

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08  
PURCHASE OF TACTICAL BALLISTIC VESTS

**BID PROPOSAL FORM**

**Bid Due Date & Time:** 2:00 p.m. CST, Wednesday, February 14, 2018

To: **City of Aurora  
City Clerk's Office  
44 E Downer Place  
Aurora, Illinois 60507**

The following offer is hereby made to the City of Aurora, Aurora, Illinois, hereafter called the Owner.

Submitted By: Kiesler Police Supply, Inc

- I. The undersigned Vendor proposes and agrees, after having examined the specifications, quantities and other Bid documents, to irrevocably offer to furnish the materials, equipment and services in compliance with all terms, conditions, specifications and amendments (if applicable) contained in the bid solicitation documents. The items in this Invitation to Bid, including, but not limited to, all required certificates, are fully incorporated herein as a material and necessary part of the Bid.
  - A. The Vendor shall also include with their bid any necessary literature, samples, etc., as required within the Invitation to Bid, Instruction to Bidders and specifications.
  - B. For purposes of this offer, the terms Offeror, Bidder, and Vendor are used interchangeably.
- II. In submitting this Offer, the Vendor acknowledges:
  - A. All bid documents have been examined: Instructions to Bidder, Specifications and the following addenda:

No. 1. No. \_\_\_\_\_. No. \_\_\_\_\_. (Vendor to acknowledge addenda here.)

SUBMITTED BY

COMPANY Kiesler Police Supply, Inc

ADDRESS 2402 Sable Mill Rd

CITY, STATE, ZIP Jeffersonville, TN 47130

AUTHORIZED SIGNATURE Kelsie McMahon Bid Specialist  
Title

EMAIL kmcmahel@kiesler.com

PHONE # (800) 444-2950 FAX # (812) 284-8008 DATE 2/13/2018

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08  
PURCHASE OF TACTICAL BALLISTIC VESTS

**BID PROPOSAL FORM**

I/We propose to furnish material and labor as specified in the attached Specifications to Bid at the following delivered price:

Complete requirements to purchasing (but not restricted) twenty-four (24) tactical ballistic vests, forty-eight (48) special threat standalone ballistic plates, and pouches for but not limited to three (3) rifle magazine, three (3) pistol magazines, handcuffs, and miscellaneous equipment that are capable of being used in customizable abdomen and cummerbund.

|  | UNIT COST   | QUANTITY | TOTAL COST   |
|--|-------------|----------|--------------|
| 10 X 12 Special Threat Plates                | \$ 149.10   | 48       | \$ 7,156.80  |
| Tactical Ballistic Vests - IIIA              | \$ 1,006.43 | 24       | \$ 24,154.32 |
| Ballistic Yoke and Collar                    | \$ 397.25   | 24       | \$ 9,534.00  |
| Ballistic Deltoids Set of 2                  | \$ 533.51   | 24       | \$ 12,805.68 |
| Ballistic Femoral Groin                      | \$ 246.02   | 24       | \$ 5,904.48  |
| Ballistic Lower Abdomen                      | \$ 189.57   | 24       | \$ 4,549.68  |
| Ballistic Lower Back                         | \$ 189.57   | 24       | \$ 4,549.68  |
| Left and Right Cobra Buckles                 | \$ 170.40   | 24       | \$ 4,089.60  |
| Pouch - Zipper Admin                         | \$ 15.98    | 24       | \$ 383.52    |
| Pouch - IFAK                                 | \$ 32.51    | 24       | \$ 780.24    |
| Pouch - Handcuffs                            | \$ 31.41    | 24       | \$ 753.84    |
| Pouch - Small Bungee<br>Flashlight/Accessory | \$ 34.80    | 100      | \$ 3,480.00  |
| Pouch - Single M4 Magazine                   | \$ 33.43    | 24       | \$ 802.32    |
| Pouch - Double M4 Magazine                   | \$ 36.18    | 24       | \$ 868.32    |
| Tactical Shield Mount                        | \$ 38.93    | 8        | \$ 311.44    |
| Net delivered price                          | \$ 3,105.15 |          | \$ 80,123.92 |

Complete delivery of unit(s) will be received within 30-50 working days upon receipt of order.

All bid prices shall be shown as delivered Aurora Destination, Prepaid and Allowed. Do not add state, federal or local taxes. Municipalities are exempt. Exemption Certification Permit No. Illinois E9996-0842-07.

No additional charges over base bid price will be accepted without written approval of the Purchasing Director.

Bidder's Name: Kiesler Police Supply, Inc  
Signature & Date: Katie McMahon

Kiesler Police Supply, Inc.

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08  
PURCHASE OF TACTICAL BALLISTIC VESTS

BID PROPOSAL FORM

(Note: Bidders should not add any conditions or qualifying statements to this bid for the bid may be declared irregular as being not responsive to the advertisement for bids.)

The City of Aurora reserves the right at any time and for any reason to cancel this Invitation to Bid, to accept or reject any or all Bids or portion thereof, or accept an alternate bid. The City reserves the right to waive any immaterial defect in any bid, or technicality, informality or irregularity in the bids received, and to disregard all nonconforming or conditional bids or counter-proposals. Unless otherwise specified by the bidder or the City, the City reserves the right to hold the best bids for ninety (90) days from the opening date set forth above. The City may seek clarification from any bidder at any time and failure to respond promptly is cause for rejection. The City further reserves the right to award the bid to the lowest responsible Bidder whose offer best responds in quality, fitness and capacity to the requirements of the proposed work or usage and therefore is in the best interest of the City.

COMPANY Kiesler Police Supply, Inc SUBMITTED BY

ADDRESS 2802 Sable Mill Rd

CITY, STATE, ZIP Jeffersonville, IN 47130

PREPARER'S NAME Helsie McMahon

CONTRACT PERSON Helsie McMahon Please Type

AUTHORIZED SIGNATURE Helsie McMahon Please Type Bid Specialist Title

PHONE # 800, 444-2950 FAX # 812 284-8008 DATE 2/13/2018

EMAIL hmcmahel@kiesler.com

**BIDDER'S CERTIFICATION**

I/We hereby certify that:

- A. A complete set of bid proposal papers, as intended, has been received, and that I/We will abide by the contents and/or information received and/or contained herein.
- B. I/We have not entered into any collusion or other unethical practices with any person, firm, or employee of the City which would in any way be construed as unethical business practice.
- C. I/We have adopted a written sexual harassment policy which is in accordance with the requirements of Federal, State and local laws, regulations and policies and further certify that I/We are also in compliance with all equal employment practice requirements contained in Public Act 87-1257 (effective July 1, 1993) and 775 ILCS 5/2-105 (A).
- D. I/We operate a drug free environment and drugs are not allowed in the workplace or satellite locations as well as City of Aurora sites in accordance with the Drug Free Workplace Act of January, 1992.
- E. The Bid Bidder is not barred from bidding on the Project, or entering into this Bid as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code, or any similar offense of "bid rigging" or "bid rotating" of any state or the United States.
- F. I/We will abide by all other Federal, State and local codes, rules, regulations, ordinances and statutes.

COMPANY NAME Kiesler Police Supply, Inc  
 ADDRESS 2802 Sable Mill Road  
 CITY/STATE/ZIP CODE Jeffersonville, IN 47130  
 NAME OF CORPORATE/COMPANY OFFICIAL Kelsie McMahon  
PLEASE TYPE OR PRINT CLEARLY  
 TITLE Bid Specialist  
 AUTHORIZED OFFICIAL SIGNATURE Kelsie McMahon

DATE 2/13/2018  
 TELEPHONE 800, 444-2950 1171  
 FAX No. (812) 284-8008

Subscribed and Sworn to  
 Before me this 13 day  
 of February, 2018  
Crystal Laasanen  
 Notary Public



STATE OF <sup>Indiana</sup> ILLINOIS )  
County of <sup>Clark</sup> ~~Kane~~ ) ss.

**BIDDER'S TAX CERTIFICATION**

(BIDDER'S EXECUTING OFFICER), being first duly sworn on oath, deposes and states that all statements made herein are made on behalf of the BIDDER, that this despondent is authorized to make them and that the statements contained herein are true and correct.

Bidder deposes, states and certifies that Bidder is not barred from Biding with any unit of local government in the State of Illinois as result of a delinquency in payment of any tax administered by the Illinois Department of Revenue unless Bidder is contesting, in accordance with the procedures established by the appropriate statute, its liability for the tax or the amount of the tax, all as provided for in accordance with 65 ILCS 5/11-42.1-1.

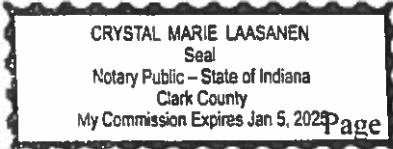
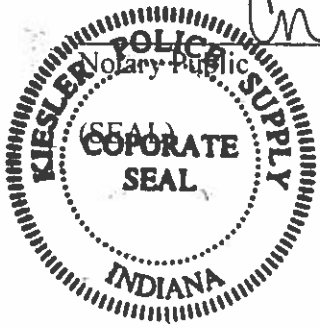
DATED this 13 day of February, 2018.

By Kelcie McMahan  
(Signature of Bidder's Executing Officer)  
Kelsie McMahan  
(Print name of Bidder's Executing Officer)  
Bid Specialist  
(Title)

ATTEST/WITNESS:

By Cristina Feenings  
Title AIR

Subscribed and sworn to before me this  
13 day of February, 2018.  
Crystal Laasanen



CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08

**PURCHASE OF TACTICAL BALLISTIC VESTS**

**INSTRUCTIONS TO BIDDERS**

**01. REQUIREMENTS OF BIDDER**

The successful Bidder may be required to (a) enter into a fully signed Bid in writing with the City of Aurora covering matters and things as are set forth in the Bid Proposal Package; and (b) carry insurance acceptable to the City covering public liability, property damage and workers compensation.

**02. ACCEPTANCE OF BID PROPOSALS**

a. Bidder must submit an original bid response, marked as "original" and two (2) complete paper copies, and shall have provided all requested information, and submitted all appropriate forms, certificates, affidavits and addendum acknowledgements in each copy in order to be considered responsive.

b. Bids must be submitted on the forms provided and all information and certifications called for must be furnished. Bids submitted in any other manner, or which fail to furnish all information or certificates required, may be summarily rejected. Bids may be modified or withdrawn prior to the time specified for the opening of bids. Bids shall be filled out legibly in ink or type-written with all erasures, strike overs and corrections initialed in ink by the person signing the bid. The bid shall include the legal name of the bidder, the complete mailing address, and be signed in ink by a person or persons legally authorized to bind the bidder to a Bid. Name of person signing should be typed or printed below the signature.

Envelopes containing bids must be sealed and addressed to the City of Aurora City Clerk. The name and address of the bidder and the Invitation Number must be shown in the upper left corner of the envelope.

c. The City of Aurora reserves the right at any time and for any reason to accept or reject any or all Bids or portion thereof, or accept an alternate bid. The City reserves the right to waive any immaterial defect in any bid, or technicality, informality or irregularity in the bids received, and to disregard all nonconforming or conditional bids or counter-proposals. Unless otherwise specified by the bidder or the City, the City reserves the right to hold the best bids for ninety (90) days from the opening date. Bidder agrees to accept a notice of award, if selected, based on the terms of this Bid Proposal in the event that a notification of award is received on or before expiration of the 90-day time period. The City reserves the right to cancel the Bid Proposal at any time, without liability for any loss, damage, cost or expense incurred or suffered by any Bidder as a result of that cancellation. Each Bidder is solely responsible for the risk and cost of preparing and submitting a Bid Proposal.

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08

**PURCHASE OF TACTICAL BALLISTIC VESTS FOR  
THE AURORA POLICE DEPARTMENT, SPECIAL RESPONSE TEAM**

**BID PROPOSAL SPECIFICATIONS**

**Section 1. Project Introduction and Purpose**

Bidders are required to read and understand all information contained within the entire Bid Proposal package. By responding to this Bid, the Bidder agrees to have read and understand these documents.

**Purpose:** The City of Aurora (hereinafter "the City") is accepting competitive sealed bids from qualified and authorized Vendors for the anticipated purchase of tactical ballistic vests consisting of the designated Armor Express products for the Aurora Police Department, Special Response Team.

**Section 2. Minimum Qualifications**

The following are minimum requirements that the vendor must meet in order to be eligible to submit a bid proposal. Responses must clearly show compliance with these minimum qualifications. The City will reject without further consideration those applications that are not clearly responsive to these minimum qualifications.

**Approved Equal**

If and wherever in the specifications reference is made to a brand name, catalog number, or use of a specific description as refer thereto, and etc., it is only for the purpose of establishing a grade and quality. Since the City does not wish to rule out other brands, the phrase "or approved equal" is added unless indicated as "NO SUBSTITUTION." An "approved equal" is identical, equivalent, or superior in grade or quality with these specifications that may be offered. The City will be the sole judge as to acceptability of an "Approved Equal."

**General Requirements**

Bids must be submitted on the forms provided and all information and certifications called for must be furnished. Bids submitted in any other manner, or which fail to furnish all information or certificates required, may be summarily rejected. Bids may be modified or withdrawn prior to the time specified for the opening of bids. Bids shall be filled out legibly in ink or type-written with all erasures, strike overs and corrections initialed in ink by the person signing the bid. The bid shall include the legal name of the bidder, the complete mailing address, and be signed in ink by a person or persons legally authorized to bind the bidder to a contract. Name of person signing should be typed or printed below the signature.

The contract will be issued in the form of a purchase order. All properly authorized purchases and services of the City shall be evidenced by the issuance of the same. Please be advised that any invoice received by the City not referencing a purchase order number may not be accepted as a valid City obligation.

**Illinois Non-Appropriation Clause:**

A forfeit clause is provided pursuant to the Illinois Non-Appropriation Clause of funds for government entities that if funds or budgets are not approved, service may be cancelled. No early cancellation penalties will be assessed, but the customer must be given 30-day notice of intent to cancel.

**Termination for Clause:**

This Contract may be terminated by the City at any time upon thirty (30) days written notice, or by either party in the event of substantial failure to perform in accordance with the terms hereof by the other party through no fault of the terminating party. This Contract is also subject to termination by either party if either party is restrained by state or federal law of a court of competent jurisdiction from performing the provisions of this Agreement.

Upon such termination, the liabilities of the parties to this Contract shall cease, but they shall not be relieved of the duty to perform their obligations up to the date of termination. Mailing of such notice, as and when above provided, shall be equivalent to personal notice and shall be deemed to have been given at the time of mailing.

If this Contract is terminated due to the City's substantial failure to perform, the Contractor shall be paid for labor and expenses incurred to date, subject to set off for any damages, losses or claims against the City resulting from or relating to Contractor's performance or failure to perform under this agreement.

In the event of termination by the City upon notice and without cause, upon completion of any phase of the Basic Services, fees due the Contractor for services rendered through such phase shall constitute total payment for services. In the event of such termination by the City during any phase of the Basic Services, the Contractor will be paid for services rendered during the phase on the basis of the proportion of work completed on the phase as of the date of termination to the total work required for that phase.

**Response Instructions**

An original bid response, marked as "original" and two (2) complete paper copies shall be returned in a sealed package or envelope bearing the name and address of the respondent and be labeled "18-08 Tactical Ballistic Vests." Your Bid may be mailed or hand delivered to:

**City of Aurora  
City Clerk's Office, 2<sup>nd</sup> Floor  
44 E Downer Place  
Aurora, Illinois 60507**

The City shall not be responsible for late delivery of your Bid by a third party courier. There will be no exceptions!

Inquiries and/or questions pertaining to the provisions and specifications of this bid package shall be directed to the Director of Purchasing, in writing at [PurchasingDL@aurora-il.org](mailto:PurchasingDL@aurora-il.org). Questions will be accepted until 5:00 pm, Tuesday, February 6, 2018. Questions will be answered via addendum and posted to the City's website at <https://www.aurora-il.org/bids.aspx> by 5:00 pm, Thursday, February 8, 2018. **NO questions will be accepted or answered verbally. No questions will be accepted or answered after the February 6, 2018 5:00 pm cut-off date/time.** It is the bidder's responsibility to check the website before submitting their bid.

**BIDS MAY NOT BE SUBMITTED ELECTRONICALLY.**



### **Section 3. Product Specifications**

The City of Aurora is seeking, but not restricted, to purchasing twenty-four (24) tactical ballistic vests. Soft body armor must be certified to NIJ-0101.06 threat level IIIA.

Each tactical ballistic vest will be equipped with two (2) 10 X 12 inch shooter cut ballistic plates, for a total of forty-eight (48) torso plates, capable of stopping 5.56 X 45mm M855/SS109 and 7.62 X 39mm API rounds. Additionally pouches for three (3) rifle magazines, three (3) pistol magazines, handcuffs, and miscellaneous equipment that are capable of being used in a customizable abdomen kangaroo pouch and customizable cummerbund pouches are required for each tactical ballistic vest.

Each tactical ballistic vest and accessories shall be new and delivered pursuant the following service agreement requirements:

1. Face to Face Meeting for review/confirmation of purchase specifications
2. Body armor measurements by a Certified Size-Right Technician.
3. Assurance of immediate and accurate order entry.
4. Status updates on order during manufacturing and prior to delivery.
5. Personal delivery of order within eight (8) weeks of order being placed:
  - a. Order will be confirmed for accuracy
  - b. Officers receiving tactical ballistic vests will be trained on disassembly and reassembly.
  - c. Officers will be fit and adjustments will be made as necessary.
  - d. Officers will be trained on care and maintenance of tactical ballistic vests.
6. Any necessary alterations will be made within thirty (30) days at no charge.
7. Follow-up by vendor within 30 days of delivery to address any concerns that may arise.

### **Product Specifications – Tactical Ballistic Armor**

1. Tactical ballistic armor soft panels certified to NIJ-0101.06 threat level IIIA, constructed of Twaron flex woven aramid and Dyneema UHMWPE, in waterproof rip-stop nylon cover.
2. Tactical ballistic armor soft panels weighing 0.93 pounds per square foot and with a thinness of 0.21 inch.
3. 10 X 12 inch shooter cut ballistic plates must be special threat standalone plates weighing no more than 5.4 pounds
4. 10 X 12 inch shooter cut ballistic plates must be capable of stopping 5.56 X 45mm M855/SS109 and 7.62 X 39mm API rounds.
5. Tactical ballistic vest carriers must be available in sizes XS through 4XL.
6. Tactical ballistic vest carriers must be capable of accepting soft armor as specified above in items 1 and 2 and front and rear ballistic plates as specified in items 3 and 4.
7. Tactical ballistic vest carrier must have adjustable cummerbund with Cobra buckle release on both left and right sides.
8. Tactical ballistic vest carrier must have accompanying ballistic protection for collarbone, throat, shoulder/biceps/deltoids, lower back, abdomen, and femoral area/groin.
9. Tactical ballistic vest carrier must have three inches of adjustment the shoulders.
10. Tactical ballistic vest carrier must have Velcro pockets in the following areas: left/right cummerbund, front abdomen area (kangaroo pocket), and center of chest (admin pocket).
11. Tactical ballistic vest carrier must have mesh lining interior and Molle webbing platform on exterior.
12. Tactical ballistic vest carrier must have rescue drag handle on upper rear panel.

**Product Specifications – Tactical Ballistic Armor and Accessories from Armor Express**

For the purposes of this bid proposal any and all products will be Armor Express part number listed or approved equal, in the listed quantities and color.

| <b>CATEGORY:<br/>HARD ARMOR<br/>QUANTITY</b>    | <b>ARMOR EXPRESS<br/>PART NUMBER</b> | <b>DESCRIPTION</b>   | <b>NOTES</b>                                 |
|---|--------------------------------------|--|--|
| 48  | PLTH01STS1012SH                      | H-SHOCK 10X12 Special Threat - Single Curve - Shooters Cut                                 | 2 Per Operator (Front and Back)              |
|   |                                      |  |  |
| <b>CATEGORY:<br/>TACTICAL VEST<br/>QUANTITY</b> | <b>ARMOR EXPRESS<br/>PART NUMBER</b> | <b>DESCRIPTION</b>   | <b>NOTES</b>                                 |
| 24  | TORRZ3AG2                            | TORC Tactical Vest with Razor IIIA   | Standard (No QR) TORC Carrier - Ranger Green |
| 24  | TTRYCARZR3AG2                        | TORC Yoke and Collar Assembly ( includes Yoke, Collar, Nape and FULL Throat ) - Razor IIIA | Specify FULL Coverage Throat - Ranger Green  |
| 24  | TLTKSLRZR3AG2                        | TORC Structured Deltoids - Razor IIIA  | Ranger Green                                 |
| 24  | TTREGPRZR3AG2                        | TORC Enhanced Femoral Groin Protector - Razor IIIA   | Ranger Green                                 |
| 24  | TTRLAPRZR3AG2                        | TORC Lower Abdomen Protector - Razor IIIA  | Ranger Green                                 |
| 24  | TTRLBPRZR3AG2                        | TORC Lower Back Protector - Razor IIIA   | Ranger Green                                 |
| 24  | CBRCMRBNDSET                         | Cobra Buckle Cumberbund (Set: Right & Left)  | Ranger Green ( Set Right & Left )            |
|   |                                      |  |  |
| <b>CATEGORY:<br/>ACCESSORIES<br/>QUANTITY</b>   | <b>ARMOR EXPRESS<br/>PART NUMBER</b> | <b>DESCRIPTION</b>   | <b>NOTES</b>                                 |
| 24  | ZIPADM                               | Zipper Admin Accessory   | Ranger Green                                 |
| 24  | TACKPIFAK                            | PeraFlex Pouch - IFAK Single   | Ranger Green                                 |
| 24  | TACKPHDC                             | PeraFlex Pouch - Handcuff Single   | Ranger Green                                 |
| 100   | TACKPFLB                             | PeraFlex Pouch - Flashlight Small Adjustable Bungee  | Ranger Green * Requesting 100 Units*         |
| 24  | TACKPM4SMAG                          | PeraFlex Pouch - M16 / M4 Single Mag   | Ranger Green                                 |
| 24  | TACKPM4DMAG                          | PeraFlex Pouch - M16 / M4 Double Mag   | Ranger Green                                 |
| 8   | TSHIELDMOUNT                         | Tactical Shield Mount - Specify Color - Ranger Green                                       | Ranger Green                                 |

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08

**PURCHASE OF TACTICAL BALLISTIC VESTS**

**CONTACT INFORMATION**

Vendor shall provide the following contact information assigned to service the City of Aurora account.

Customer Service/General Information: Ph: 800-444-2950, 1171

To place an order:

Name: Kelsie McMahon  
Ph: 800-444-2950, 1171 Fax: 812-284-8008  
E-mail: kmcmahel@kiesler.com

Billing & Invoicing question:

Name: Christina Fleming  
Ph: 800-444-2950, 1171 Fax: 812-284-8008 or 812-288-7560  
E-mail: cfleming@kiesler.com

Questions:

Name: Kelsie McMahon  
Ph: 800-444-2950, 1171 Fax: 812-284-8008  
E-mail: kmcmahel@kiesler.com

Bidder's Name: Kiesler Police Supply, Inc

Signature & Date: Kelsie McMahon + 2/13/2018

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08

PURCHASE OF TACTICAL BALLISTIC VESTS

REFERENCES

(Please Type)  
Organization Will County Forest Preserve Dist.  
Address 22606 S. Cherry Hill Road  
City, State, Zip Joliet, IL 60433  
Phone Number 815-722-9347  
Contact Person Lt David Barrios Jr.  
Date of Project Dec 2016 - present

Organization Will County \*\*\*\*\* Sheriff's Police  
Address 16911 W. Caraway Road  
City, State, Zip Joliet, IL 60433  
Phone Number 815-774-6262  
Contact Person Sgt Steven Formenti  
Date of Project June 2016 - present

Organization Mokena \*\*\*\*\* Fire Protection District  
Address 19853 S. Wolf Road  
City, State, Zip Mokena, IL 60448  
Phone Number 708-479-5371  
Contact Person Asst. Chief Joseph Cirelli  
Date of Project July 2017 - present

\*\*\*\*\*

Bidder's Name: Kiesler Police Supply Inc  
Signature & Date: Malcolm Mahel + 2/13/2018

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 18-08

**PURCHASE OF TACTICAL BALLISTIC VESTS**

**BID SUBMITTAL CHECKLIST**

Each bid must be placed in an envelope, sealed, and clearly marked on the outside: "18-08 Purchase of Tactical Ballistic Vests." In order to be considered responsive, the bidder must submit all of the following items in their sealed envelope:

- Bid Proposal Form (Appendix D)
- Bid Specifications (Appendix A)
- Bidder's Certification (Page 1)
- Bidder's Tax Certification (Page 2)
- Contact Information (Appendix B)
- Reference List (Appendix C)
- Vendor Application (Appendix F)

## **APPENDIX F**

### **VENDOR APPLICATION PACKET**



**CITY OF LIGHTS**

**RICHARD C. IRVIN**

Mayor

Dear Vendor:

Thank you for your interest in doing business with the City of Aurora. Each year, the City buys a variety of products ranging from office supplies to equipment to a wide range of professional and technical services. These purchases are accomplished through the Purchasing Division of the City's Finance Department.

Vendors who wish to do business with the City of Aurora must first take steps to become aware of the materials, supplies, equipment or services sought by the City. Vendors should also register to receive notice of the City's procurement needs. To ensure you receive notice of the procurement activities most appropriate to you, please complete the enclosed Forms. Please be sure to provide a description of the products you offer on the Vendor Application form where indicated. The City sends copies of bid specifications to vendors registered for the specific products and services. We also advertise bids on our website at <https://www.aurora-il.org/bids.aspx>, in our local newspaper, the *Aurora Beacon News*, and DemandStar. Most non-construction bid packages can be downloaded from the City's website.

The City of Aurora encourages the participation of businesses owned by minorities, women, and disabled persons (MWDP) in the City's procurement process as well as self-declared vendors. If you have obtained certification by one of the following programs and agencies, please provide a current certification certificate with your Vendor Application Form.

1. Illinois Unified Certification Program
2. Illinois Department of Central Management Services (CMS) Business Enterprise Program
3. Illinois Department of Transportation
4. Women's Business Development Center

If you have questions on how to become a vendor of the City, please call or write:

City of Aurora  
Purchasing Division of the Finance Department  
44 E. Downer Place  
Aurora, Illinois 60505  
630-256-3550

We look forward to doing business with you.

Sincerely,

Richard C. Irvin

Already setup



**PURCHASING DIVISION**

44 East Downer Place  
Aurora, Illinois 60507

(630) 256-3550 (phone)  
(630) 256-3559 (fax)

**VENDOR APPLICATION FORM**

Please fill in all spaces, Insert "NA" in blocks not applicable.  
TYPE OR PRINT ALL ENTRIES.

Date: \_\_\_\_\_

|                |                                      |
|----------------|--------------------------------------|
| <b>COMPANY</b> | <b>HOW LONG IN PRESENT BUSINESS?</b> |
|----------------|--------------------------------------|

|                |             |              |            |
|----------------|-------------|--------------|------------|
| <b>ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP</b> |
|----------------|-------------|--------------|------------|

|                       |                            |                   |
|-----------------------|----------------------------|-------------------|
| <b>CONTACT PERSON</b> | <b>PHONE AND EXTENSION</b> | <b>FAX NUMBER</b> |
|-----------------------|----------------------------|-------------------|

**EMAIL ADDRESS**

|   |   |
|---|---|
| <b>TYPE OF ORGANIZATION (Check Applicable)</b><br><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | <b>If Incorporated, indicate in which State</b> |
|---|---|

|                          |   |
|--------------------------|---|
| <b>Year Established:</b> | <b>Number of Employees working in Aurora:</b> |
|--------------------------|---|

**CATEGORY (Check below the category which applies to the applicant)**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> (A) Manufacturer or Producer | <input type="checkbox"/> (C) Retailer             | <input type="checkbox"/> (E) Distributor           |
| <input type="checkbox"/> (B) Wholesaler               | <input type="checkbox"/> (D) Manufacturer's Agent | <input type="checkbox"/> (F) Service Establishment |

**TYPE OF PRODUCT/SERVICE REQUESTING TO BID ON:**

**NAMES OF OFFICERS, MEMBERS OR OWNERS OF CONCERN, PARTNERSHIP, ETC.**

|                      |                           |
|----------------------|---------------------------|
| <b>(A) PRESIDENT</b> | <b>(B) VICE PRESIDENT</b> |
|----------------------|---------------------------|

|                      |                      |
|----------------------|----------------------|
| <b>(C) SECRETARY</b> | <b>(D) TREASURER</b> |
|----------------------|----------------------|

**(E) OWNERS OR PARTNERS**

**(F) IF (A) THRU (E) EMPLOYED BY STATE OR LOCAL GOVERNMENT STATE UNIT OF GOVERNMENT**

|   |  |
|---|--|
| <b>TAXPAYER'S I.D. NO.</b><br><br>FEIN _____<br><br>or<br><br>S.S. No. _____<br><br>Completed W-9 Form required | <b>INSURANCE INFORMATION (Check Applicable)</b><br><br>LIABILITY INSURANCE:    \$1,000,000    \$2,000,000    \$5,000,000    Other<br>Minimum acceptable limits are \$1M per occurrence, \$2M general aggregate (some projects/bids may also require higher limits and/or excess liability coverage).<br><b>It is required that the City of Aurora be named as a primary, non-contributory additional insured.</b><br>Insurance Co. _____<br><br>Attach a copy of your current certificate of insurance |
|---|--|

**PERSON(S) AUTHORIZED TO SIGN QUOTES, PROPOSALS, BIDS AND CONTRACTS:**

| NAME | OFFICIAL CAPACITY |
|------|-------------------|
|      |                   |
|      |                   |
|      |                   |



**MINORITY/WOMEN/DISABLED BUSINESS**

The City of Aurora has established a Procurement Development Program designed to encourage city procurement from businesses owned by minorities, women, and disabled persons (MWDP).

Please enclose a current copy of your minority status certification from one of the below agencies with this application to register as a minority group member.

- Illinois Unified Certification Program
- Illinois Department of Central Management Services (CMS) Business Enterprise Program
- Illinois Department of Transportation
- Women's Business Development Center

**MINORITY GROUP MEMBER** Please check the applicable box(es).

NOTE: Do not complete this section unless you have attached a certification from one of the listed agencies.

Minority Business Enterprise

Women Business Enterprise

Disabled Business Enterprise

The City of Aurora also recognizes procurement actions with self-declared (non-certified) MWDP businesses. Please check the applicable box below.

- African American     Hispanic American     Native American     Asian-Pacific American
- Women-Owned     Disabled

**References:** Please provide name, address and phone number of references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorized to Sign this Application

\_\_\_\_\_  
Name and Title of Person Signing (Type or Print)

**USE BY CITY OF AURORA ONLY**

|                        |                         |              |
|------------------------|-------------------------|--------------|
| <b>VENDOR NUMBER:</b>  | <b>APPROVED BY:</b>     | <b>DATE:</b> |
| <b>COMMODITY CODE:</b> | <b>MINORITY STATUS:</b> |              |



CITY OF LIGHTS

RICHARD C. IRVIN  
Mayor

CITY OF AURORA  
PURCHASE ORDER REQUIREMENT POLICY  
ACKNOWLEDGEMENT FORM

I/we hereby acknowledge and will comply with the following *Purchase Order Requirement Policy* of the City of Aurora.

*All properly authorized purchases of the City of Aurora must be evidenced by the issuance of a purchase order. A city purchase order number must be reflected on a vendor's invoice in order to ensure that purchases are made by authorized individuals for appropriate municipal purposes.*

*Any invoice received by the City of Aurora which is not supported by a purchase order will not be accepted as a valid city obligation. The invoice will be returned to the vendor without the city processing it for payment. This policy does not restrict city employees from making purchases on behalf of the city government with a credit card.*

*Notwithstanding the above, a city employee may make emergency purchases during non-business hours (i.e., without a purchase order) when goods or services are "urgently and imminently necessary for the preservation of life, health, and property." Prior to allowing an emergency purchase on behalf of the city, a vendor must obtain authorization from a member of the city's Procurement Division Staff:*

Purchasing Division 630-256-3550  
Jolene Coulter 708-846-8811

Company Name: Kiesler Police Supply, Inc

Address: 2802 Sable Mill Rd

City: Jeffersonville State: IN Zip: 47130

Phone: 800-444-2950 Contact: Kelsie McMahon

Signature: Kelsie McMahon Date: 2/13/2018

Print Name: Kelsie McMahon

If you desire to receive purchase orders electronically, please provide your email address below:

Email Address: kmcmahel@kiesler.com

Invoices may be submitted to the city's Purchasing Division via email to: **PurchasingDL@aurora-il.org.**

City of Aurora, Purchasing Division  
44 East Downer Place  
Aurora, Illinois 60507  
Fax: 630-256-3559  
Email: [PurchasingDL@aurora-il.org](mailto:PurchasingDL@aurora-il.org)

Already setup  
CITY OF AURORA

### Electronic Funds Transfer Agreement

THE CITY OF AURORA (Purchaser) agrees to remit payment(s) to \_\_\_\_\_ (Seller) through electronic funds transfer (EFT) in accordance to the following terms and conditions:

1. This form is solely for authorization to remit payments via EFT in accordance with the National Automated Clearing House Association's Corporate Trade Payment Rules.
2. In order to ensure timely and accurate application of each EFT payment, you must submit your Bank Name, Account Name, Account Number, ABA Number, Account Type, and email for remittance notification.
3. The Purchaser will use Cash Concentration Disbursement (CCD) format to remit to the Seller's financial institution.
4. The Purchaser will provide email notification to the email address provided by Seller to help ensure each EFT submitted is accurately and promptly applied to the appropriate invoice(s).
5. Although submitting payment via EFT, Purchaser's payment terms will remain the same in accordance with the Illinois Local Government Prompt Payment Act, except that Purchaser shall not be liable for payments not made within the allotted time due to Seller's bank inability to receive EFT payments, including, without limitation, bank computer software/hardware related issues.
6. Any cash discount period shall extend to the date that the invoice is paid.
7. All EFT transactions will be for credit to City of Aurora account(s) only. Adjustments may be made against payments to compensate for payments made in error.
8. Either Purchaser or Seller may terminate the use of EFT by written notice to the other at least thirty (30) days before the desired termination date.
9. **Written notice to Purchaser shall be addressed to:** CITY OF AURORA PROCUREMENT  
44 E. Downer Place  
Aurora, IL 60507

Written notice to Seller shall be addressed to Seller Contact Information provided below.

10. **Seller Bank Information:** A voided check or bank documents showing the applicable bank name, routing number, account name and account number into which the funds are to be deposited is required. Deposit slips are not acceptable.

Email for remittance notification: \_\_\_\_\_

City of Aurora Account No. with your institution (if applicable): \_\_\_\_\_

#### 11. Seller Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are able to meet all of the EFT requirements and you would like to proceed with being set-up via EFT payment, please sign and date below.

Agreed to:

Agreed to:

\_\_\_\_\_  
(Seller - Company Name)

\_\_\_\_\_  
City of Aurora  
(Purchaser)

By \_\_\_\_\_  
(Signature)

By   
(Signature)

\_\_\_\_\_  
(Print Name)

Jolene Coulter  
(Print Name)

Date \_\_\_\_\_

Date \_\_\_\_\_

| For Purchasing Use Only |  |
|-------------------------|--|
| Vendor No.              |  |
| Entered by:             |  |

**NOTE:** Occasionally certain payments to the Seller may be used by the Purchaser to acquire reimbursements from a third party such as the Federal government. By signing this agreement, the Seller agrees, upon the Purchaser's request, to provide a notarized letter which is an acceptable proof of payment, noting the time of service, payment amount and project, if any.

**REQUIRED:** Please attach a voided check or bank documents showing the applicable bank name, routing number, account name and account number into which the funds are to be deposited. Deposit slips are not acceptable.

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

|   |   |
|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>KIESLER POLICE SUPPLY, INC.</b>   |   |
| 2 Business name/disregarded entity name, if different from above  |   |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>2802 SABLE MILL RD</b>  | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>JEFFERSONVILLE, IN 47130</b>  |   |
| 7 List account number(s) here (optional)  |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |   |
|                                |   |   |   |   |   |   |   |   |   |
| or                             |   |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |   |
| 3                              | 5 | - | 1 | 3 | 6 | 1 | 8 | 4 | 7 |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <b>2/13/2018</b> |
|------------------|----------------------------|-------------------------|

### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

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 a percentage 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.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### 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/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "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/disregarded entity name" line.

**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/disregarded entity 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 following chart 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 5 and 7 through 13. Also, C corporations. |
| 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>2</sup>                 |

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

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, 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 [IRS.gov](http://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 item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**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.

**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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

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 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.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

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

**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>3</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>4</sup>  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))   | The grantor <sup>4</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 7. Disregarded entity not owned by an individual  | The owner   |
| 8. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization  |
| 11. Partnership or multi-member LLC   | The partnership   |
| 12. A broker or registered nominee  | The broker or nominee   |
| 13. 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   |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))   | The trust   |

<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 "Business name/disregarded entity" 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. Grantor also must provide a Form W-9 to trustee of trust.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



CITY OF LIGHTS

Richard C. Irvin  
Mayor

DATE: February 8, 2018  
TO: Prospective Bidders  
FROM: Jolene Coulter, Director of Purchasing  
RE: **CITY OF AURORA INVITATION TO BID 18-08 – Addendum #1  
PURCHASE OF TACTICAL BALLISTIC VESTS**

This addendum forms a part of the Invitation to Bid 18-08: Purchase of Tactical Ballistic Vests for the Aurora Police Department. All other information pertaining to the Invitation to Bid shall remain the same.

Bidder must submit one (1) original bid response, marked as “original” and two complete paper copies, and shall have provided all requested information, and submitted all appropriate forms, certificates, affidavits and addendum acknowledgements in each copy in order to be considered responsive. **Bid Proposals will be accepted prior to 2:00 pm, Wednesday, February 14, 2018 at the office of the City Clerk, 44 E. Downer Place, Aurora, IL 60507.**

**Please acknowledge this addendum with your bid proposal.** Failure to do so may subject Bidder to disqualification.

Responses/Clarifications to questions received by 5:00 pm, Tuesday, February 6, 2018:

1. Is this solicitation an “all or nothing” bid, or can the city award by line item in order to receive the best equipment at the best possible price?

The City will be selecting one vendor for the purchase of vests and accessories.

2. We are trying to determine what the “approved equal” refers to. Is there a list of approved equal products or, after review of our bid submission with alternate products being offered, would the department then determine if those products meet an “approved equal” classification?

Vendors may submit products that meet or exceed the product specifications. Any items not branded Armor Express, we will review and compare to determine if it meets our specifications.

**End of Addendum**