer, complete and return the form titled Notice of Withdrawal of Designation as Independent Contractor, DWC-11-ICR, to the Dept. of Labor and Training, Division of Workers' Compensation.

If you have a question, contact the Division of Workers' Compensation at (401) 462-8100, option 5. For further information, contact the Workers' Compensation Information Line at (401) 462-8100, option 1.