REQUEST FOR QUOTE
Luthy Botanical Garden- Façade Improvements

The Peoria Park District is soliciting written quotes to update the lower portion of the front façade at Luthy Botanical Garden.

All work must conform to all applicable local, state, and national building codes. Please note that the prevailing rate of wage for the Peoria area shall be paid for each craft or type of worker needed to execute this project and perform this work as required by the State of Illinois Department of Labor.

General intent:
The intent of this project is to update the façade of Luthy Botanical Garden while creating a visual consistency between the Peoria PlayHouse, the Barton Pavilion and Luthy Botanical Garden.

Schedule:
Quotes are due on Tuesday, July 5, 2016 by 2:00 p.m. Quotes may be faxed, mailed or emailed to my attention at the Planning Division offices. A pre-quote meeting will be held at the site on Tuesday, June 28, 2016 at 10:00 a.m. This work will tentatively be awarded at the Wednesday, July 13, 2016 Board Meeting, with substantial completion set for September 23, 2016.

Specifications:
Quotes shall include all labor, materials, and equipment required for the removal of the existing siding down to concrete block and to purchase and install new manufactured stone on the front (east facing)façade of Luthy Botanical Garden.

Contractor is responsible for the removal of the existing siding below the windows and replacement with manufactured stone. Total area is approximately 200 square feet. Necessary materials for new facade include but are not limited to, manufactured stone, manufactured sills, manufactured stone trim, water resistive barrier, metal lath OR an exterior rated cement board, type S mortar, and corrosion resistant fasteners. All manufactured stone must be from a single manufacturer. Any necessary electrical or plumbing work that may be needed for this project shall be included in quote. There are several electrical outlets as well as hose bibs on the building façade. These shall remain, but may need modification.

Manufactured rock shall be from Cast Natural Stone, (www.castnaturalstone.com) a manufactured stone masonry product or approved equal. Style and color to be Sienna Split Rock. New façade shall terminate neatly at the north and south building corner immediately after the corner is wrapped with coordinating corner pieces from Cast Natural Stone. All other corners along the facade shall receive coordinated corner pieces from Cast Natural Stone. Windows to receive Cast Natural Stone Sills along entire lengths of all windows. Color to be chosen by Owner from Manufacturer’s full range. All hose bibs, electrical boxes and other protrusions shall be neatly framed.
when possible, with coordinating Cast Natural Stone utility box trim, in color to be chosen by Owner from Manufacturer’s full range. Cast Natural Stone products and accessories are available through Menards.

Contractor is responsible for installation according to manufacturer’s installation instructions. The manufacturer’s specification is attached. Details, sections and other information for proper installation can be found in the Installation Guide and Detailing Options for Compliance of ASTM 1780 for Adhered Manufactured Stone Veneer, 4th Edition, 1st Printing, as well as on the manufacturer’s website.

During installation, please note that the boxes of stone should be blended to ensure a random mix of size, shape, texture and color before stones are laid out and permanently applied to the wall.

Contractor is responsible for and shall field verify all measurements, dimensions, quantities and field conditions.

Luthy Botanical Garden staff will be available to tie back or trim surrounding plants as needed.

**Attached Drawings:**
1. Location Plan
2. Façade Images

**Attached Specifications:**
1. Division 04 00 00 – Masonry, Section 04 73 00 – Manufactured Stone Masonry

**Administrative Requirements:**

*Submitted with quote:*

1. **EEO Certification** – A completed Certificate of Equal Employment Opportunity Compliance (form attached) must be submitted with quote.

2. **Workforce Profile** – A completed Workforce Profile (form attached) must be submitted with quote.

3. **Sexual Harassment Policy** – A sexual harassment policy must be submitted for approval if not currently on file. Sample attached.

4. **W-9 Taxpayer Identification Form** – Bidder must complete and sign the form included in this package.

5. **Substance Abuse Prevention Program Certification** – Submit provided form with appropriate section completed. If Part B of the form is completed, your company’s Substance Abuse Policy must be submitted for approval.

6. **Certification of Safety Compliance** – A completed certification of safety compliance (form attached) must be submitted.

7. **Illinois Drug Free Workplace Certification** – A completed Illinois Drug Free Workplace Certification (form attached) must be submitted.

**Required forms after Award is made before work can begin:**

1. **Insurance Requirements:** A Certificate of Insurance and Endorsement with a minimum of one million ($1,000,000) of liability coverage, naming the Peoria Park District as Additional Insured, will be
required, before work begins. Verification that all employees who will be working at the site are currently covered by Workers Compensation Insurance will also be required. See Attachment A-6.

2. **Bonds.** For all quotes exceeding $20,000.00, a Performance and a Labor and Materials Bond (forms attached), each in the amount of the awarded quote, will be required.

*Forms to be submitted with project closeout and pay requests:*

1. **Certified Payroll** – Prevailing wage is required for this job. A certified payroll form must accompany all requests for payment.

2. **Weekly Workforce Reports** – Contractor shall submit completed Weekly Workforce Report (forms attached) for each week until project is completed.

Thank you for your quote! If you have any questions, please give me a call.

Mary Harden
Planner II
Peoria Park District
Planning, Design, and Construction Division
1314 N. Park Road
Peoria, Illinois  61604
Phone: (309) 686-3386
Fax: (309) 686-3383
Email: mharden@peoriaparks.org
## PEORIA PARK DISTRICT

**QUOTE FORM**

**FAÇADE IMPROVEMENTS**

**LUTHY BOTANICAL GARDEN**

<table>
<thead>
<tr>
<th>BASE QUOTE</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide all labor, materials and equipment required for the façade improvements at Luthy Botanical Gardens as specified.</td>
<td>$</td>
</tr>
</tbody>
</table>

---

**THE UNDERSIGNED CERTIFIES THAT THIS QUOTATION IS IN ACCORDANCE WITH PEORIA PARK DISTRICT SPECIFICATIONS.**

QUOTE SUBMITTED BY:

____________________________

Company Name

____________________________

Address  City  State  Zip

____________________________

Telephone Number  Fax Number

____________________________

Signature  Title  Date

---

**PEORIA PARK BOARD**

TIMOTHY J. CASSIDY  
President

WARREN E. RAYFORD  
Trustee

KELLY A. CUMMINGS  
Trustee

ROBERT L. JOHNSON, SR.  
Trustee

JACQUELINE J. PETTY  
Trustee

MATTHEW P. RYAN  
Trustee

Emily Cahill–Executive Director
NOTES:

• Contractor is responsible for field verifying all measurements and ordering the correct amount of materials for a successful and complete project.
• All existing siding below windows is to be removed and replaced with manufactured stone. All corners shall be wrapped with coordinating corner pieces. Windows to receive coordinating sills, and hose bibs, utility boxes and other protrusions shall receive coordinating trim.
• Any necessary work with other trades shall be included in this quote.
• Contractor shall be responsible for repairing any damages to the project site and surrounding area. Garden staff will be available to trim or tie back plants as needed.
DIVISION: 04 00 00—MASONRY  
Section: 04 73 00—Manufactured Stone Masonry  

REPORT HOLDER:  
NORSE BUILDING PRODUCTS, INC.  
536 MAIN STREET, POST OFFICE BOX 126  
ALLENTOWN, WISCONSIN 53002  
(262) 629-9330  
www.castnaturalstone.com  

EVALUATION SUBJECT:  
CAST NATURAL STONE  

1.0 EVALUATION SCOPE  
1.1 Compliance with the following codes:  
- 2012 International Residential Code® (2012 IRC)  
- Other Codes (see Section 8.0)  

Properties evaluated:  
Veneer strength and durability  

1.2 Evaluation to the following green code(s) and/or standards:  
- 2013 California Green Building Standards Code (CALGreen), Title 24, Part 11  

Attributes verified:  
See Section 3.0  

2.0 USES  
Cast Natural Stone is used as an adhered, non-load-bearing exterior veneer on non-fire-resistance-rated wood-frame or light gage steel stud walls, and concrete or masonry walls.  

3.0 DESCRIPTION  
Cast Natural Stone is a precast concrete products made to resemble natural stone in color and in texture. The concrete is composed of cement, aggregate, water, admixtures and coloring. The veneer units are molded and cured at the plant. The average saturated weight of the installed veneer units does not exceed 15 pounds per square foot (73.2 kg/m²). Recognized patterns of veneer are listed in Table 1.  

The attributes of the stone veneer have been verified as conforming to the requirements of (i) 2013 CALGreen Section A4.405.1.3 for prefinished building materials and Section A5.406.1.2 for reduced maintenance; (ii) ICC 700-2012 Section 602.1.6 for termite-resistant materials and Sections 601.7, 11.601.7, and 12.1(A)601.7 for site-applied finishing materials; and (iii) ICC 700-2008 Section 602.8 for termite-resistant materials and Section 601.7 for site-applied finishing materials. Note that decisions on compliance for those areas rest with the user of this report. The user is advised of the project-specific provisions that may be contingent upon meeting specific conditions, and the verification of those conditions is outside the scope of this report. These codes or standards often provide supplemental information as guidance.  

4.0 INSTALLATION  
4.1 General:  
Installation of Cast Natural Stone must comply with this report, the manufacturer’s published installation instructions, and the applicable code. The manufacturer’s published installation instructions must be available at the jobsite at all times during installation. The veneer has been evaluated for application over backings of cement plaster.  

4.2 Preparation of Backing:  
Cement plaster backings may be applied over plywood, OSB or gypsum sheathing, supported by wood or steel studs; over open wood or steel studs; and over concrete or masonry walls, when installed as described in Sections 4.2.1 and 4.2.2.  

4.2.1 Installation over Studs: For exterior installations, the cement plaster backing must be installed over a water-resistant barrier complying with IBC Sections 1404.2 and 2510.6 or IRC Sections R703.2 and R703.6.3, as applicable. Also, flashing must be installed as required by IBC Sections 1405.4 and 1405.10.1.2 or IRC Sections R703.8 and R703.12.2, as applicable, and weep screeds must be installed at the bottom of the stone veneer. The weep screeds must comply with, and be installed in accordance with, IBC Section 1406.10.1.2 or IRC Section R703.12.2, as applicable. In addition, the weep screeds must have holes with a minimum diameter of $\frac{3}{16}$ inch (4.8 mm) spaced at a maximum of 33 inches (838 mm) on center, as required by Section 6.1.6.2 of TMS 402/ACI 530/ASCE 5, which is referenced in IBC Section 1405.10. The veneer must be installed with the clearances required by IBC Section 1405.10.1.3 or IRC Section R703.12.1, as applicable.  

Studs must be spaced no more than 16 inches (406 mm) on center. Lath must be a 2.5 lb/yd² (1.4 kg/m²) diamond
mesh metal lath conforming to ASTM C847; a 3.4 lb/yd² (1.8 kg/m²) 1/2-inch thick ribbed lath conforming to ASTM C847; or a 1.4 lb/yd² (0.760 kg/m²) galvanized woven wire mesh conforming to ASTM C1032. Lath may be self-furred or non-furred, provided furring or furring fasteners are used. When the cement plaster backing is installed over open studs, a paper back lath must be used. All lath must be installed over the water-resistive barrier by following lath manufacturer's installation guidelines and recommendations. Lath or mesh must be fastened to each of the wall studs as required by ASTM C1063 and IRC section R703.6.1. Fasteners must be spaced a maximum of 6 inches (153 mm) on center.

For attaching lath to wood studs, fasteners must be galvanized nails having a minimum shank diameter of 0.120-inch, a minimum head diameter of 1/16-inch (11.1 mm) and sufficient length to penetrate the stads a minimum of 1/4-inch (19.1 mm). Wood studs must have a minimum specific gravity of 0.42. For attaching lath to steel studs, fasteners must be a minimum of #8 corrosion resistant self-drilling tapping screws complying with ASTM C934 and having sufficient length to protrude a minimum of 1/8 inch (3.5 mm) through the stud. Steel studs must be a minimum of 33 mils thick.

A scratch coat of Type S mortar (cement plaster) complying with ASTM C926 must be applied over the lath to a thickness of 1/2 inch to 3/4 inch (12.7 to 19.1 mm). The scratch coat must be scored horizontally in accordance with the manufacturer's published installation instructions, and must be allowed to cure in accordance with IRC Section 2512.6, prior to the application of the veneer units.

4.2.2 Installation over Concrete and Masonry: The veneer units may be applied over a concrete or masonry backing, provided lath and a cement plaster scratch coat are used. The lath must be corrosion-resistant metal lath complying with ASTM C847, or 1.4 lb/yd² (0.760 kg/m²), corrosion-resistant, woven wire plaster base complying with ASTM C1032. The lath must be fastened to the wall in accordance with Section 7.10 of ASTM C1063, and IRC Section R703.6.1, as applicable. The fasteners must be spaced a maximum of 6 inches (153 mm) on center vertically and 18 inches (450 mm) on center horizontally. The gravity load (shear) capacity and negative wind load (pull-out) capacity of the proprietary fasteners must be justified to the satisfaction of the code official. The scratch coat must be applied as described in Section 4.2.1.

4.3 Application of Veneer Units:
Prior to the application of the veneer units, the scratch coat or other backing and the back of the veneer units must be moistened in accordance with the manufacturer's instructions. A minimum 1/2-inch-thick (12.7 mm) setting bed of Type S mortar must be applied to the back of the veneer units, and the veneer units must be pressed firmly in place, squeezing the mortar out around all veneer unit edges. For grouted joints, joints between veneer units must be grouted and troweled in accordance with the veneer manufacturer's published installation instructions.

5.0 CONDITIONS OF USE
The precast stone veneer described in this report complies with, or is a suitable alternative to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

5.1 Installation must comply with this report, the manufacturer's published installation instructions and the applicable code. In the event of a conflict between the manufacturer's published installation instructions and this report, this report governs.

5.2 The use of the precast stone veneer has been evaluated for installation on walls with cement plaster.

5.3 Expansion or control joints, used to limit the effect of differential movement of supports on the veneer system, are to be specified by the architect, designer or veneer manufacturer, in that order. Consideration must also be given to movement caused by temperature change, shrinkage, creep and deflection.

5.4 In jurisdictions adopting the IBC, the supporting wall must be designed to support the installed weight of the veneer system, including veneer, setting bed and cement plaster backing, as applicable. At wall openings, the supporting members must be designed to limit deflection to 1/400 of the span of the supporting members.

5.5 In jurisdictions adopting the IRC, where the seismic provisions of IRC Section R301.2.2 apply, the average weight of the wall supporting the precast stone veneer, including the weight of the veneer system, must be determined. When this weight exceeds the applicable limits of IRC Section R301.2.2.1, an engineered design of the wall construction must be performed in accordance with IRC Section R301.1.3.

6.0 EVIDENCE SUBMITTED
Data in accordance with the ICC-ES Acceptance Criteria for Precast Stone Veneer (AC51), dated February 2008 (editorially revised April 2012).

7.0 IDENTIFICATION
Boxes of precast stone veneer units are identified with the manufacturer's name (Norse Building Products), the product name (Cast Natural Stone); the pattern name, the manufacturing date, and the evaluation report number (ESR-3566).

8.0 OTHER CODES
8.1 Evaluation Scope:
In addition to the codes referenced in Section 1.0, the products described in this report were evaluated for compliance with the following codes:

- 2009 International Residential Code® (2009 IRC)

The Cast Natural Stone products described in this report comply with, or are suitable alternatives to what is specified in, the codes listed above, subject to the provisions of Sections 8.2 through 8.7.

8.2 Uses:
See Section 2.0.

8.3 Description:
See Section 3.0.

8.4 Installation:

8.4.1 General: See Section 4.1.

8.4.2 Preparation of Backing: See Section 4.2

8.4.2.1 Installation over Sheathing or Open Studs:
Replace the 1st paragraph of Section 4.2.1 with the following: For exterior installations, the cement plaster backing must be installed over a water-resistive barrier complying with 2009 IBC Sections 1404.2 and 2510.6 or 2009 IRC Sections R703.2 and R703.6.3, as applicable. Also, flashing must be installed as required by 2009 IBC Section 1405.4 or 2009 IRC Section R703.8, as applicable,
and weep screeds must be installed at the bottom of the stone veneer. The weep screeds must comply with, and be installed in accordance with, 2009 IBC Section 2512.1.2 or 2009 IRC Section R703.6.2.1, as applicable. In addition, the weep screeds must have holes with a minimum diameter of $\frac{3}{8}$ inch (4.8 mm) spaced at a maximum of 33 inches (838 mm) on center, as required by Section 6.1.5.2 of TMS 402/ACI 530/ASCE 5, which is referenced in 2009 IBC Section 1405.10.

For additional requirements, see the remainder of Section 4.2.1.

8.4.2.2 Concrete and Masonry Backing: See Section 4.2.2.

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>PATTERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cast Natural Stone</td>
<td>River Rock, Weatheredge, Ledgestone, Limestone, Fieldstone, Split Rock, Castle Rock</td>
</tr>
</tbody>
</table>

8.4.3 Application of Veneer Units: See Section 4.3.

8.5 Conditions of Use:
See Section 5.0.

8.6 Evidence Submitted:
See Section 6.0.

8.7 Identification:
See Section 7.0.
Peoria Park District
Certificate of Equal Employment Opportunity Compliance
for Contractors and Vendors

Disclosure of the information requested in this form is required by the Peoria Park District. Failure to properly complete and sign this form will result in it being returned unprocessed thereby resulting in a delay or denial of eligibility to bid.

As part of the Company’s commitment to equal employment opportunity practices, this company does the following:

- Recruits, trains, upgrades, promotes and disciplines persons without regard to race, color, sex, religion, national origin, veteran status, age, mental or physical ability.

- Notifies all recruitment sources that all qualified applicants will be considered for employment without regard to race, color, sex, religion, national origin, veteran status, age, mental or physical ability.

- When advertising is used, specifies that all qualified applicants will be considered for employment without regard to race, color, sex, religion, national origin, veteran status, age, mental or physical ability.

- Notifies all labor organizations which furnish this company with any skilled or non-skilled labor of the Company’s responsibility to comply with the equal employment opportunity requirements required in all contracts by the Peoria Park District.

- Notifies all of its sub-contractors of their obligation to comply with the equal employment opportunity requirements required in all contracts by the Peoria Park District.

- Has an affirmative action program that assures the company’s fair employment practices are understood and carried out by all of its managerial, administrative and supervisory personnel.

Is the Company a minority/woman owned business (MBE/WBE)? ___YES ___NO

The Company does not discriminate against any employees or applicants for employment because of race, color, religion, sex, national origin, veteran status, age, mental or physical ability.

The Company does not maintain segregated facilities for any of its employees on the basis of race, religion, color, national origin, because of habit, local custom, or otherwise.

By signing this form, the Company attests that it complies with all statements listed above as part of the Company’s commitment to equal employment opportunity practices. The Company further agrees that it has completed the attached Workforce Profile Sheet truthfully, to the best of its knowledge.

___________________________________________   ___________________________________________
Company Name        Company Address

___________________________________________   ___________________________________________
Signature of Company Official     Name / Title

___________________________________________   ___________________________________________
Telephone Number & Fax Number     Email Address

Rev. 6/2012
## WORK FORCE PROFILE - FULL TIME ONLY

<table>
<thead>
<tr>
<th>Job Classifications</th>
<th>Total Employees</th>
<th>Black</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Asian</th>
<th>Veteran</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>1. Officials, Managers, Supervisors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Technicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Office/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. White Collar Trainees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Skilled Crafts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Apprentices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. On-the-job Trainees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Semi-skilled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Service Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Unskilled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PLEASE BE ADVISED!

Every party to a public contract and every party bidding on public contracts are required to have a written sexual harassment policy that contains:

1. a definition of sexual harassment under state law:
2. a description of sexual harassment utilizing examples;
3. a formalized complaint procedure;
4. a statement of victims rights;
5. directions on how to contact the Illinois Department of Human Rights – Illinois companies. Out-of-State companies must include directions on how to contact the enforcement agency within their state. Companies that issue a standard policy for all business locations must prepare an addendum providing directions on how to contact the appropriate enforcement agency.
6. a recitation that there cannot be any retaliation against employees who elect to file charges.

Recommendation: Your sexual harassment policy should be drafted in language easy to understand and any revisions should be reviewed by legal counsel. A copy of your policy should be posted in a prominent and accessible location to assure all employees will be notified of the company’s position.

In order to conduct business with the THE PEORIA PARK DISTRICT, you must have a written sexual harassment policy that conforms to the new ACT.

FAILURE TO DO SO
WILL DISQUALIFY YOU AS AN ELIGIBLE VENDOR!!!
Please be advised, effective July 1, 1993, Governor Jim Edgar established under Executive Order Number 7 (Public Act 87-1257) that every party to a public contract and every party bidding on a public contract within the State of Illinois must have a written policy statement prohibiting sexual harassment. The following model policy statement is a draft copy provided for use in formulating your company’s policy statement

SEXUAL HARASSMENT POLICY STATEMENT

It is the responsibility of each individual employee to refrain from sexual harassment and it is the right of each individual employee to work in an environment free from sexual harassment.

DEFINITION OF SEXUAL HARASSMENT

According to the Illinois Human Rights Act, sexual harassment is defined as:

- Any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when
  
  1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
  2. submission to or rejection of such conduct by an individual is used as the basis for employment decision(s) affecting such individual; or
  3. such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

The courts have determined that sexual harassment is a form of discrimination under Title VII of the U.S. Civil Rights act of 1964, as amended in 1991. One such example is a case where a qualified individual is denied employment opportunities and benefits that are, instead, awarded to an individual who submits (voluntarily or under coercion) to sexual advances or sexual favors. Another example is where an individual must submit to unwelcome sexual conduct in order to receive an employment opportunity.

Other conduct commonly considered to be sexual harassment includes:

- Verbal: Sexual innuendoes, suggestive comments, insults, humor and jokes about sex, anatomy or gender-specific traits, sexual propositions, threats, repeated requests for dates, or statement about other employees, even outside of their presence, of a sexual nature.

- Non-Verbal: Suggestive or insulting sounds (whistling), leering, obscene gestures, sexually suggestive bodily gestures, “catcalls”, “smacking” or “kissing” noises.

- Visual: Posters, signs, pin-ups, slogans of a sexual nature.

- Physical: Touching, unwelcome hugging or kissing, pinching, brushing the body, coerced sexual intercourse or actual assault.

Sexual harassment most frequently involves a man harassing a woman. However, it can also involve a woman harassing a man or harassment between members of the same gender.

The most severe and overt forms of sexual harassment are easier to determine; however, some sexual harassment is more subtle and depends to some extent on individual perception and interpretation. The trend in the courts is to assess sexual harassment by a standard of what would offend a “reasonable woman” or a “reasonable man”, depending upon the gender of the alleged victim.

An example of the most subtle form of sexual harassment is the use of endearments. The use of terms such as “honey”, “darling”, and “sweetheart” is objectionable to many women who believe that these terms undermine their authority and their ability to deal with men on an equal and professional level.

Another example is the use of a compliment that could potentially be interpreted as sexual in nature. Below are three statements that might be made about the appearance of a woman in the workplace:
⇒ “That’s an attractive dress you have on.”  
⇒ “That’s an attractive dress. It really looks good on you.”  
⇒ “That’s an attractive dress. You really fill it out well.”

The first statement appears to be simply a compliment. The last is most likely to be perceived as sexual harassment depending on individual perceptions and values. To avoid the possibility of offending an employee, it is best to follow a course of conduct above reproach, or to err on the side of caution.

RESPONSIBILITY OF INDIVIDUAL EMPLOYEES

Each individual employee has the responsibility to refrain from sexual harassment in the workplace. An individual employee who harasses a fellow worker is, of course, liable for his or her individual conduct. The harassing employee will be subject to disciplinary action up to and including discharge in accordance with company/organization policy or a collective bargaining agreement, as appropriate.

RESPONSIBILITY OF SUPERVISORY PERSONNEL

Each supervisor is responsible for maintaining a workplace free of sexual harassment. This is accomplished by promoting a professional environment and by dealing with sexual harassment as with all other forms of employee misconduct.

The courts have found companies/organizations as well as supervisors can be held liable for damages related to sexual harassment by a manager, supervisor, employee, or third party (an individual who is not an employee but does business with a company/organization, such as a contractor, customer, sales representative, or repair person).

Liability is based either on a company/organization's responsibility to maintain a certain level of order and discipline, or on the supervisor acting as an agent of the company/organization. As such, supervisors must act quickly and responsibly, not only to minimize their own liability, but also that of the company/organization.

RESOLUTION OUTSIDE THE COMPANY/ORGANIZATION

It is hoped that most sexual harassment complaints and incidents can be resolved within a company/organization. However, an employee has the right to contact the Illinois Department of Human Rights (IDHR) or the U.S. Equal Employment Opportunity Commission (EEOC) about filing a formal complaint. An IDHR complaint must be filed within 180 days of the alleged incident(s) unless it is a continuing offense. A complaint with EEOC must be filed within 300 days.

Illinois Department of Human Rights
(217) 785-5100 – Springfield  
(217) 785-5125 – TDD Springfield  
(312) 814-6200 – Chicago  
(312) 263-1579 – TDD Chicago

Illinois Human Rights Commission
(217) 785-4350 – Springfield  
(217) 785-5125 – TDD Springfield  
(312) 814-6269 – Chicago  
(312) 814-4760 – TDD Chicago

U.S. Equal Employment Opportunity Commission
(312) 353-2613 – Chicago District Office  
(800) 669-4000 – Toll Free Within State of Illinois  
(800) 669-6820 – TDD Chicago

An employee who is suddenly transferred to a lower paying job or passed for promotion, after filing a complaint with IDHR or EEOC, may file a retaliation charge, also due 180 days (IDHR) or 300 days (EEOC) from the alleged retaliation.

An employee who has been physically harassed or threatened while on the job may also have grounds for criminal charges of assault and battery.

FALSE AND FRIVOLOUS COMPLAINTS

False and frivolous charges refer to cases where the accuser is using a sexual complaint to accomplish some end other than stopping sexual harassment. It does not refer to charges made in good faith which cannot be proven. Given the seriousness of the consequences for the accused, a false and frivolous charge is a severe offense that can itself result in disciplinary action.
**W-9**

**Request for Taxpayer Identification Number and Certification**

**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 1099-A (acquisition or abandonment of secured property)
- Form 1099-C (canceled debt)
- Form 1099-T (tuition)
- Form 1098 (home mortgage interest)

**Future developments** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

**General Instructions**

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

**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 on page 3.

**Sign Here**

Date

Signature of U.S. person

**Print or type**

See Specific Instructions on page 2.

**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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and 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); 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 on page 3.

**Sign Here**

Signature of U.S. person

Date

**Form W-9 (Rev. 12-2014)**

Cat. No. 10231X
Note. If you are a U.S. person and 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 under section 1446 on any foreign partner’s share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (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 he 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 income would attach to Form W-9 a statement that includes the information described above to support the exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% 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, payments made in settlement of payment card and third party network transactions, 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 Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

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 $50 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

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose name you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. 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 line 2. “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.
**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the “Limited Liability Company” box and enter “P” in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the “Limited Liability Company” box and in the space provided enter “C” for C corporation or “S” for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the “Limited Liability Company” box; instead check the first box in line 3 “Individual/sole proprietor or single-member LLC.”

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of a payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.
- The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.
  1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) 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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities.
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities.
  5. A corporation.
  6. A dealer in securities or commodities required to register with the Commodity Futures Trading Commission.
  7. A futures commission merchant registered with the Commodity Futures Trading Commission.
  8. A real estate investment trust.
  9. An entity registered at all times during the tax year under the Investment Company Act of 1940.
  10. A common trust fund operated by a bank section 584(a).
  11. A financial institution.
  12. A middleman known in the investment community as a nominee or custodian.
  13. 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 13.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and payments, including insider payments</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000 Company** box</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1. See Form 1099-MISC, Miscellaneous income, and its instructions.

2. 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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities.
- C—A state, the District of Columbia, or a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities.
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
- G—A real estate investment trust.
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
  - I—A common trust fund as defined in section 584(a).
  - J—A bank as defined in section 581.
  - K—A broker.
  - L—A trust exempt from tax under section 664 or described in section 4947(a)(1).
  - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan.

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**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 this page), 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 SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-9, 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 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 or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are told to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. entity that has a foreign owner must use the appropriate Form W-9.
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 items 1, 4, or 5 below 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 line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

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 made in settlement of payment card and third party network transactions, 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.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account</td>
</tr>
<tr>
<td>3. Custodian account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor*</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee¹</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner¹</td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner¹</td>
</tr>
<tr>
<td>6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii)) (A)</td>
<td>The grantor*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Disregarded entity not owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td>Legal entity⁴</td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
<td>The corporation</td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td>The partnership</td>
</tr>
<tr>
<td>12. A broker or registered nominee</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>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</td>
<td>The public entity</td>
</tr>
<tr>
<td>14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(ii)) (B)</td>
<td>The trust</td>
</tr>
</tbody>
</table>

¹You 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.

²List 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 2.

³Note. Grantor also must provide a Form W-9 to trustee of trust.

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, 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.

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 card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-904-4490 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 are dealing with a 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 phishingtips.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

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. commonwealths and 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, you must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.
SUBSTANCE ABUSE PREVENTION PROGRAM CERTIFICATION

Project Name: ______________________________

Location: ______________________________

The Substance Abuse Prevention on Public Works Act Public Act 95-0635, prohibits the use of drugs and alcohol, as defined in the Act, by employees of the Contractor and by employees of all approved Subcontractors while performing work on a public works project. The Contractor/Subcontractor herewith certifies that it has a superseding collective bargaining agreement or makes the public filing of its written substance abuse prevention program for the prevention of substance abuse among its employees who are not covered by a collective bargaining agreement dealing with the subject as mandated by the Act.

A. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has signed collective bargaining agreements that are in effect for all of its employees, and that deal with the subject matter of Public Act 95-0635.

___________________________________________________
Contractor/Subcontractor

____________________________________________________
Name of Authorized Representative (type or print)

____________________________________________________
Title of Authorized Representative (type or print)

____________________________________________________
Signature of Authorized Representative     Date

B. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has in place, for all of its employees not covered by a collective bargaining agreement that deals with the subject of the Act, the attached substance abuse prevention program that meets or exceeds the requirements of Public Act 95-0635.

___________________________________________________
Contractor/Subcontractor

____________________________________________________
Name of Authorized Representative (type or print)

____________________________________________________
Title of Authorized Representative (type or print)

____________________________________________________
Signature of Authorized Representative     Date
CERTIFICATION OF SAFETY COMPLIANCE

The undersigned Contractor/Vendor hereby certify that they and their sub-contractors will comply with any and all prevailing occupational safety and health standards including, but not limited to the following: hazard communication, hearing conservation, respirator use, permit required confined space entry, scaffolding, personal protective equipment, ladder usage, ventilation, flammable and combustible liquids handling and storage and lockout/tagout. Such compliance may include a training component or require a written program of compliance.

Dated this day of _______________________________, 20 _____.

CONTRACTOR/VENDOR: _______________________________________________

By:   _______________________________________________
ILLINOIS DRUG FREE WORKPLACE CERTIFICATION

The undersigned Contractor/Vendor hereby certifies that it will comply with all provisions of the Illinois Drug Free Workplace Act of 1991.

Dated this _______ day of _______________________________, 20 _____

Contractor/Vendor

____________________________________
By: __________________________________
Contractor shall obtain insurance of the types and in the amounts listed below.

A. COMMERCIAL GENERAL AND UMBRELLA LIABILITY INSURANCE
Contractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella insurance with a limit of not less than $1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this project/location.

CGL insurance shall be written on Insurance Services Office (ISO) occurrence form CG 00 01 10 93, or a substitute form providing equivalent coverage, and shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

Owner shall be included as an insured under the CGL, using ISO additional insured endorsement CG 20 10 or a substitute providing equivalent coverage, and under the commercial umbrella, if any. This insurance shall apply as primary insurance with respect to any other insurance or self-insurance afforded to Owner.

There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from pollution, explosion, collapse, or underground property damage.

B. CONTINUING COMPLETED OPERATIONS LIABILITY INSURANCE
Contractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella liability insurance with a limit of not less than $1,000,000 each occurrence for at least one (1) year following substantial completion of the work.

Continuing CGL insurance shall be written on ISO occurrence form CG 00 01 10 93, or substitute form providing equivalent coverage, and shall, at minimum, cover liability arising from products-completed operations and liability assumed under an insured contract.

Continuing CGL insurance shall have a products-completed operations aggregate of at least two times its each occurrence limit.

Continuing commercial umbrella coverage, if any, shall include liability coverage for damage to the insured’s completed work equivalent to that provided under ISO form CG 00 01.

C. BUSINESS AUTO AND UMBRELLA LIABILITY INSURANCE
Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit of not less than $1,000,000 each accident. Such insurance shall cover liability arising out of any auto including owned, hired and non-owned autos.

Business auto insurance shall be written on Insurance Services Office (ISO) form CA 00 01, CA 00 05, CA 00 12, CA 00 20, or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01.

D. WORKERS COMPENSATION INSURANCE
Contractor shall maintain workers compensation as required by statute and employers liability insurance. The commercial umbrella and/or employers liability limits shall not be less than $1,000,000 each accident for bodily injury by accident or $1,000,000 each employee for bodily injury by disease.
If Owner has not been included as an insured under the CGL using ISO additional insured endorsement CG 20 10 under the Commercial General and Umbrella Liability Insurance required in this Contract, the Contractor waives all rights against Owner and its officers, officials, employees, volunteers and agents for recovery of damages arising out of or incident to the Contractor’s work.

E. GENERAL INSURANCE PROVISIONS

1. **Evidence of Insurance.** Prior to beginning work, Contractor shall furnish Owner with a certificate(s) of insurance and applicable policy endorsement(s), executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth above.

   All certificates shall provide for 30 days written notice to Owner prior to the cancellation or material change of any insurance referred to therein. Written notice to Owner shall be by certified mail, return receipt requested.

   Failure of Owner to demand such certificate, endorsement or other evidence of full compliance with these insurance requirements or failure of Owner to identify a deficiency from evidence that is provided shall not be construed as a waiver of Contractor’s obligation to maintain such insurance.

   Owner shall have the right, but not the obligation, of prohibiting Contractor or any subcontractor from entering the project site until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and approved by Owner.

   Failure to maintain the required insurance may result in termination of this Contract at Owner’s option.

   With respect to insurance maintained after final payment in compliance with a requirement above, an additional certificate(s) evidencing such coverage shall be promptly provided to Owner whenever requested.

   Contractor shall provide certified copies of all insurance policies required above within 10 days of Owner’s written request for said copies.

2. **Acceptability of Insurers.** For insurance companies which obtain a rating from A.M. Best, that rating should be no less than A VII using the most recent edition of the A.M. Best’s Key Rating Guide. If the Best’s rating is less than A VII or a Best’s rating is not obtained, the Owner has the right to reject insurance written by an insurer it deems unacceptable.

3. **Cross-Liability Coverage.** If Contractor’s liability policies do not contain the standard ISO separation of insureds provision, or a substantially similar clause, they shall be endorsed to provide cross-liability coverage.

4. **Deductibles and Self-Insured Retentions.** Any deductibles or self-insured retentions must be declared to the Owner. At the option of the Owner, the Contractor may be asked to eliminate such deductibles or self insured retentions as respects the Owner, its officers, officials, employees, volunteers and agents or required to procure a bond guaranteeing payment of losses and other related costs including but not limited to investigations, claim administration and defense expenses.

5. **Subcontractors.** Contractor shall cause each subcontractor employed by Contractor to purchase and maintain insurance of the type specified above. When requested by the Owner, Contractor shall furnish copies of certificates of insurance evidencing coverage for each subcontractor.

F. INDEMNIFICATION

To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless the Owner and the Architect and their officers, officials, employees, volunteers and agents from and against all claims, damages, losses and expenses including but not limited legal fees (attorney’s and paralegal’s fees and court costs), arising
out of or resulting from the performance of the Contractor’s work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, other than the work itself, including the loss of use resulting therefrom and (2) is caused in whole or in part by any wrongful or negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, except to the extent it is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this Paragraph. Contractor shall similarly protect, indemnify and hold and save harmless the Owner, its officers, officials, employees, volunteers and agents against and from any and all claims, costs, causes, actions and expenses including but not limited to legal fees, incurred by reason of Contractor’s breach of any of its obligations under, or Contractor’s default of, any provision of the Contract.
SAMPLE LIABILITY INSURANCE ENDORSEMENT

The following spaces preceded by an asterisk (*) need not be completed if this endorsement and policy have the same inception date.

<table>
<thead>
<tr>
<th>ATTACHED TO AND FORMING PART OF POLICY NUMBER</th>
<th>*EFFECTIVE DATE OF ENDORSEMENT</th>
<th>*ISSUED TO</th>
</tr>
</thead>
</table>

This endorsement changes the policy. Please read it carefully.

AUTOMATIC ADDITIONAL INSUREDS

The following provision is added to (SECTION II), Who Is An Insured.

5. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, “your work” for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of “your work” to the extent set forth below.

   a. The Limits of Insurance provided on behalf of the Additional Insured are not greater than those required by such contract.

   b. The coverage provided to the Additional Insured(s) is not greater than that customarily provided by the policy forms specified in and required by the contract.

   c. All insuring agreements, exclusions and conditions of this policy apply.

   d. In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.

   Except when required otherwise by contract, this insurance does not apply to:

1) “Bodily injury” or “property damage” occurring after

   a) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the site of the covered operations has been completed; or

   b) That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

2) “Bodily injury” or “property damage” arising out of any act or omission of the Additional Insured(s) or any of their employees, other than the general supervision of work performed for the Additional Insured(s) by you.

3) “Property damage” to

   a) Property owned, used or occupied by or rented to the Additional Insured(s);

   b) Property in the care, custody or control of the Additional Insured(s) or over which the Additional Insured(s) is for any purpose exercising physical control; or
c) “Your work” for the Additional Insured(s).

With respect to Additional Insureds who are architects, engineers or surveyors, this insurance does not apply “bodily injury”, “property damage”, “personal injury” or “advertising injury” arising out of the rendering of or the failure to render any professional services by or for you, including:

a) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and

b) Supervisory, inspection or engineering services.

Any coverages provided hereunder shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

No person or organization is an Additional Insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

END OF ATTACHMENT A.6
(d) The plan administrator of each fringe benefit fund, if applicable: ____________________________
(e) The plan sponsor of each fringe benefit fund, if applicable: ____________________________
(f) The name and address of each fringe benefit fund: ____________________________
(g) The workers' hourly fringe benefit rates: ____________________________

The following information is required:

(4) If remitted contributions to a fringe benefit fund that is jointly maintained and jointly governed by one or more employers and one or more labor organizations in accordance with the LMRA, but does not remit contributions to a fringe benefit fund that is jointly maintained and jointly governed by one or more employers and one or more labor organizations in accordance with the Federal Labor Management Relations Act (FLMRA), does further information about the applicable multiemployer plan fund?

(3) The following information is required:

The collective bargaining agreements or other written agreements that are applicable to the fringe benefit fund.

(2) The agreement or collective bargaining agreement to which these reports are subject.

(1) The agreement or collective bargaining agreement that is applicable to the fringe benefit fund.

Signature of person authorized to sign the agreement.

Date
This weekly workforce report must be completed and returned to the Peoria Park District project manager for each week that you are working on Peoria Park District property. You are to report only those employees that are actually working on the Peoria Park District project identified on this report. Do not report employees that are not working on the project identified on this report.

If you have further questions regarding this report, please contact the Owner’s Project Manager.

I Trade & Hour Breakdown Table
- List the different trades (carpenter, laborer, plumber, etc.) and report the number of hours by race/gender for each trade;
- Total the hours for each trade on the right.

II New Hires by Race & Gender
- If additional employees are hired for the job, please record the number of employees hired by race/gender.

III Total Project Employee Breakdown
- Please track total hours by race/gender for the project if project lasts longer than a week.
**Weekly Workforce Report** (Peoria Park District Form)

**Contractor/ Subcontractor Name:** ________________________________  **Project:** ____________________________________________

**Date:** ____________________________  **Week Ending:** ___________________________

### Trade & Hour Breakdown:

<table>
<thead>
<tr>
<th>TRADE</th>
<th>FEMALE HOURS</th>
<th>CAUCASIAN HOURS</th>
<th>AFRICAN-AMERICAN HOURS</th>
<th>HISPANIC, HOURS</th>
<th>NATIVE AMERICAN HOURS</th>
<th>ASIAN, PAC. ISLANDER, OTHER HOURS</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### New Hires by Race & Gender

<table>
<thead>
<tr>
<th>TRADE</th>
<th>CAUCASIAN</th>
<th>AFRICAN-AMERICAN</th>
<th>HISPANIC</th>
<th>NATIVE AMERICAN</th>
<th>ASIAN,PACIFIC ISLANDER, OTHER</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Project Employee Breakdown

<table>
<thead>
<tr>
<th>CAUCASIAN</th>
<th>AFRICAN-AMERICAN</th>
<th>HISPANIC</th>
<th>NATIVE AMERICAN</th>
<th>ASIAN,PACIFIC ISLANDER, OTHER</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>