



INSTRUCTIONS FOR FILING APPLICATION

Dear Snow Plow Contractor:

The City of Cranston is accepting applications from private contractors who are interested in providing the City of Cranston with snow plow services for the period of November 1, 2023 through October 31, 2024. Enclosed please find the application form, (with filing instructions) equipment schedule, hourly pay rates and the Agreement.

ALL FORMS MUST BE COMPLETED AND RETURNED ASAP. PLEASE NOTE THAT WE WILL NOT BE ACCEPTING SANDERS.

1. Application must be completed in full. Trucks will be hired on a “first come, first serve” basis. Agreements submitted late may result in equipment not being hired.
2. Contact person – List person to be notified when Snow Plowing Services are needed. This may be the owner or his authorized agent.
3. Equipment Schedule – It is **imperative** that this Equipment Schedule form has each section filled out with information for the vehicles that will be used for Plowing.
4. The Rate Schedule lists Hourly rates which will be in effect for the 2023-2024 Snow Plowing Season.
5. **The City of Cranston insurance carrier has formally requested each snowplow vendor submit the enclosed R. I. G. L. s28-29-17.1 Form. This form states in the event of injury, you are not entitled to workers’ compensation benefits.**
6. The Contractor must sign this Contract on Page (2) of the “Agreement” as required. The City of Cranston reserves the right to accept or reject any application.
7. It is mandatory to submit an up-to-date copy of your equipment/vehicle’s **registration documents and insurance. (Insurance coverage must be maintained until the end of this agreement.)**
8. Please provide a cell phone number for yourself and the operator of each piece of equipment.

If you have any questions, please contact and / or submit all completed forms to:
Jean Bailey, Principle Clerk, Cranston Highway Division, 935 Phenix Avenue
Cranston, RI 02921. (401) 942-9200. Email: JBailey@cranstonri.org.
Thank you for your cooperation.

Kenneth J Hopkins
Mayor

John Corso
Highway Superintendent



SNOW PLOWING SERVICES

APPLICATION FOR 2023 - 2024

DATE: _____

APPLICANT / COMPANY NAME: _____

ADDRESS: _____

CITY

STATE

ZIP CODE

CONTACT PERSON: _____

HOME ADDRESS: _____

TELEPHONE NO: _____ DAY

TELEPHONE NO: _____ NIGHT

CELL PHONE NO: _____

APPLICANT'S
SIGNATURE: _____

EQUIPMENT SCHEDULE

Please list all the equipment you will use for City plowing below.

PICK-UP TRUCK:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>PLATE NO.</u>	<u>GVWR</u>

DUMP TRUCK:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>PLATE NO.</u>	<u>GVWR</u>

BACKHOE:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>PLATE NO.</u>

LOADER:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>PLATE NO.</u>



AGREEMENT SNOW PLOWING SERVICES

THIS AGREEMENT MADE AND ENTERED IN THIS _____ DAY OF _____ 2023,
between the City of Cranston, hereinafter called the "City," and
_____, hereinafter called the "Contractor."

1. In consideration of fees paid, as established in the "Rate Schedule" attached hereto and made a part hereof, the Contractor agrees to provide the vehicles and equipment listed on the attached "Equipment Schedule" for the purpose of snow removal.
2. The Contractor shall, upon notification by the Superintendent of Highway or his agent, respond in a timely fashion to your designated area, establish contact with your area dispatcher, and perform the snow removal services in an area to be designated by the Area Dispatcher.
3. The Contractor agrees to provide the necessary manpower to perform snow removal services in an efficient, safe and satisfactory manner. The Contractor agrees to be in full compliance with any and all federal, state and city laws and ordinances pertaining to labor relations and Worker's Compensation. The Contractor further agrees that he is an "Independent Contractor," and shall hold harmless the City for any and all claims of damages, to either person or property arising out of this agreement.
4. This agreement shall be for a period beginning November 1, 2023 and ending October 31, 2024 or until otherwise terminated.
5. All equipment is to be in proper working order when reporting for assignment. If equipment should become disabled for a period of more than one half hour, the equipment shall be considered no longer in service under the terms of this agreement for that period of time is disabled. The City assumes no responsibility to effect repairs of any equipment provided under this agreement.
6. The Contractor agrees that the City may terminate this agreement at any time if, in the opinion of the City, the equipment and/or services are not adequate for the City's needs or that any portion of this agreement is not being adequately met. Payment for services may be withheld

if there is a dispute as the quality of performance under this agreement or in regards to the actual amount due.

- 7. This agreement does not obligate the City to avail itself of the Contractor’s services and does not guarantee a retainer or minimum payment.

IN WITNESS WHEREOF, the parties have executed this agreement on

This _____ day of _____, 2023.

Witnessed as to: _____

CONTRACTOR

Signature



CITY OF CRANSTON

PERSONNEL RECEIVER OF THIS AGREEMENT

2023 / 2024 RATE SCHEDULE

<u>TYPE OF EQUIPMENT</u>	<u>DESCRIPTION</u>	<u>RATE</u>
4-WH DR. PICK-UP	5,500 – 11,500 GVWR	\$ 95.00
6WH. LT. TRUCK	11,501 – 26,000 GVWR	\$ 120.00
6 WH HVY. TRUCK	26,001 – 44,000 GVWR	\$ 140.00
10 WH. HVY TRUCK	44,001 – AND UP	\$ 150.00
BACKHOE	1 ½ YARD BUCKET MIN.	\$ 140.00
LOADER	3 YARD BUCKET MIN.	\$ 175.00

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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.

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

Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	Give Form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate	
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	Other (see instructions) ▶	
	Exempt payee	
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)	<table border="1" style="margin:0 auto;"> <tr><td colspan="9">Social security number</td></tr> <tr> <td style="width:20px; height:20px;"></td> </tr> <tr> <td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td> </tr> </table> <table border="1" style="margin:0 auto;"> <tr><td colspan="9">Employer identification number</td></tr> <tr> <td style="width:20px; height:20px;"></td> </tr> <tr> <td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Social security number																				-				-			Employer identification number																				-						
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Part II Certification
Under penalties of perjury, I certify that:
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
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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.

Cat. No. 10231X

NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1

When you sign this form, you are stating that you are an independent contractor and are not entitled to workers' compensation benefits from the Hiring Entity. This form is for workers' compensation purposes only and does not mean that you are considered an Independent Contractor according to the Internal Revenue Service or the RI Division of Taxation

Name: _____ IC Business Name (if applicable): _____
Address: _____
City/St/Zip: _____
Date of Birth: _____

INDEPENDENT CONTRACTOR MUST ANSWER THE FOLLOWING 4 QUESTIONS:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Do you have employees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you have Workers' Compensation Insurance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Do you have General Liability Insurance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you have sub-contractors? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I declare that I am an independent contractor pursuant to RIGL §28-29-17.1 and, therefore, I am not entitled to Workers' Compensation benefits for injuries sustained while working as an independent contractor for the hiring entity named below. **This designation will remain in effect until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.**

Hiring Entity: _____ FEIN (if known): _____
Address: _____
City/St/Zip: _____ Telephone: _____

A hiring entity that knowingly 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.

Independent Contractor Signature: _____ Date: _____

For questions about Independent Contractors and confirmation of filings, visit the Division of Workers' Compensation website at www.dlt.ri.gov/wc. Confirmation of filings are also mailed to both the independent contractor and the hiring entity.

