



Single Vendor or Business Checklist of Items to be Submitted

Vendor Name: _____ Phone Number: _____ Date: _____

ALL VENDORS:

- Certificate of Insurance, naming the Town of Brookhaven as Certificate Holder. Including proof of snow plow coverage (See Insurance Requirements)
- Worker's Compensation Insurance (if not sole proprietor)
- **Copy** of current DMV Vehicle Registration
- Employer Affidavit of Compliance Form (*must be notarized and submitted at the start of each winter season*)
- Truth-in-Nepotism Affidavit (must be notarized and updated *if* there is a change)
- E-Mail Address / Cell Service Provider / 10 Digit Cell Number (*required each winter season*)
- Direct Deposit Form (if requested)
- GPS Acknowledgement (*required each winter season*)
- Snow Vendor Payment Terms and Agreement (*required each winter season*)

NEW VENDORS: IN ADDITION TO THE ITEMS ABOVE:

- Affidavit of Ownership Form (must be notarized)
- W-9 Form (vendor name must match registration name)
- **Copy** of current DMV Driver's License (only for sole proprietor)
- Affidavit – Validity of NYS Driver's Licenses/Insurance Coverage/Hold Harmless Statement
- Certified Partnership Papers are required if anyone other than the owner will be driving vehicle and when worker's compensation insurance is not provided
- Vehicle Information Form (all necessary information must be completed)

**PLEASE NOTE: WE CANNOT PHOTOCOPY YOUR PAPER WORK.
PLEASE MAKE COPIES OF ALL PAPERWORK PRIOR TO SUBMITTING YOUR PACKET.
You can view the vendor snow process and download the application packet online at**

<http://www.brookhavenny.gov/documentcenter/view/112>

Or you can pick up an application packet at **The Town of Brookhaven Highway Department** located at
1140 Old Town Road in Coram; Monday – Friday between 8:00 am & 3:30 pm

**Town of Brookhaven
Highway Department**



INSURANCE REQUIREMENTS

- (1) **AUTO LIABILITY: For Pick-up Trucks and Dump Trucks**
 - \$100,000 bodily injury each person
 - \$300,000 bodily injury each occurrence
 - \$100,000 property damage each occurrence

- (2) **AUTO LIABILITY: \$1,000,000 (Combined Single Limit)**
Vehicles needing coverage for all work including snow:

Sweepers	Vac-Alls	Graders	Loaders	Orange Peeler
Dozers	Cranes	Backhoes	Excavators	Tractor Trailers

- (3) **GENERAL LIABILITY: \$1,000,000 (Combined Single Limit) with Explosion, Collapse and Underground Hazard**

- (4) **SCHEDULE OF VEHICLE(S):** Policy Number, Vehicle Identification Number (VIN) and Description, including Year, Make, Weight, etc.

- (5) **CANCELLATION CLAUSE:** the company will give the Town of Brookhaven Highway Department 15-20 days advance written notice by mail of any change or cancellation of said policy/policies

- (6) **CERTIFICATE OF INSURANCE:**
 - must be **signed**
 - must **name the Town of Brookhaven Highway Department, 1140 Old Town Road, Coram, NY 11727 as the certificate holder**
 - **All policies must include a snow plow endorsement that states “Includes Snow Plowing Operations”**
 - must state effective and expiration dates
 - must be an original copy

- (7) **CERTIFICATE OF WORKER’S COMPENSATION:** is required if vehicle is driven by anyone other than registered owner

- (8) **DISABILITY BENEFITS, LIABILITY INSURANCE AND OWNER’S AND CONTRACTOR’S PROTECTIVE LIABILITY POLICIES** original policies are required

*****IT IS THE RESPONSIBILITY OF THE INSURED TO SUPPLY THE TOWN WITH UPDATED CERTIFICATES. SEND ALL CERTIFICATES TO:**

**TOWN OF BROOKHAVEN HIGHWAY DEPARTMENT
1140 OLD TOWN ROAD, CORAM, NY 11727**

Town of Brookhaven Highway Department



Vehicle Information Form

Name: _____

Date: _____

Address: _____

Phone: _____

<u>TRUCK</u>	<u>LOADER</u>
MAKE	MAKE
YEAR	YEAR
BODY TYPE	MODEL
WHEEL DRIVE	CRAWLER/WD
GAS/DIESEL	GAS/DIESEL
LICENSE PLATE #	BUCKET SIZE
REGISTRATION WEIGHT	HORSEPOWER
<u>DOZER/TRACTOR</u>	LICENSE PLATE #
MAKE	REGISTRATION WEIGHT
YEAR	<u>SWEEPER</u>
CRAWLER/WD	MAKE
GAS/DIESEL	YEAR
HORSEPOWER	WHEEL DRIVE
LICENSE PLATE #	CUBIC YARDS
<u>ROLLER</u>	LICENSE PLATE #
MAKE	REGISTRATION WEIGHT
YEAR	<u>CRANE</u>
TANDEM/STEEL WHEELS	MAKE
LICENSE PLATE #	YEAR
REGISTRATION WEIGHT	GAS/DIESEL
<u>PLOW</u>	BUCKET SIZE
LENGTH/TYPE	LICENSE PLATE #
MANUAL/POWER	REGISTRATION WEIGHT
<u>SPREADER</u>	<u>GRADER</u>
CUBIC YARDS	MAKE
<u>SIDEWALK CREW</u>	GAS/DIESEL
<u>CHAIN SAW</u>	LICENSE PLATE #
<u>EDGER</u>	REGISTRATION WEIGHT
<u>BLOWER</u>	
<u>PUSH MOWER</u>	
<u>RIDE-ON MOWER</u>	
	<u>HORSEPOWER</u>
	<u>MAKE</u>
	<u>YEAR</u>

**Town of Brookhaven
Corporation Affidavit of Ownership**

This is to certify that I, _____ am an officer of the corporation so named _____ with its principal place of business located at _____.

I further certify that said corporation is the owner of the following equipment:

_____ and that no appointed or elected official* of the Town of Brookhaven is an owner, co-owner, stock holder or officer, nor will become an owner, co-owner, stock holder or officer of said company during the rental period.

This affidavit is made to induce the Superintendent of Highways of the Town of Brookhaven to rent such equipment and said Superintendent relies on the truth of the statements made herein.

Signature

State of New York)
 ss:
County of Suffolk)

On this _____ day of _____, _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her capacity, and that by signature on the instrument, the individual executed said instrument.

Notary Public, State of New York

*The term official is defined as the Supervisor, Highway Superintendent, Town Clerk, Tax Receiver, Bingo Inspector, any member of the Town Board, or any member of the Zoning Board, Planning Board, Accessory Apartment Review Board, Board of Assessment Review, or Board of Ethics.

**Town of Brookhaven
Individual Affidavit of Ownership**

This is to certify that I, _____ am employed by the Town of Brookhaven as an independent contractor and that I use my own tools and equipment, and do not hire employees.

_____, being duly sworn depose and says that I am the owner of the following equipment:

_____ and that no appointed or elected official* of the Town of Brookhaven is an owner or co-owner of said equipment, nor will become an owner or co-owners of said equipment during the rental period.

This affidavit is made to induce the Superintendent of Highways of the Town of Brookhaven to rent such equipment and said Superintendent relies on the truth of the statements made herein.

Signature

State of New York)
 ss:
County of Suffolk)

On this _____ day of _____, _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her capacity, and that by signature on the instrument, the individual executed said instrument.

Notary Public, State of New York

*The term official is defined as the Supervisor, Highway Superintendent, Town Clerk, Tax Receiver, Bingo Inspector, any member of the Town Board, or any member of the Zoning Board, Planning Board, Accessory Apartment Review Board, Board of Assessment Review, or Board of Ethics.

Town of Brookhaven
Employer Affidavit of Compliance with respect to
the Hiring of Employees in Accordance with Federal Law
(Town Code Chapter 7A)

Employer Firm: _____

Project Name (Service): Snow and Ice Removal

I, _____ being duly sworn, depose and state that I am a(n)
 Officer Partner Owner Member of the firm.

By submission of this Affidavit and each person signing on behalf of an Employer, including but not limited to owner, firm, cooperation or entity hereby certifies under penalty of perjury, that I affirm of my own knowledge that the above named person on behalf of the Employer has complied with the requirements of Title 8 of the United State Code (USC) Section 1324a and any amendments thereto, and that all employees, including non-citizens and aliens, which include full-time, part-time, temporary or seasonal employees, are authorized to work in the United States and that said employees, including non-citizens and aliens have provided the required documents for my review, which appear to be genuine and demonstrate to the best of my knowledge, the employees are authorized to work in the United States; and that during the term of the contract, agreement or period of work performed by the Employer, all employees hired or retained shall be authorized to work in the United State in compliance with Federal Law; and that the Employer will only employ or retain subcontractors / special consultants who hire or retain employees authorized to work in the United States; and any such subcontractors / special consultant shall be required to submit an Affidavit demonstrating compliance with Federal Law regarding the eligibility of employees to work in the United States, and that the subcontractor's / special consultant's employees have submitted the required documents demonstrating compliance with Federal Law, which said Affidavit shall be submitted to the Town with the Employer's request for subcontractor / special consultant approval and at all times required by the Town Code.

Signature

State of New York)
 ss:
County of Suffolk)

On this _____ day of _____, _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her capacity, and that by signature on the instrument, the individual executed said instrument.

Notary Public, State of New York

Town of Brookhaven
Affidavit of Compliance with Respect to Validity of NYS Driver's Licenses,
Insurance Coverage and Hold Harmless Statement

Contractor: _____

I, _____ being duly sworn, depose and state that I am a(n)
 Officer Partner Owner Member of the firm.

By submission of this Affidavit I certify under penalty of perjury and affirm that I and any drivers in my employ who will be operating motor vehicles while providing services to the Town of Brookhaven shall have a valid NYS Driver's License free of violations or restrictions which would preclude them from driving on the Town's behalf. If there is any change to the status of any of license, it is my responsibly to immediately notify the Town of Brookhaven Highway Department of such change.

I also affirm that it is my obligation to immediately inform the Town of Brookhaven Highway Department of any insurance coverage changes or cancellations. Failure to properly notify the Town of any changes could result in the revocation of the contractor's ability to provide services to the Town.

If while providing services to the Town, I or one of my employees is involved in a motor vehicle accident or cause any damage to private property, it is my responsibility to immediately file a Suffolk County Police Department incident report and report the incident to the supervising foreman at the Town of Brookhaven Highway Department.

The Contractor agrees that it shall defend, indemnify and hold harmless the Town of Brookhaven, its officers, officials, employees, contractors, agents, and other persons from and against all liabilities, fines, penalties, actions, damages, claims, demands, judgements, losses, costs, expenses, suits or actions, and reasonable attorney's fees arising out of the acts or omission or the negligence of the contractor in connection with the services provided by said contractor.

Signature

State of New York)
 ss:
County of Suffolk)

On this _____ day of _____, _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her capacity, and that by signature on the instrument, the individual executed said instrument.

Notary Public, State of New York

Town of Brookhaven
Highway Department



Daniel P. Losquadro
Superintendent of Highways

Dear Vendor:

To improve efficiency, the Highway Department is updating its procedures for snow removal call-outs. We will be automating our systems through e-mails and texts, and phasing out individual phone calls.

Your e-mail address, cell service provider and 10-digit cell phone number are required to be on the snow removal call out list. **You must be able to receive text messages through the cell phone number provided.** If this information is not provided, you will not be on the call-out list and will not be able to provide snow removal services for the Town.

Please neatly print your information on the lines below. It is imperative that we can read all the information so that it can be accurately entered into our system.

VENDOR'S REGISTRATION NAME: _____

E-MAIL ADDRESS: _____

CELL PHONE #, 10 DIGITS: _____

CELL SERVICE PROVIDER: _____

Town of Brookhaven
Highway Department



Daniel P. Losquadro
Superintendent of Highways

GLOBAL POSITIONING SYSTEM (GPS) UNIT ACKNOWLEDGEMENT

Snow Removal Vendor Acknowledgement MUST be signed by all vendors.

By signing this form, I agree to the following:

I am responsible for the GPS unit issued to me / my company; I will use it in the manner intended; I will be responsible for any damage (excluding normal wear and tear); upon request by a Town of Brookhaven employee, I will return the GPS unit in proper working order (excluding normal wear & tear); I will replace any GPS unit that is damaged or lost at my expense; and I authorize a deduction from my claim for payment to cover the replacement cost of any unit that is not returned, for whatever reason, or is not returned in good working order. The replacement cost for one mobile GPS unit is \$249.

Company/Individual Name: _____

Signature of Responsible Party: _____

Printed Name: _____

Date: _____ Best Contact Number: _____

Town of Brookhaven
Highway Department



Daniel P. Losquadro
Superintendent of Highways

Snow Vendor Payment Terms and Agreement

Vendor/Company/Individual hereby authorizes the Town of Brookhaven to utilize the vehicle Global Positioning System (GPS) provided by the Town of Brookhaven, Highway Department to validate the date and hour of services that were provided to the Town for snow removal and related services.

The Town of Brookhaven Highway Foreman is responsible for monitoring the vendor's/company's driver or individual's work assignments and recording the corresponding work ticket details which include the type of work performed, the vehicle license plate number, the date, start time, finish time and total hours worked each day. The equipment operator is required to sign and date the work ticket at the end of each month, affirming that the hours recorded are accurate for payment. The Town's Highway Foreman will validate the work performed, sign and date the work ticket and submit the work ticket to the Town Highway Department Administration for payment processing.

The Town of Brookhaven Highway Department Administration will review the GPS report for the vendor's vehicle and compare the submitted work ticket to the GPS report. If there are any discrepancies the Town of Brookhaven Highway Department will contact the vendor/company/individual to reconcile and resolve the discrepancy in a timely manner. Discrepancies may delay the payment processing time.

If there are no discrepancies, an invoice will be prepared by the Town Highway Department Administration, signed by the designated Highway Department authorities, and processed for payment by the Town of Brookhaven Finance Department.

The Town's policy is to remit payments for verified Snow Vendor Services within sixty (60) days of submission by the Foreman, if there are no discrepancies. The vendor/company/individual has thirty (30) days from the issuance of the check or electronic funds transfer to dispute the payment in writing.

By signing this document, the vendor/company/individual, agrees that the Town of Brookhaven is hereby authorized to use the GPS equipment to validate the date and hours of driver services for the payment of services, and all other terms and conditions of this agreement.

Print Name

Company Name

Vendor/Company/Individual Signature

Date

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

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

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

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

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

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

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-DIV (dividends or interest earned or paid)

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

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

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



Town of Brookhaven Long Island

Edward P. Romaine, Supervisor

Dear Valued Vendors;

The Town of Brookhaven would like to invite you to participate in our new and convenient electronic payment option called Electronic Funds Transfer (EFT) by utilizing the U.S. Treasury Department Automated Clearing House (ACH) payment system, established by the United States Congress, Debt Collection Improvement Act of 1996; Public Law 104-134.

An EFT enrollment form is attached. Please complete the form and attach a **copy of a void check** mail to:

Town of Brookhaven
Finance Department/Accounts Payable
c/o Laura Faber, Principal Accountant
One Independence Hill
Farmingville, New York 11738
(631) 451-6694

Upon receipt of the application, the Town Finance Department will update your Vendor record with the EFT enrollment information to include (1) email address, (2) bank account number and (3) bank routing number. Once updated, the Finance Department will test the payment process prior to activating your new payment option.

Your business will continue to invoice the Town of Brookhaven in accordance with your established policy and procedure. Once the payment option test is successful and your next invoice is approved and processed for payment the following activity will occur:

1. The Town will email you an electronic remittance via Portable Document Format (PDF) advice in lieu of printing a paper check and mailing it to you. The PDF advice is similar to the printed check advice currently available, it includes statement type information such as invoice numbers, invoice date and amount of the invoices paid.



Town of Brookhaven Long Island

Edward P. Romaine, Supervisor

2. During a normal payment cycle the PDF payment advice will arrive on a Thursday.
3. The Town Finance Department will process the EFT payment instructions to our bank on Friday, the next business day.
4. The payment funds will be available for your use, in your designated bank account on Monday, the next business day.
5. There are no fees imposed by the Town of Brookhaven or participating banks.

Benefits to your company include:

- Timely processing of invoices, no limit on dollar amount or number of invoices processed;
- Payment funds available immediately upon deposit/transmittal...no waiting period.
- Eliminating check processing costs and collection costs associated with lost or misplaced checks;
- No fees imposed by the Town of Brookhaven or participating banks;
- Reduced exposure to check fraud;
- Receipt of electronic remittance data for more efficient reconciliation;
- Going green, paperless, electronic payments are more secure, save money and also help conserve the environment by eliminating printing and mailing paper checks.

Please contact Laura Faber at (631) 451-6694 or email her at lfaber@brookhaven.org if you have any questions about this process. We appreciate your business and look forward to providing your company with these more efficient payment options.

The Town of Brookhaven is enthusiastic about these means of making payments and look forward to working with your company to make this a successful program.

Attached: EFT Enrollment Form



Town of Brookhaven Long Island

Edward P. Romaine, Supervisor

EFT/ACH Enrollment Form

This form is used for collecting data necessary to pay you electronically as required by the Debt Collection Improvement Act of 1996, P.L. 104-134

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). Information collected on this form is required under the provisions of 31 U.S.C. 3332 and 7701. This information will be used by the Department of the Treasury to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Vendor/Payee Information

Vendor/Payee Name _____ SSN or Federal ID Number _____

Physical Address Mailing Address (if different)

E-Mail Address for Remittance Advice _____

Contact Person (if company) _____

Contact Phone Number w/ area code _____ Phone Extension _____

Financial Institution Information

Financial Institution Name _____

Financial Institution Address

Financial Institution Phone Number w/ area code _____

Receive Payment - Account Information

ATTACH COPY OF VOID CHECK OR DEPOSIT SLIP

Account Holder Name _____

Nine-Digit Routing Transit Number _____ Account Number to Receive Payment _____

Account Type
 Checking Savings Lockbox Lockbox Number (if any) _____

Print Name, Title _____

Signature _____ Date _____