



## BANKS SBE Renewal Application

Two Centennial Plaza  
805 Central Avenue, Suite 222  
Cincinnati, Ohio 45202  
513-352-3144

## CONDITION OF APPLICATION

### READ THE FOLLOWING CAREFULLY:

Your signature on the City of Cincinnati Banks Small Business Enterprise Program (Banks SBEP) application or affidavit indicates that you understand and accept the conditions for participation in the Banks SBE program. All businesses **must** have been in business for at least one (1) year prior to application.

1. **BANKS SMALL BUSINESS ENTERPRISE (SBE):** “Small Business Enterprise” or SBE shall mean a firm for which the gross revenues or number of employees averaged over the past three years, inclusive of any affiliates as defined by 13 C.F.R. Sec. 121.201, does not exceed the size standards as defined pursuant to Section 3 of the SBE Act and for which the net worth of each owner does not exceed \$750,000.
2. **COMPLETE APPLICATION:** No incomplete application will be processed. Each question must be answered. All attachments must be completed. All required signatures must be supplied. Application must be notarized. Certification is for a two (2) year period.
3. **ACCESS TO BUSINESS PREMISES:** Applicant agrees to permit the City of Cincinnati and its representatives access to inspection of the applicant's place(s) of business (when applicable).
4. **CHANGE IN BUSINESS STATUS:** Applicant agrees to immediately notify the Office of Contract Compliance of any changes in any of the information supplied in this application.
5. **CITY REQUEST FOR SUPPLEMENTAL INFORMATION:** The City of Cincinnati reserves the right to require further information from the applicant prior to and during the certification process and at any time after certification has been granted.
6. **ACKNOWLEDGMENT OF BANKS SBEP RULES:** If the applicant is certified, the applicant agrees to abide by all rules and guidelines governing the certification as from time to time may be determined by the City of Cincinnati and/or Hamilton County, Ohio.
7. **PENALTY FOR SUBMISSION OF FALSE OR MISLEADING INFORMATION:** Upon signing the application, applicant affirms that all information supplied herein is true and accurate, and that the application contains no false and/or misleading information.

Should any of the information provided in the application be false, the City may suspend further processing of the application or terminate the applicant's certification, should it already have been granted, as well as take such other action as provided for by contract or law.

8. **CERTIFICATION TERMINATION:** Certification may be terminated at any time by the City of Cincinnati:
  - a. Should the applicant not comply with the requirements for participation in the Banks SBE Program
  - b. When the applicant's certification with other agencies expire
  - c. When the Project is complete

# THE BANKS PROJECT SMALL BUSINESS ENTERPRISE PROGRAM APPLICATION RENEWAL CHECKLIST

*The following documents must accompany your completed Application of Affidavit or Small Business Enterprise Program application:*

- ( ) Completed Equal Employment Opportunity Program (OCC 147) form
- ( ) If your business has expanded please register on-line at [www.cincinnati-oh.gov/vss](http://www.cincinnati-oh.gov/vss) and attach a copy of new commodity codes with application renewal. Information attached regarding Vendor Self Services (VSS).
- ( ) **Completed certification application questions 1 – 12. All applicant(s) must sign and notarize *Part V – Certification* page of the application. (*Additional information may be required, please contact the Office of Contract Compliance at 352-3144.*)**
- ( ) **If all owner(s) are the same and the structure of the company is the same as previous certification with the City, review, sign and notarize the enclosed affidavit in *Part V – Certification* of the SBE application.**

**All companies are to include the following documents:**

- ( ) A signed copy of complete personal federal income tax return (Federal Form 1040) for all owners. Each return must include all schedules/forms sent to IRS for the previous three years, or if less, the total number of years in business.
- ( ) A signed copy of complete business federal income tax return (i.e. Federal Form 1120 or 1065) to include all schedules/forms sent to IRS for the previous three years, or if less, the total number of years in business.
- ( ) A copy of your 2009, 2010 and 2011 year end financial statements;
- ( ) A copy of Principal(s) Personal Financial Statement or Net Worth Statement (enclosed) for each owner of the applicant.
- ( ) A copy of any loans/notes payable over the past two years;
- ( ) A copy of current minutes from board meeting(s) for the last two years (If applicable).
- ( ) Change of Address form completed (If applicable).



**THE BANKS  
SMALL BUSINESS ENTERPRISE  
PROGRAM ONLY**



Federal Tax I.D. No. \_\_\_\_\_ Date \_\_\_\_\_  
*(Application will not be processed if this is not completed)*

**1. Address**

Vendor Name: \_\_\_\_\_

P.O. Box and/or Division: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Website Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Length at this Address : \_\_\_\_\_  
 (If Different than above)

Mailing/Solicitation Address:  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

**2. ARE YOU AN AMERICAN CITIZEN**

- YES
- NO If no, what is your citizenship \_\_\_\_\_

**3. TYPE OF BUSINESS (CHECK ONE)**

- CONSTRUCTION
- SUPPLIER
- SERVICES
- PROFESSIONAL

**4. LEGAL STRUCTURE (CHECK ONE) Attach Documentation**

- INDIVIDUAL - SOLE PROPRIETORSHIP
- PARTNERSHIP \_\_\_% OWNERSHIP
- JOINT VENTURE
- CORPORATION \_\_\_% OWNERSHIP  
 PROFIT/NONPROFIT (CIRCLE ONE)
- LIMITED LIABILITY CO

5. **DATE BUSINESS WAS ESTABLISHED:** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ (Month, Day, Year)
6. **HOW MANY YEARS UNDER CURRENT OWNERSHIP?** \_\_\_\_\_
7. **ARE YOU A MANUFACTURER?** ( ) Yes ( ) No If yes, describe your product and submit a brochure.  
 \_\_\_\_\_  
 \_\_\_\_\_
8. **ARE YOU A MANUFACTURER'S REPRESENTATIVE?** ( ) Yes ( ) No  
 If yes, submit all agreements as a manufacturer representative.
9. **ARE YOU AN AUTHORIZED DISTRIBUTOR?** ( ) Yes ( ) No  
 If yes, submit copy of dealership.
10. **DO YOU PROVIDE PROFESSIONAL SERVICES?** ( ) Yes ( ) No  
 If yes, submit evidence explaining the type of services performance.
11. **ARE YOU A BROKERAGE FIRM?** ( ) Yes ( ) No
12. **BRIEFLY DESCRIBE THE ACTIVITIES OF YOUR FIRM.**  
*(THIS DESCRIPTION WILL BE USED IN THE BANKS DIRECTORY.)*  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART II - BUSINESS HISTORY**

1. **STREET AND ADDRESS OF FACILITIES USED BY FIRM**  
 (INCLUDE OFFICE, WAREHOUSE AND STORAGE SPACES)  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
2. **DO YOU SHARE FACILITIES?** ( )Yes ( )No  
 If yes, indicate which facilities are shared \_\_\_\_\_  
 With whom do you share facilities? (Name of firm\individual(s))  
 \_\_\_\_\_

**PART III - MANAGEMENT INFORMATION**

**1. PLEASE LIST OWNERS, PARTNERS OR SHAREHOLDERS, WHICHEVER IS APPLICABLE:**  
 (Use attachment if necessary)

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____
PERCENT OF OWNERSHIP				
_____	_____	_____	_____	_____
PERCENT OF OWNERSHIP				
_____	_____	_____	_____	_____
PERCENT OF OWNERSHIP				
_____	_____	_____	_____	_____
PERCENT OF OWNERSHIP				

**2. LIST THE NAME OF EACH PERSON WHO PERFORMS THE FOLLOWING FUNCTIONS:**

FUNCTION	NAME	TITLE	ANNUAL SALARY
Bookkeeping\Accounting			
Estimating			
Banking & Signing Checks			
Taxes			
Negotiate Contracts			
Sign Contracts			
Negotiate\Sign Loans			
Negotiate\Sign Bonding			
Field Operations			

3. Has any person listed in #2 (including spouse and immediate family members) ever had a prior business or working relationship with any of the other persons listed (including spouse and immediate family member)? This includes but is not limited to) relationship such as employer-employee, supervisor-employee, co-workers, investor- employee, etc. ( ) Yes ( ) No If yes, identify the person(s) and describe the relationship(s) below.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

4. Is any person listed in #2 (including spouse and immediate family members) affiliated or associated in any capacity with any of the other business concern(s) operating the same or similar type of business as applicant concern? ( ) Yes ( ) No If yes, complete the following:

NAME\TITLE	BUSINESS NAME	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List Construction projects your company has performed, excluding joint ventures, in the past three years. If more that than years, list the largest according to dollars and amount of contracts.

LOCATION	STARTED	SPECIALTY COMPLETED	CONTRACT DATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PART IV - BUSINESS TRADE REFERENCE(S)**

1. List trade reference(s) with which your Company has done business or persons for whom you have performed services within the past two years.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**Policy on Non-Discrimination on the Basis of Disability:**

The City of Cincinnati does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its programs or activities. The Director of Personnel has been designated to coordinate compliance with the non-discrimination requirements contained in Section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act(ADA), and the rights provided there under, are available from the ADA coordinator, at (513) 352-2443.

**PART V - CERTIFICATION**

I/we, the undersigned making application, certify that all information is true and accurate and that all principal owner(s) of the Small Business Enterprise will comply with all rules, regulations and laws governing or pertaining to The Banks Small Business Enterprise Program. In addition, the principals agree that any information submitted can be verified by the Office of Contract Compliance Small Business Enterprise Program and forwarded to other entities which are attempting to qualify firm for *The Banks SBE Program only*.

**ALL OWNERS MUST SIGN**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

Subscribed and duly sworn before me according to law by the above named applicant(s)

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

County of \_\_\_\_\_ and State of \_\_\_\_\_.

SS

\_\_\_\_\_  
Notary Public

RETURN APPLICATION TO:  
CITY OF CINCINNATI  
ASSISTANT TO THE CITY MANAGER  
OFFICE OF CONTRACT COMPLIANCE  
SMALL BUSINESS ENTERPRISE PROGRAM  
TWO CENTENNIAL PLAZA  
805 CENTRAL AVENUE, SUITE 222  
CINCINNATI, OH 45202  
(513) 352-3144 (513) 352-3157 FAX



**BANKS  
PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_, \_\_\_\_\_

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant/Borrower	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & in Banks..... \$ _____	Accounts Payable ..... \$ _____
Savings Accounts..... \$ _____	Notes Payable to Banks and Others ..... \$ _____ (Describe in Section 2)
IRA or Other Retirement Account ..... \$ _____	Installment Account (Auto) ..... \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable ..... \$ _____	Installment Account (Other) ..... \$ _____ Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only..... \$ _____ (complete Section 8)	Loan on Life insurance ..... \$ _____
Stocks and Bonds ..... \$ _____ (Describe in Section 3)	Mortgages on Real Estate ..... \$ _____ (Describe in Section 4)
Real Estate..... \$ _____ (Describe in Section 4)	Unpaid Taxes ..... \$ _____ (Describe in Section 6)
Automobile-Present Value ..... \$ _____	Other Liabilities ..... \$ _____ (Describe in Section 7)
Other Personal Property..... \$ _____ (Describe in Section 5)	Total Liabilities ..... \$ _____
Other Assets ..... \$ _____ (Describe in Section 5)	Net Worth ..... \$ _____
Total \$ _____	Total \$ _____

<b>Section 1. Source of income</b>	<b>Contingent Liabilities</b>
Salary ..... \$ _____	As Endorser Or Co-Maker ..... \$ _____
Net Investment Income ..... \$ _____	Legal Claims & Judgments ..... \$ _____
Real Estate Income ..... \$ _____	Provision For Federal Income Tax ..... \$ _____
Other Income (Describe In Section Below)* .... \$ _____	Other Special Debt ..... \$ _____

Description of Other Income in Section 1

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**Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income**

**Section 2. Notes Payable to Banks and Others (Use attachments if necessary Each attachment must be identified as a part of this statement and signed)**

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed. Listing must also include the primary residence)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe and if any is pledged as security, state name and address of lien holder, amount of lien, terms Of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance held.** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

I authorize OCC to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining SBE Certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Signature:

Date:

Social Security Number:



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Office of Contract Compliance

David I. Holmes  
Assistant City Manager

805 Central Avenue, Suite 222  
Cincinnati, Ohio  
Phone: 513-352-3144  
Fax: 513-352-3157

Rochelle Thompson  
Contract Compliance Officer

Dear SBE Applicants,

RE: Online Business Registration

**All** businesses interested in being awarded contracts with the City of Cincinnati (City) **must** be registered with the City. Registration is handled online through the Vendor Self-Service (VSS) system. To access this system and to register your business with the City, go to the City's website at [www.cincinnati-oh.gov/vss](http://www.cincinnati-oh.gov/vss).

There is an annual fee of \$55.00. You can pay your annual fee online. If you have any questions regarding VSS, please contact the VSS Customer Care Hotline at 352-BIDS (2437) option (1).

Business registration is separate and different from SBE certification. Businesses must be registered prior to SBE application submittal! When applying for SBE certification, please include a copy of your registration.

Send your SBE application and a copy of your registration to the Office of Contract Compliance, 805 Central Avenue, Suite 222, Cincinnati, Ohio 45202.



The City of Cincinnati Purchasing Division is pleased to have the Vendor Self Service system available to the public. This system, referred to as VSS, is the Purchasing Division's procurement tool for vendors to use online through the City's website: [www.cincinnati-oh.gov/vss](http://www.cincinnati-oh.gov/vss). VSS will allow vendors to do business with the City right from the office!

#### Benefits to You:

- Receive email notifications of business opportunities
- Self-management of vendor file information
- Access purchasing information 24 hours a day
- Saves time by viewing bids on-line
- User Friendly

VSS allows you to register on-line or attend a workshop where the Purchasing Division will assist you with:

- Getting familiar with how to use VSS
- Setting up your User Name and Password
- Entering vendor information directly into VSS, including changes to address, phone number, etc., and
- Paying your annual fee

For an annual fee of \$55.00 vendors will benefit from on-line access to City procurement information. Please be sure you are a VSS registered vendor before you receive and award. This system's future capabilities include:

- Downloading bid packets
- Submitting bids on-line
- Participating in reverse auctions

If you are interested in attending a Workshop please email the VSS Customer Care staff at [VSSCustomerCare@cincinnati-oh.gov](mailto:VSSCustomerCare@cincinnati-oh.gov), or contact the VSS Customer Care Hotline at 352-BIDS (2437) option 1. Our Customer Care staff is ready to assist you with any questions or concerns you may have regarding this innovative procurement system.

**CITY OF CINCINNATI**  
DIVISION OF PURCHASING  
805 CENTRAL AVE STE 234  
CINCINNATI, OHIO 45202  
FAX TO: 513-352-1533 PHONE: 352-3201

**CHANGE OF NAME FORM**

CONTRACT NO. \_\_\_\_\_

CHANGE OF NAME

From: \_\_\_\_\_

Fed. I. D. #: \_\_\_\_\_

To: \_\_\_\_\_

Fed. I.D. #: \_\_\_\_\_

1. Is the Vendor a Corporation, Partnership, Sole Owner, or Other Type of Entity?

\_\_\_\_\_

2. Is the Vendor changing its address? \_\_\_\_\_

If yes, Vendor must complete a **CHANGE OF ADDRESS FORM.**

3. Phone No. \_\_\_\_\_ Fax. No. \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Vendor's Name

By: \_\_\_\_\_

Authorized Signature

Name

\_\_\_\_\_

Title \_\_\_\_\_

(Print or Type)

**CITY OF CINCINNATI**  
DIVISION OF PURCHASING  
805 CENTRAL AVE STE 234  
CINCINNATI, OHIO 45202  
FAX TO: 513-352-1533 PHONE: 513-352-3201

**CHANGE OF ADDRESS FORM**

CONTRACT NO. \_\_\_\_\_

**CHANGE OF ADDRESS**

**FROM:**

Fed. I.D. # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMIT TO ADDRESS**

**TO:**

Fed. I.D. # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOLICITATION ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**FIXED ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
VENDOR'S NAME

BY \_\_\_\_\_

AUTHORIZED SIGNATURE

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE \_\_\_\_\_

## **INSTRUCTIONS**

### **FEDERAL I.D. NUMBER**

The name of the Vendor shall be the exact name used with the stated Federal I.D. Number. The I.R.S. requires the City to submit information to the I.R.S. with a Federal I.D. Number that exactly matches the Name of the Vendor on file with the I.R.S.

### **SIGNATURE AND TITLE**

**CORPORATION:** If a corporation, the Change of Name Form, Change of Address Form or Assignment of Contract Form must be signed with full name of the corporation, followed by the signature of the President, Vice-President, or persons authorized to bind it in the matter. Should other than the President or Vice-President sign the contract, authorization to bind the company must be evidenced by attaching a certified copy of the extracts of the minutes of this corporation.

**PARTNERSHIP:** If a partnership, the full name of all the partners composing the same must be given and the Change of Name Form, Change of Address Form or Assignment of Contract Form signed by one or more of the partners in the following manner:

“John Jones and James Smith, d.b.a.  
Jones-Smith Company, by John Jones, a partner”

**SOLE OWNERSHIP:** If sole ownership, Change of Name Form, Change of Address Form or Assignment of Contract Form should be signed in the following manner:

“John Jones, Sole Owner.”

### **NEW PERFORMANCE SURETY**

Any Assignment of Contract with performance surety shall have a new performance surety attached to the assignment. The surety company must be one authorized to do business in Ohio.

**SURETY REQUIRED:** The performance bond must be executed by an authorized surety, guaranty or trust company. The surety required must be in the amount specified in the Contract. The City shall determine the amount and sufficiency of all sureties.

**CORPORATE SURETY:** If corporate surety is furnished, the surety or guaranty company must indicate in the bond the state in which it is incorporated. It is necessary that a certificate of authority authorizing the “attorney-in-fact” to sign the bond accompany the same, unless the certificate is on file in the office of the City Purchasing Agent, Cincinnati, Ohio.

**MISCELLANEOUS REQUIREMENTS:** If the principal is a “partnership,” the names of all of the partners composing the same must be given, and the bond signed by one or more of the partners in the following manner: “John Jones and James Smith, d.b.a. Smith-Jones Company, by John Jones, a partner.” All signatures must be in full. The bond must be witnessed. A certified check may be submitted in lieu of the bond, made payable to the Treasurer of the City of Cincinnati and drawn on a solvent bank.

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

**Limited liability company (LLC).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**CITY OF CINCINNATI  
EQUAL EMPLOYMENT OPPORTUNITY  
PROGRAM**

**Adopted by Ordinance NO. 331-1989**

This form is designed to provide an evaluation of your policies and practices relating to the extension of equal employment opportunity to all persons without regard to race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service.

Ordinances of the City of Cincinnati and the rules and regulations pursuant thereto provide for contract compliance inspection of personnel policies and practices relating to designated contracts with the City including contracts for construction, labor, services, materials, supplies, equipment, leases, loan and concession agreements.

Completion of this Report is one of the steps which demonstrates compliance with the City's Equal Employment Opportunity Program. Responsibility for demonstrating compliance with the Program by the contractor and his subcontractor rests with the contractor or subcontractors. Such demonstration is a prerequisite for continued eligibility for bidding on City of Cincinnati contract. Your company's failure to demonstrate sincere efforts to comply with the City's EEO Program may result in the following actions(s) being taken against your company.

- 1) Condition approval of bid/contract award,
- 2) Company required to submit an Affirmative Action Plan, including goals and timetables for increased minority and/or female participation in company's workforce, and
- 3) Debarment from receiving future purchase order/contract awards.

**PROCEDURE**

**You must complete this form OCC 147 prior to award of a bid/contract. You cannot receive an award without having a form OCC 147 approved by the City's Contract Compliance Officer.**

Please complete and return pages one (1), three (3), five (5) and six (6) to the address below.

**OFFICE OF CONTRACT COMPLIANCE  
TWO CENTENNIAL PLAZA  
805 CENTRAL AVE SUITE-222  
CINCINNATI, OH 45202**

For further information call:  
(513) 352-3144

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**FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION ON THE FORM OCC 147 WITHIN TEN (10) DAYS OF NOTIFICATION FROM THE OFFICE OF CONTRACT COMPLIANCE SHALL BE GROUNDS FOR REJECTION OF YOUR BID/CONTRACT AS BEING NON-RESPONSIVE.**

Submitted By \_\_\_\_\_  
Date \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY CLAUSE

During the performance of this contract, the contractor agrees as follows:

1. The contractor and subcontractors, if any, will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service. The contractor and subcontractors, if any, will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, sex, national or ethnic origin, age, handicap or Vietnam military service. Such action will include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship. The contractor and subcontractors, if any, agree to post in conspicuous places available to employees and applicants for employment, notices to be provided by the City setting forth the provisions of this non-discrimination clause.
2. The contractors and subcontractors, if any, will in all solicitations or advertisements for employees, placed by or on behalf of the contractor, or any subcontractor, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service.
3. The contractor and subcontractors, if any, will send to each labor union or representatives of workers with which it has a collective bargaining agreement or other contract or understanding, a notice to be provided by the City advising the said labor union or workers' representative of the contractor's and subcontractor's commitments under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor and subcontractors, if any, will comply with all provisions of Executive Order No. 11246 of September 24, 1965, as amended, and of the rules, regulations and relevant orders of the Secretary of Labor or other Federal agency responsible for enforcement of the equal opportunity provisions where applicable and will likewise comply with the provisions of Sections 4112.02, 4112.07 and 153.59 of the Ohio Revised Code.
5. The contractor and subcontractors as amended, if any, will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, as amended, and by the rules, regulation and orders of the Secretary of Labor, of pursuant thereto when the same are applicable, and will permit access to all books, records and account by the appropriate City and Federal officials for purposes of investigation to ascertain Compliance with such rules, regulations and orders.
6. In the event of the contractor's or subcontractor's non-compliance with the non-discrimination clause of this contract, or with any of such rules, regulation or orders, this contract may be canceled, terminated or suspended in whole or in part, and the contractor may be declared ineligible for further City contracts in accordance with procedures provided in Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in the said Executive Order, or by rule, regulation or order of the Secretary of Labor, the City Manager, or as may otherwise be provided by law.
7. The contractor will include the provisions of Paragraphs 1 through 8 herein every subcontract or purchase order unless exempted by rules, regulations or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, or by the order of the City Manager, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the City may direct as a means of enforcing such provisions including sanctions for non-compliance, provided, however, that in the event the contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as the result of such direction by the City, the contractor may request, in the case of contracts receiving Federal assistance, the United States to enter into such litigation to protect the interests of the United States.
8. The contractor shall file and shall cause each of his subcontractors, if any, to file compliance reports with the City in the form and to the extent as may be prescribed by the City Manager. Compliance reports filed at such times as directed shall contain information as to the practices, policies, programs, and employment policies, and employment statistics of the contractor and each subcontractor.

## POLICIES AND PRACTICES

The bidder/contractor will indicate his/her willingness to comply with the requirements of the Equal Employment Opportunity Program of the City of Cincinnati by encircling the applicable letters to the left of each item below. The letters are to be interpreted as follows:

- A - This is now a practice of the Company/Organization.
- B - The Company/Organization will adopt this policy.
- C - The Company/Organization cannot or will not adopt this policy. (If "C" is circled - state reason.  
Use separate sheet if additional space is needed.)

It is understood that the Company's/Organization's willingness to participate in the Equal Employment Opportunity Program will be evaluated by the Contract Compliance Division. This evaluation will directly influence our decision on the qualification of each bidder/contractor and is an integral part of your bid/contract. ALL QUESTIONS MUST BE ANSWERED.

Circle One	Items	State Reason if (C) is circled				
A B C	1. The Company/Organization will adopt a policy of non-discrimination on the basis of race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service with regard to recruitment, hiring, training, upgrading, promotion, disability or maternity leave, discipline and remuneration of employees or an applicant for employment. An Affirmative Action Plan including goals and timetables will be developed to correct existing deficiencies in the aforementioned areas, if those deficiencies exist.					
A B C	2. The Company/Organization will assign responsibility to one of its officials to develop procedures will assure that this policy is understood and carried out by managerial, administrative and supervisory personnel. Official's Name _____ Title _____					
A B C	3. The Company/Organization will state its non-discrimination policy in writing and communicate it to the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. All employees</td> <td style="width: 50%;">b. All advertisement and recruitment sources</td> </tr> <tr> <td>c. All relevant employee organizations</td> <td>d. All subcontractors including labor unions</td> </tr> </table>	a. All employees	b. All advertisement and recruitment sources	c. All relevant employee organizations	d. All subcontractors including labor unions	
a. All employees	b. All advertisement and recruitment sources					
c. All relevant employee organizations	d. All subcontractors including labor unions					
A B C	4. If the Company/Organization should need to use recruitment sources such as employment agencies, unions and schools. These sources will have a policy of referring applicants on a non-discriminatory basis.					
A B C	5. If the Company/Organization sponsors or finances educational or training programs for the benefit of employees it will do so without regard to race, religion, color, sex or national origin.					
A B C	6. If the Company/Organization has recruiters, they will seek a broad recruitment base in order that a representative cross-section of applications might be obtained; and will refrain from a hiring policy which limits job applicants to persons recommended by company/organization personnel.					
A B C	7. The Company/Organization will take steps to integrate any positions, departments or plant locations which have no minority persons, or are predominantly staffed with one particular ethnic, sex-classified or racial group.					
A B C	8. Answer only if you are a "Construction Contractor." In order to achieve an integrated work force the Company/Organization will employ minority workers in each trade, and/or implement an Affirmative Action Program satisfactory to the Contract Compliance Division, City of Cincinnati.					
A B C	9. The Company/Organization will review its qualifications for each job to determine whether such standards eliminate unemployed persons or underutilized persons who could perform the duties of the jobs adequately. Review should include, but not be limited to, the following qualification areas: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">a. Education</td> <td style="width: 25%;">b. Experience</td> <td style="width: 25%;">c. Tests</td> <td style="width: 25%;">d. Arrest records</td> </tr> </table>	a. Education	b. Experience	c. Tests	d. Arrest records	
a. Education	b. Experience	c. Tests	d. Arrest records			
A B C	10. Residence in a particular geographical area will not be a qualifying criterion for employment with the Company/Organization.					
A B C	11. The Company/Organization will provide that all bargaining agreements with employee organization, including labor unions, have non-discrimination clauses requiring equal employment opportunity.					

## INSTRUCTIONS FOR COMPLETION OF PAGE 5

- 1) Enter total number of employees in column (1) according to job categories as listed below.
- 2) Enter number of handicapped employees in company's total work force and enter in column two (2).
- 3) Break down columns three (3) through seven (7) into race/ethnic groups of the males and enter totals in column eight (8).
- 4) Break down columns nine (9) through thirteen (13) into race/ethnic groups of the females and enter totals in column fourteen (14)

**NOTE: EMPLOYEES LISTED MUST BE FULL TIME PERMANENT EMPLOYEES ONLY. DO NOT INCLUDE SEASONAL, TEMPORARY, AGENCY OR PART TIME EMPLOYEES. EMPLOYEE FIGURES MUST REFLECT THE COMPANY'S TOTAL WORKFORCE, NOT ONE DEPARTMENT OR DIVISION.**

## **DESCRIPTION OF CATEGORIES**

<p><b>Officials, managers and supervisors</b> - Occupations requiring administrative personnel who set broad policies, exercise over-all responsibility for executive of these policies, and direct individual departments or special phases of a firm's operations. Includes: officials, executive, middle management, plant managers, department managers and superintendents, salaried foremen who are members of management, purchasing agents and buyers, and kindred workers.</p> <p><b>Professionals</b> - Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background, includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, personnel and labor relation workers, physical scientists, physicians social scientists, teachers and kindred workers.</p> <p><b>Sales workers</b> - Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and salesmen, insurance agents and brokers, real estate agents and brokers, stock and bond salesmen, demonstrators, salesmen and sales clerks, and kindred workers.</p> <p><b>Office and clerical</b> - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. Includes: bookkeepers, cashiers, collectors (bills and accounts), messengers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, and kindred workers.</p> <p><b>Craftsmen (Skilled)</b> - Manual workers of</p>	<p>relatively high skill level having a thorough and comprehensive know- ledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes; the building trades, hourly paid foremen and lead-men who are not members of management, mechanics and repairmen, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors and kindred workers.</p> <p><b>Operatives (Semi-Skilled)</b> - Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.</p> <p><b>Laborers (Unskilled)</b> - Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.</p> <p><b>Service workers</b> - Workers in both protective and nonprotective service occupations. Includes: attendants (hospital and other institution, professional and personal service), barbers, cleaners, cooks (except household), counter and fountain workers, elevator operators, firemen and fire protection, guards, watchmen and doorkeepers, stewards, janitors, policemen and detectives, porters, waiters and waitresses, and kindred workers.</p> <p><b>Apprentices</b> - Persons employed in a program, including work training and related instruction to learn a trade or craft which is traditionally considered an apprenticeship, regardless of whether the program is registered with a Federal or State agency.</p>
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# EMPLOYMENT DATA

Please note that these data may be obtained by visual survey or post-employment records. Neither visual surveys nor post-employment records are prohibited by any federal, state or local law. All specified data are required to be filled in by law.

	ALL EMPLOYEES		MALES							FEMALES				
	(1) TOTAL MALE & FEMALE	(2) HAND- CAPPED	(3) WHITE	(4) AFRICAN AMER.	(5) ASIAN OR PACIFIC ISLANDER	(6) AMER. IN. ALASKAN NATIVE	(7) HISPANIC	(8) TOTAL MALE	(9) WHITE	(10) AFRICAN AMER.	(11) ASIAN OR PACIFIC ISLANDER	(12) AMER. IN. ALASKAN NATIVE	(13) HISPANIC	(14) TOTAL FEMALE
Officials, Managers and Supervisors														
Professionals														
Technicians														
Sales Workers														
Office & Clerical														
Craftspersons (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
Apprentices														
<b>TOTAL</b>														
Total employment from previous report (if any)														

**CITY OF CINCINNATI**  
**CONTRACT COMPLIANCE DIVISION**  
**BIDDER/CONTRACTOR INFORMATION**

\_\_\_\_\_  
Name of Company/Organization ( ) Telephone Number

\_\_\_\_\_  
Address (Include Room/Suite Number, City, State and Zip Code)

\_\_\_\_\_  
Federal Tax I.D. Number or Social Security Number Name of Company/Organization Contact Person

**CHECK APPROPRIATE BOX BELOW**

- Prime Contractor/Construction
- Sub-Contractor/Construction
- Prime Contractor/Professional
- Sub-Contractor/Professional
- Supplier (Goods/Services)
- Non-Profit Organization
- Educational Institution
- Other (Please List) \_\_\_\_\_

**SEX AND RACE OF BUSINESS OWNER(S)**  
**CHECK APPROPRIATE BOX BELOW**

- Male
- White
- Amer. Indian/Alaskan
- Hispanic
- Female
- African American
- Asian/Pacific Islander
- Other \_\_\_\_\_

**SEX AND RACE OF BOARD OF DIRECTORS -- Non-Profit Organization**  
**\*\*\*PUT THE NUMBER OF EACH IN THE APPROPRIATE BOX\*\*\***

- Male
- White
- Amer. Indian/Alaskan
- Hispanic
- Female
- African American
- Asian/Pacific Islander
- Other \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE