



Town of Dennis
Department of Public Works

David S. Johansen, Director
Gregory C. Rounseville, Deputy Director

Tel: (508) 760-6220
Fax: (508) 760-6233

September 22, 2017

2017-2018 Snow & Ice Season

Thank you for your interest in plowing for the Town of Dennis for this snow plowing season. Enclosed you will find the recently updated information packet for vendors interested in plowing and sanding for the Town of Dennis during this upcoming snow plowing season.

For current rates and terms please see attached sheets, "Conditions Covering Compensation FY 2018" and "Snow Plow Rates".

If you plan to be on the Dennis Department of Public Works (DPW) vendor list, be sure to return all information requested in the snow plowing packet; including the background information sheet, Insurance Certificates, with the required listing of the "Town of Dennis, as additionally insured", and a copy of each Vehicle's Registration, W-9 Taxpayer Identification Number and Certification of Payment of Taxes and Certificate of Authority, if applicable, and a copy of each driver's license(s). You must also schedule a pre-inspection of all vehicles and plows.

The tare weight of trucks without plows or spreaders mounted on the vehicle is requested. The scale at the Town of Dennis Transfer Station can be utilized during its normal business hours if you do not have tare weight.

The records you supply to us are required to expedite payment for your services. All vendor bills must include a timesheet punched in and out at the DPW office.

For your information, the Division of Occupational Safety (DOS) has determined that snow removal activities are exempt from prevailing wage rates.

Thank you for your interest in plowing for the Town of Dennis.

David S. Johansen
Director of Public Works

SNOW AND ICE CONTRACTORS APPLICATION CHECKLIST

- Background Information Sheet (Please fill out completely)**
- Certification of Payment of Taxes**
- Certificate of Authority**
- W-9 Taxpayer Identification Number**
- Insurance Certificates / Attachment A Must list:**
 - Town of Dennis as additionally insured (attach)**
- Vehicle Registrations (attach)**
- Copy of Driver's license for all drivers (attach)**
- Vehicle and Plow Inspection Report**

Vendor/Company Name_____

Town of Dennis Department of Public Works (DPW)
Vehicle & Plow Inspection Report

To be completed by DPW representative:

Equipment Type and size: _____

Vehicle Registration: _____

Vehicle and Plow Inspection Report: To be completed by DPW representative.

Plow Make: _____

Plow Size: _____

Tires (Front 3/32" – rear 2/32") Pass / Fail _____

Current Inspection Sticker Pass / Fail _____

Cutting Edge/>1"@ reveal: Pass / Fail _____

Mold Board & Trip test: Pass / Fail _____

Plow Frame: Pass / Fail _____

Plow/Frame Welds: Pass / Fail _____

Plow Lift Hydraulics: Pass / Fail _____

Plow Lights: Pass / Fail _____

Push Frame: Pass / Fail _____

Registration matches plates: Pass / Fail _____

Safety Lights/Rotating or strobe light/
4 way flashers/wig wag lights Pass / Fail _____

Windshield wipers/blades Pass /Fail _____

No fuel, vehicle repairs or part replacement will be provided by the Town.

Failures recorded on this inspection report must be corrected and re-inspected by the DPW representative within 7 days.

Contractor, Authorized Signature: Date

DPW, Authorized Representative Date



TOWN OF DENNIS

SNOW & ICE CONTROL SERVICES

2017 - 2018 RATES

SNOW PLOW RATES

RATE/HOUR

4x4 Truck 1/2,3/4 and 1 Ton

7' plow	\$ 65.00
8' plow	70.00
9' plow	85.00

6 Wheel (1 Ton) Dump Truck 11,000 GVW to 13,000 GVW

9' plow	88.00
10' Plow	90.00

6 and 10 Wheel Dump Truck

16,001 – 25,800 – GVW, Minimum w/10' plow	90.00
25,801 – 33,000 – GVW, Minimum w/ 9' plow	96.00
25,801 – 33,000 – GVW, Minimum w/10' plow	101.00
33,001 – 50,000 - GVW, Minimum w/10' plow	117.00
50,001 – or greater - GVW, Minimum w/11' plow	126.00

Sander/ Spreader Body

6-9.99 cubic yard /Sander/Spreader Body	31.00
10 cubic yard /Sander / Spreader Body	36.00

Front End Loader 20,000 lb. Minimum

10' plow	135.00
11' plow	155.00

Backhoe

Backhoe	85.00
Backhoe/plow	90.00

Sidewalks

Skid Steer Loader 5,500 lb. Minimum	93.00
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Hauling

10 Wheel Dump Truck	70.00
Tri-Axel Dump	75.00
Trailer Dump	82.00

All rates include operator, fuel, equipment and insurance.
Deduct \$5.00 if plow is Town-owned

Rates include cell phone. Deduct \$5.00 w/o cell phone.

CONDITIONS COVERING COMPENSATION FY 2018

Compensated time will begin when the equipment arrives at the Town of Dennis Department of Public Works (DPW) and will end at the time of release in the field or at the DPW office. Hired equipment that arrive within **45 minutes of being called shall be paid from time of being called.**

All hired equipment, after reporting to work by instruction from the DPW Director or his designee will be **compensated a minimum of six hours.** When the work period exceeds six hours, the equipment shall be paid for the actual number of hours worked, the time to be computed to the nearest one-quarter hour.

All vehicle operators shall be allowed a 15-minute paid break every four hours and a 30-minute paid break every eight hours, for a total of 45 minutes every 8 hours. These times cannot be combined to extend break periods and breaks cannot be taken at the end of a shift. All breaks must be requested and approved by a Town of Dennis DPW Supervisor prior to leaving the assigned snow route. Depending on operational needs and weather conditions, the approval of break requests may need to be delayed until conditions allowed.

No compensatory time is allowed for the attachment or detachment of plowing equipment, for travel, standby or breakdowns lasting more than one hour; unless the vendor is making a good faith effort to repair broken equipment during the work shift with the authorization of the DPW.

Safety lighting on all hired equipment shall consist of operational 4 way flashers, plow lights, rotating or strobe beacon light or wig wag lights.

The Federal Highway Administration has regulations that require employers with drivers of commercial vehicles to have an alcohol and drug testing program in place. The specific provisions of the regulations are highly detailed and legally complex. The Town of Dennis strongly recommends you review the regulations, which are cited as 49 CFR part 382. (www.fmcsa.dot.gov/rulesregs/fmcsr/regs/382.htm).

Insurance Certificates / Must list *Town of Dennis as additionally insured*

Any ballast loaded at the DPW yard must be returned clean before clocking out

SNOW & ICE BACKGROUND INFORMATION

NAME/COMPANY: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

TELEPHONE: (Home) _____ (Bus.) _____

(Cell) _____ (Additional Cell) _____

E-Mail Address _____

<u>Plate No.</u>	<u>Truck Type</u>	<u>Tare Weight</u>	<u>Plow/Sander Size</u>	<u>Cell Phone</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I acknowledge the Snow & Ice Control Services contractor requirements, the snow plow rates and the conditions covering compensation.

Signature

Date

CERTIFICATION OF PAYMENT OF TAXES

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state taxes under law.

Signature of Individual or Company

Social Security # or
Federal Identification #

Date

CERTIFICATE OF AUTHORITY
(Corporations Only)

At a duly authorized meeting of the Board of Directors of the

(Name of Corporation)

held on _____ it was VOTED, That:
(Date)

(Name)

(Title)

of this company, that he/she hereby is authorized to execute contracts and bonds in the name and on behalf of said company, and affix its corporate seal hereto; and such execution of any contract or obligation in this company's name on its behalf by such seal of the company by the above Officer to be valid and binding upon this company.

Place of Business: _____

Date of Proposal: _____

I hereby certify that I am the clerk of: _____ (Company)

and that _____ is the duly elected

(title)

of said company, and that the above vote has not been amended or rescinded and remains in full force and effect as the date of this contract.

(Clerk)

Corporate Seal

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶-	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

