STARK COUNTY
REGIONAL PLANNING
COMMISSION

EQUAL HOUSING OPPORTUNITY

CONTRACTOR'S APPLICATION

HOUSING REHABILITATION DEPARTMENT
201 - 3rd Street NE, Suite 201
Canton, OH 44702-1231
(330) 451-7399

Company Information

_____ Firm's Name

_____ Address

_____ Phone

_____ City State Zip

_____ Fax Number

_____ Cell Number

_____ Email

_____ Social Security Number

Number of employees on payroll:_____

_____ Federal I.D. Number

Firm's years in existence: _____

Principals (1)

_____ Owners Name

_____ Home Address

_____ Title

_____ City State Zip

Principals (2)

_____ Owners Name

_____ Home Address

_____ Title

_____ City State Zip

YOU MUST PROVIDE A COPY OF THE FOLLOWING:

*1. Copy of your Liability Insurance (minimum coverage required $100,000.00)

*****2. Worker's Compensation Certificate (*****If you are required to carry)

*****3. R & R Training Certificate and you need to be listed with the Ohio Dept. of Health (This applies only to general contractors not specialty contractors that would work under our grant program)

4. Ohio Department of Health Lead Hazard reduction/abatement Certificate (Not required, if you are Lead Licensed we will keep your certificate on file)

** indicates requirements to be approved with our program*

Please check all areas of construction which you would like to bid on:

Septic Installation ____ Excavation ____ Plumbing ____

Well Water ____ HAVC ____ Electric ____

Roofing ____ General Contracting ____
(We use general contractors for all the regular rehab projects. The general contractor would be responsible for the whole project.)

Other_____

Please list, if you are members of the BBB, BIA or any Trade Association.

_____

_____

_____

_____

Recent Jobs Completed (Local)

Please list jobs that cover all areas of work that you checked on previous page. There is additional space on the next page.

1. _____ _____
Owner's Name Address

_____ _____
Phone City State Zip

Work performed: _____

_____

_____

Contract Amount: $_____ Date Completed: _____

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2. _____ _____
Owner's Name Address

_____ _____
Phone City State Zip

Work performed: _____

_____

_____

Contract Amount: $_____ Date Completed: _____

Please list any additional pertinent information: _____

_____

_____

_____

Continued: Recent Jobs Completed (Local)

3. _____ _____
Owner's Name Address

_____ _____
Phone City State Zip

Work performed: _____

_____

_____

Contract Amount: $_____ Date Completed: _____

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4. _____ _____
Owner's Name Address

_____ _____
Phone City State Zip

Work performed: _____

_____

_____

Contract Amount: $_____ Date Completed: _____

Please list any additional pertinent information: _____

_____

_____

_____

I hereby give my permission to contact any or all of the enclosed named parties.
I also understand that a credit check may be performed. If you are aware of anything irregular, on your credit report, please indicate below.

_____

_____

_____

_____

_____

_____

_____ _____
Signature Inspectors signature

_____ _____
Title Approval / Denial

_____ _____
Date Date

If denied by the inspector, explain:

_____

_____

_____

_____

Form **SUB W-9**	**STARK COUNTY, OHIO** **SUBSTITUTE FORM W9/OHIO REPORTING FORM** **REQUEST FOR TAXPAYER IDENTIFICATION NUMBER**

Part I **Business Ownership and Address Information**

Corporation or business name

Individual, Business owner, or DBA name

Check appropriate box for organization type

1.) ☐ **Individual/ Sole Proprietor** **2.)** ☐ **Multi-Shareholder Corporation** **3.)** ☐ **Single-Shareholder Corporation** **4.)** ☐ **Partnership** **5.)** ☐ **Non-Profit Organization**

Check appropriate box for service type

☐ **General Service** ☐ **Medical** ☐ **Rent** ☐ **Easement** ☐ **Land Purchase**

☐ **Legal** ☐ **Other** _____

Address

City, state, and ZIP code

Requestor's name and address

ALAN HAROLD
Stark County Auditor
110 Central Plaza S, Suite 220
Canton, OH 44702
Fax 330-451-7102

Part II **Taxpayer Identification Number (TIN) and/or Social Security Number (SSN)**

Taxpayer Identification Number (TIN) ☐☐ - ☐☐☐☐☐☐☐

☐ **Not applicable**

State law now requires *individual business owners* and *single-shareholders* to provide their SSN and birth date along with TIN (if applicable).

Social Security Number (SSN) ☐☐☐ - ☐☐ - ☐☐☐☐

Birth Date MM-DD-YYYY ☐☐ - ☐☐ - ☐☐☐☐

Legal Name _____

Part III **Signature**

1. **The information shown on this form is correct**
2. **As of this date I have not been notified by IRS of backup withholding.**

Signature _____ **Date** _____

INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

OPERS
Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642
Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

___ — ___ — ____

Date of Birth

Month Day Year

__ / __ / ____

First Name MI Last Name

Name of Current Employer

◯ I am an OPERS or other retirement system benefit recipient

STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

Stark County Regional Planning Commission

Employer Contact

First Name MI Last Name

STEVE P WILLIAMS

Employer Code

3460027 18

Employer Contact Phone Number

330 — 451 — 7398

Service Provided to Public Employer

General Contractor working on HOME and CDBG projects

Start Date of Service

Month Day Year

__ / __ / ____

End Date of Service

Month Day Year

__ / __ / ____

(continued on back)

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

In accordance with Ohio Administrative Code section 145-1-42(A)(2), an independent contractor means an individual who:

- Is a party to a bilateral agreement which may be a written document, ordinance or resolution that defines the compensation, rights, obligations, benefits and responsibilities of both parties;
- Is paid a fee, retainer or other payment by contractual arrangement for particular services;
- Is not eligible for workers' compensation or unemployment compensation;
- May not be eligible for employee fringe benefits such as vacation or sick leave;
- Does not appear on a public employer's payroll;
- Is required to provide his own supplies and equipment, and provide and pay his assistants or replacements if necessary;
- Is not controlled or supervised by personnel of the public employer as to the manner of work; and
- Should receive an Internal Revenue Service form 1099 for income tax reporting purposes.

An independent contractor is <u>not</u> a public employee and shall not become a contributor to the retirement system. If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination. Under the OPERS Health Reimbursement Arrangement (HRA) and the OPERS Retiree Medical Account (RMA), re-employed retirees who are not independent contractors are not eligible for a monthly allowance or reimbursement of any medical expenses incurred during the re-employment period. If you are not an independent contractor and receive an allowance or reimbursements, you may be liable to OPERS and/or the applicable plan.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. If you entered into a contract to provide services as an independent contractor, you are acknowledging that you meet the requirements of an "independent contractor" as that term is defined in Ohio Administrative Code section 145-1-42(A)(2). If you begin to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, you are acknowledging the pension portion of your benefit will be forfeited during the period of the contract. You are acknowledging that the annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract, and you may be liable to the retirement system for any amounts incorrectly paid from the plan(s). You are also acknowledging that you are not eligible for a monthly allowance or reimbursement of medical expenses incurred during the period you are providing services under the OPERS HRA or the OPERS RMA, and you may be liable to OPERS and/or the applicable plan for any allowance or reimbursements received. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. **This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.**

Signature_____ Today's Date____/____/____

Do not print or type name

Business Name: _____ **Owner/President:** _____

A. Section 3 Business Eligibility: - Please answer questions 1-3:

A Section 3 resident is a:
A public housing resident, or
A low-income resident of Stark County. Low income qualifying thresholds are as follows:

- If a household size is 1 person, then a gross income of $50,650 or less qualifies.
- If a household size is 2 people, then a gross income of $57,850 or less qualifies.
- If a household size is 3 people, then a gross income of $65,100 or less qualifies.
- If a household size is 4 people, then a gross income of $72,300 or less qualifies.
- If a household size is 5 people, then a gross income of $78,100 or less qualifies.
- If a household size is 6 people, then a gross income of $83,900 or less qualifies.

Section 3 Questions (Circle Yes or No):

1.) Is 51% or more of your business owned by Section 3 residents? **Yes or No**

2.) Are at least 30% of your full time employees currently Section 3 residents? **Yes or No**

3.) Are you able to provide evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications in the above two questions? **Yes or No**

B. MBE/WBE Business Eligibility: - Please check only one box in each of the following three sections:

1.) Race:

____ White
____ Black or African American
____ American Indian or Alaska Native
____ Asian
____ Native Hawaiian or Other Pacific Islander
____ Other Mixed Race
____ American Indian or Alaska Native & White
____ Asian & White
____ Black or African American & White
____ American Indian or Alaska Native & Black or African American

2.) Ethnicity:

____ Hispanic or Latino ____ Not Hispanic or Latino

3.) Sex:

____ Male ____ Female

Owner/President Signature: _____ **Date:** _____

Owner/President Print Name: _____

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make false statements concerning any of the above facts. Fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. I am aware that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions. (Updated: 5/19/2026)

STARK COUNTY
REGIONAL PLANNING
COMMISSION
201 3RD ST. NE, STE 201, CANTON, OH 44702-1211
www.rpc.starkcountyohio.gov
t 330 451 7389 f 330 451 7990

Grievance Procedure and Acknowledgement

The following grievance procedures shall be followed for any participant seeking assistance or being provided housing rehabilitation assistance through the housing rehabilitation department. During the pre-application process, Participants will be presented this grievance procedure, and will be required to sign a statement indicating receipt and understanding of said procedures. The following procedures shall be followed during the grievance process.

- The Participant must identify the basis for the complaint in writing. If the complaint is related to Housing Rehabilitation Policies and Procedures Manual (Manual) and/or the Owner-Contractor Agreement for Rehabilitation, the Participant should reference the specific section(s) of the Agreement or Manual that is at issue. The Manual can be downloaded from the RPC website. See: **www.RPC.starkcountyohio.gov > Community Development > Policies and Procedures > Housing Rehab**. A hard copy may be requested via e-mail or hard copy.

- All written complaints shall first be presented to the Housing Counselor assigned to the Participant's case. If the complaint is regarding the assigned Housing Counselor, the written complaint shall be provided to the Chief of Community Development.

- Within thirty business days of receiving the written complaint, the Housing Counselor or Chief of Community Development will issue a written determination.

- If the complainant(s) disagrees with the written determination, an appeal may be requested. In such appeal situations, the SCRPC staff attorney will be consulted. The appeal may or may not include a meeting with all parties and the staff attorney. A final determination of the appeal will be made in writing by the staff attorney, or their designee.

- If the Participant is not satisfied with the determination made by the staff attorney and would like to appeal this decision, the Participant may contact the U.S. Department of Housing and Urban Development, HUD Columbus Field Office at (614) 469-5737.

I/We _____ acknowledge that I/we have been provided a copy of the Stark County Regional Planning/Housing Rehabilitation Program Grievance Procedures.

_____ _____
Homeowner/Contractor Date

_____ _____
Homeowner/Contractor Date