



Town of Dennis
Department of Public Works

Michael Lavin, Director
Thomas OConnor, Deputy Director

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

****UPDATED 08 NOVEMBER 2023**

2023-2024 Snow & Ice Season.

Enclosed you will find information regarding plowing and sanding for the Town of Dennis during the upcoming snow and ice season. If you choose to plow for the Dennis Department of Public Works (DPW) this winter you must deliver in person a complete snow plow packet. The packet will be reviewed with you when you deliver it, should there be any missing information the packet will be returned and you may bring it back once complete. The following documents are required for a complete submission:

- Insurance Certificate, must list the “Town of Dennis as additionally insured”.
- Vendor Information Sheet.
- Certificate of Non-collusion and Statement of Tax Compliance.
- Certificate of Authority (Corporations only).
- W-9, Request for Taxpayer Identification Number and Certification.
- Inspection of all vehicles and plows by DPW representative, an Inspection Report for each vehicle is required prior to plowing.

You will not be called unless all the above information is completed prior to a storm. Once called, all vendors must report to the DPW Headquarters prior to plowing activities, unless otherwise approved by the Town. The Vendor must communicate any clock-in and clock-out time requests with the Town representative.

Any ballast loaded at the DPW yard must be returned before checking out at the end of the storm. Ballast must be returned clean of any debris.

The Vendor is responsible for the cost of fuel, vehicle repairs or part replacements. Town fuel depots are not open to Vendors.

Complete packets are due to DPW by 2:00p.m. on November 30, 2023. Packets received by this date will receive a bonus of \$5.00 per hour. See enclosed rates schedule for further information.

Thank you for your interest in plowing for the Town of Dennis. Please contact DPW at 508-760-6220 with any questions.

Thomas P. OConnor
Deputy Director

TOWN OF DENNIS SNOW PLOW RATES FY 2024

6 hours minimum on snow plow rates. Bonus rate paid for sign up before November 30th!

Category	4-wheel drive pickup	Hourly rate	Hourly rate w/ bonus
A	8' plow	\$100.00	\$105.00
B	9' plow	\$105.00	\$110.00

Category	6-wheel NON-CDL	Hourly rate	Hourly rate w/ bonus
C	11,000-16,000 GVWR 9'-10' plow	\$110.00	\$115.00
D	16,001-26,000 GVWR 9' – 10' plow	\$115.00	\$120.00
E	16,001-26,000 GVWR 10' plow	\$120.00	\$125.00

Category	6-10-wheel CDL 10'min plow	Hourly rate	Hourly rate w/ bonus
F	26,001-33,000 GVWR	\$125.00	\$130.00
G	33,001-50,000 GVWR	\$132.00	\$137.00
H	50,000+GVWR	\$141.00	\$146.00

Category	*Sander / spreader body*	Hourly rate	Hourly rate w/ bonus
I	2-5.9 Cu. Yds.	\$20.00	\$25.00
J	6-8.9 Cu. Yds.	\$31.00	\$36.00
K	9+ Cu. Yds.	\$36.00	\$41.00

* Sander/spreader rates additional to plowing only while performing sanding

Category	Equipment	Hourly rate	Hourly rate w/ bonus
L	20k+GVWR Front End loader 10' min plow	\$155.00	\$160.00
M	Backhoe w/ or w/o plow	\$110.00	\$115.00
N	skid steer w/ or w/o plow, blower	\$108.00	\$113.00
Category	Hauling	Hourly rate	Hourly rate w/ bonus
O	6-wheel Under 26,000	\$70.00	\$75.00
p	6-wheel Over 26,001	\$90.00	\$95.00
Q	10 wheel or equivalent over 26,001	\$105.00	\$110.00

All rates include operator, fuel, equipment, cell phone, and insurance.

VENDOR COMPENSATION

Compensated time will begin when the equipment arrives at the Town of Dennis DPW and will end at the time of release at the DPW office. All vendors are **REQUIRED** to be physically present for check in and check out at the DPW office. Hired equipment that arrives 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.

Special note: All hired vendors shall receive a guaranteed minimum compensation of \$1,800 for the season. To receive this guaranteed minimum all vendors must report for duty each time they are called for service. Should the amount earned at the end of the season be less than \$1,800 vendors shall receive the difference between their earnings and the guaranteed minimum; should their earnings exceed \$1,800 there will be no additional payment.

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. All breakdowns must be reported immediately to 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).

The completion of a plow packet does not assure that any or all vendors will be called. The Town reserves the right to determine when and if services are required. The Town will make every effort to communicate asset requirements and report times in advance of a storm.

The Massachusetts Division of Occupational Safety (DOS) has determined that “a contract for snow plowing services” is exempt from prevailing wage rates.

REQUIRED MINIMUM INSURANCE

The selection bidder shall maintain such insurance as will protect it from claims under the workmen's compensation acts and claims for bodily injury, death, or property damage which may arise from the performance of its service under the proposed contract. The bidder shall maintain, as a minimum, insurance coverage as follows:

Comprehensive General Liability:

Bodily Injury:	\$100,000 Each occurrence \$300,000 Aggregate
Property Damage:	\$100,000 Each occurrence \$300,000 Aggregate

Automobile Liability:

Bodily Injury:	\$100,000 Each occurrence \$300,000 Aggregate
Property Damage:	\$100,000 Each occurrence \$300,000 Aggregate

Umbrella Policy:

General Liability: (operations & injury)	\$100,000 Each occurrence \$300,000 Aggregate
---	--

Worker's Compensation:

As required by Massachusetts General Laws.

The Town requires that the successful bidder submit a certificate of insurance in the amounts specified. The Vendor will not be called without a current insurance policy. The Town will not authorize or pay for any services performed without this certificate of insurance.

The Town further requires that all certificates name the **Town of Dennis as an "Additional Insured"**. With the exception of Workmen's Compensation and Automobile Liability, the Town **will not** accept being named as "Certificate Holder". Please be aware that there may be a charge for this type of policy to be paid at your expense, so you may want to consult with your insurance agent.

SNOW AND ICE CONTRACTORS APPLICATION CHECKLIST

- Insurance Certificate, listing the Town of Dennis as additionally insured attached.**
- Vendor Information Sheet - copies of vehicle registrations and copies of drivers' licenses attached.**
- Certificate of Non-collusion and Statement of Tax Compliance.**
- Certificate of Authority (Corporations only) attached.**
- W-9 Request for Taxpayer Identification Number & Certification attached.**
- Vehicle Report(s) attached.**

VENDOR INFORMATION SHEET:

NAME/COMPANY: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

TELEPHONE: (Home) _____ (Bus.) _____

(Cell) _____ Add to call list Yes / No

E-Mail Address _____

Copies of all registrations and licenses of drivers are required with packet submission.

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

Drivers Name: _____ Phone Number: _____ Add to call list: Yes / No

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

Signature

Date

All rates will be verified at time of vehicle inspection.

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity or group of individuals.

(Signature of individual signing bid or proposal)

(Name of Company)

STATEMENT OF TAX COMPLIANCE

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts relating to taxes.

Social Security or Federal
Identification Number _____

Signature of individual signing bid or proposal

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Purpose of Form

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

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

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

Vehicle Report (REQUIRED FOR EACH VEHICLE)

Make: _____ Model: _____ Registration #: _____

Type: _____ (i.e. 4 WD, 6 wheel, Backhoe, etc.)

Primary Driver Name: _____

Secondary Driver Name: _____

Below To be completed by DPW representative

GVWR: _____ Rate: _____

Plow Size: _____ Sander Size: _____

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

Current Inspection Sticker: Pass / Fail _____

Cutting Edge >1"@ reveal: 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 _____

Warning lights: Pass / Fail _____

Windshield wipers/blades: Pass / Fail _____

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

DPW, Authorized Representative _____ Date _____

Contractor, Authorized Signature _____ Date _____

Inspection Procedure for Plowing 2023-2024

When vehicle(s) are ready for inspection call the front office at 508-760-6220 to let the DPW know you have arrived.

You will then be instructed to drive to the rear of the building and the vehicle(s) will be inspected in the outside parking lot. Plow and lights must all be attached for the inspection. The inspection schedule is as follows:
Monday thru Friday, 7 am – 9 am / 10 am – 12 pm / 12:30 pm to 3 pm.