

**Town of Needham**  
**On Call Hourly Snow Plowing Program Contractor Agreement**  
**2021 - 2022 Winter Season**

The Town of Needham intends to contract for snow plowing on an hourly basis as established on the "Needham Snow Program Rates 2021 - 2022" sheet. The winter season is November 15, 2021 thru April 1, 2022. Equipment and operators must be available 24 hours per day, seven days per week, including holidays.

**Mandatory Inspection**

All equipment engaged in plowing must be inspected by the Town. The Needham Department of Public Works will be conducting mandatory inspections of all Contractors' snowplow trucks on **Saturday, November 13, 2021. The inspection period is 8:00am to 12:00pm at the DPW Garage located at 470 Dedham Avenue.** All Contractors are required to report with their vehicles, plow and frames mounted.

Heavy equipment (Backhoe's, Loaders, and Skid Steer) can be scheduled for inspection by calling (781) 455-7550 ext. 331. **All heavy equipment will need to be inspected by November 27, 2021.**

**Performance/Commitment Bonus**

The Contractor shall be eligible to receive a prorated performance/commitment payment that will be issued in April 2022 for 8 hours per vehicle based on the plow rate. The following requirements must be met in accordance with the specified deadlines.

1. Complete and pass inspection on all snowplow trucks and heavy equipment by Saturday, November 27, 2021.
2. Provide all required documents listed in this contract at the time of inspection.
3. Provide a certificate of insurance as outlined in this contract at the time of inspection.
4. Failure to respond to event(s) may result in a reduction or forfeiture of performance/commitment bonus.

Performance/Commitment bonus payment will be issued on or around the first week of April 2022.

Failure to respond when called may result in suspension of contract and potential debarment from future contracts.

**Mandatory Documents**

Contractors are required to provide the Town with copies of the following **at the inspection**:

1. Certificate of Insurance as specified
2. Copy of valid vehicle registration\*
3. Signed Snow Program Contractor Agreement
4. W-9

*\*Valid vehicle registration can be waived at the inspection but must be provided to the Town prior to the first plow event in order to participate.*

Contractors must maintain a current valid registration of the specific equipment being inspected and a certificate of insurance naming the Town of Needham as “Additional Insured for snow plowing operations.

**Insurance Requirements**

Contractors must supply and maintain a current certificate of insurance naming the Town of Needham as “Additional Insured for snow plowing operations.” Minimum certificates of insurance for vehicle liability coverage must meet or exceed the coverage as shown below: (All vehicles must be listed on the insurance certificates).

1. Bodily injury: Minimum \$250,000 per person and \$500,000 each occurrence.
2. Property damage: Minimum \$200,000 for each occurrence.
3. Town of Needham additional named as “Additional Insured for snow plowing operations.”

The Contractor shall defend, indemnify and hold harmless the Town, its agency and employees from and against all claims, damages, losses and expenses, including attorney’s fees arising out of, or resulting from, performance of the work called for under this contract, provide that any such claim, damage loss or expense is caused in whole or in part by and act or omission of the Contractor or anyone for whose acts the Contractor may be liable, regardless of whether or not it is caused in part by the party indemnified hereunder.

If an employer, the Contractor certifies compliance with applicable state and federal employment laws or regulations, including but not limited to minimum wages and prevailing wage programs and payments; unemployment insurance and contributions; workers’ compensation and insurance, child labor laws, AGO fair labor practices; G.L. c. 149 (Labor and Industries); G.L. c. 150A (Labor Relations); G.L. c. 151 and 455 CMR 2.00 (Minimum Fair Wages); G.L. c. 5, s. 1 (Prevailing Wages for Printing and Distribution of Public Documents); G.L. c. 151A (Employment and Training); G. L. c. 151B (Unlawful Discrimination); G.L. c. 151E (Business Discrimination); G.L. c. 152 (Workers’ Compensation); G.L. c.153 (Liability for Injuries); 29 USC c. 8 (Federal Fair Labor Standards); 29 USC c. 28 (Federal Family and Medical Leave Act; AGO Consumers and Civil Rights.

**Contractor and Operator Responsibilities**

Contractor equipment will provide snowplowing services solely for the Town of Needham as directed. Equipment and operators provided must be able to perform all tasks assigned to them in an acceptable amount of time, as determined by the Director of Public Works or his designated agent. For longer storm duration, the Contractor shall rotate operators into the equipment as necessary, to ensure a safe and efficient operation. The Contractor when called for service will be responsible to assign and contact their equipment operators to report for service. The equipment must arrive for each event in good working order. The ability to provide uninterrupted service for the duration of an event is essential. Valid insurance, registration, inspection, and licensing for each vehicle and operator must always be maintained during the term of agreement. The Town of Needham reserves the right to inspect any participating vehicle at any time to verify suitable condition. This inspection may include a review of insurance, license, inspection, and registration documents. The Contractor is responsible to pay all expenses that they incur to perform snow plowing services with the Town.

Vehicle operators must report to the Highway Snow Dispatch Office at 470 Dedham Avenue in Needham to sign in and out for each event and operator rotation. Due to COVID-19, operators will not enter the building. Operators will pull up to the drive thru window to sign in and sign out. Please follow the attached traffic flow plan. There are no exceptions to this policy. Failure to comply may result in forfeiture of payment. Contractors whose equipment respond to Dispatch and sign-in within one hour of the initial call will be paid from the time of call. A repositioning call does not qualify for payment from the time of call to time of reporting to Snow Dispatch. No payments shall accrue during extended equipment failures or breakdowns. **Operators leaving their assignments without first notifying the supervisor will be paid for verifiable hours worked and may be released from the program.**

Cell phones are mandatory for all hired equipment operators. Text message shall be the primary form of contact for calling in for events. If the Town is unable to reach the Contractor via text message, a phone call will be placed. The Contractor shall provide the Director of Public Works or his designated agent with the phone numbers of all cell phones to be used by operators. Any change in number must be provided to the dispatcher prior to beginning assignment.

The Contractor and its operators are not employees of the Town of Needham while performing services under this agreement, but are acting as independent contractors or as an employee of the Contractor. For additional information, contact the Highway Division at (781) 455-7550 ext. 339

All contractors in the Town of Needham, MA must comply with the mandatory safety standards and recommended best practices published by the Commonwealth of Massachusetts, as well as any applicable Town of Needham regulations, emergency orders, or ordinances. The state's Mandatory Safety Standards for Workplaces are available at: <https://www.mass.gov/info-details/reopening-mandatory-safety-standards-for-workplaces>. Needham's specific orders are available at: <https://www.needhamma.gov/4860/Face-MaskCovering-Guidance>.

Rhainhardt F. Hoyland  
Highway Superintendent  
Town of Needham

Name of Company: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Authorized Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized DPW Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**2021 - 2022 Snow Program Contractor Vehicle Inspection Report**

**Contractor Information (to be completed in legible printing by Contractor)**

Company Name: \_\_\_\_\_ Tax I.D.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Vehicle Description** (to be completed by DPW Representative)

Type of Vehicle: \_\_\_\_\_ Make/Year: \_\_\_\_\_ Plate: \_\_\_\_\_

Vehicle Markings / Colors: \_\_\_\_\_

# of Wheels: \_\_\_\_\_

Hourly Rate for Plowing: \$ \_\_\_\_\_ /hour

Hourly Rate for Hauling/Removal: \$ \_\_\_\_\_ /hour

**Vehicle Documentation Summary** (to be completed by DPW Representative)

Certificate of Insurance:            Yes            No

Valid Registration:                Yes            No

Valid State Inspection Sticker:    Yes            No

Vehicle Inspection Summary:      Yes            No

Authorized Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized DPW Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Plow and Plow Frame** (to be completed by DPW Representative)

Plow Make: \_\_\_\_\_ Description: \_\_\_\_\_

Plow Size: \_\_\_\_\_

**Vehicle and Plow Inspection Report** (to be completed by DPW Representative)

Tires: (Front 3/32" – rear 2/32")	Pass	Fail _____
Plow Lights:	Pass	Fail _____
Plow Frame:	Pass	Fail _____
Mold Board & Trip Test:	Pass	Fail _____
Cutting Edge/ > 1" @ Reveal:	Pass	Fail _____
Push Frame:	Pass	Fail _____
Plow Lift Hydraulics:	Pass	Fail _____
Plow/Frame Welds:	Pass	Fail _____

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

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

Authorized Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized DPW Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Needham Snow Program Rates 2021 - 2022**

<b>Plowing Equipment</b>	<b>Hourly Rate</b>
Skid steer loader	\$85.00
Four wheel drive truck- min. GVW 8,500 lbs. Min. 8' cutting edge min. discharge height 22"	\$85.00
All-wheel drive 6 wheel dump truck – min. GVW 11,000lbs. Min. 9' cutting edge min. discharge height 32"	\$100.00
Large 6 wheel dump truck – min. GVW 29,000 lbs. Min. 10' cutting edge min. discharge height 36":	\$120.00
10 wheel dump truck- min. GVW 57,000 lbs. Min. 11' cutting edge min. discharge height 40"	\$130.00

<b>Heavy Equipment</b>	<b>Hourly Rate</b>
Backhoe loader 1.5 –2 C.Y.	\$125.00
Front End Loader 2 yd.	\$130.00
Front End Loader 3 yd.	\$145.00
Front End Loader 4 yd.	\$155.00
Front End Loader 5 yd. or greater	\$165.00
Snow Dozer for D-6 or equivalent	\$190.00
Snow Dozer for D-8 or equivalent	\$200.00

\*\*All Heavy Equipment must have quick connect fixed or power angle plow; additional hourly rates below for loaders with snow pusher, power angle plow or material spreader when in use

<b>Specialty Items increase the Heavy Equipment hourly rate as shown</b>	<b>Hourly Rate</b>
Snow pusher ≥10'	add \$25.00
Quick connect power angle plow for loaders 10' power angle plow frame measured at the cutting edge	add \$25.00
Quick connect power angle plow for loaders 11' power angle plow frame measured at the cutting edge	add \$30.00
Quick connect power angle plow for loaders ≥12' power angle plow frame measured at the cutting edge	add \$35.00
3 yd. Material spreader, add \$15.00 and a 6 yd. Material Spreader	add \$25.00
10 yd. Material Spreader	add \$35.00

\*\*\*Specialty items and additional features for hired equipment may increase hourly rate

# Request for Taxpayer Identification Number and Certification

Return completed form to:  
**Accounting Office, Needham Town Hall**  
 1471 Highland Avenue, Needham,  
 Massachusetts 02492

Please print or type

**Name** ( List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See **Specific Instruction** on page 2)

**Business name**, if different from above. (See **Specific Instruction** on page 2)

Check the appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other

**Legal Address:** number, street, and apt. or suite no. **Remittance Address:** if different from legal address number, street, and apt. or suite no.

**City, state and ZIP code**

Phone # ( ) Fax # ( ) Email address:

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2. 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 2.  
**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

**Social security number**  
 □ □ □ - □ □ - □ □ □ □  
 OR  
**Employer identification number**  
 □ □ - □ □ □ □ □ □ □ □

**Vendors:**  
**Dunn and Bradstreet Universal Numbering System (DUNS)**

**DUNS**  
 □ □ □ □ □ □ □ □ □ □

**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 Services (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 an U.S. person (including an U.S. resident alien).
4. I am currently a Commonwealth of Massachusetts's state, county or municipal employee: (check one): No  Yes  If yes, in compliance with the State Ethics Commission requirements.

**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.

**Sign Here**

**Authorized Signature** ►

**Date** ►

**Purpose of Form**

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

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

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

**If you are a foreign person, use the appropriate Form W-8.** See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**What is backup withholding?** Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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 not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your 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 the Part II instructions on page 2.

**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 \$500 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

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. 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 the "Business name" line.

### 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 an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page 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 Social Security Administration office. Get **Form W-7**, 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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, 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:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

#### Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at [www.ccr.gov](http://www.ccr.gov). Any entity that does not have a DUNS number can apply for one on-line at [www.DNB.com](http://www.DNB.com) under the DNB D-U-N Number Tab.

#### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> The minor <sup>2</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee <sup>1</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The actual owner <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal 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.)

**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.

**If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.**

**Upon completion of this form, the form should be sent to Town of Needham, Finance Department, 500 Dedham Avenue, Needham MA. 02492**



# CONTRACTOR CHECK-IN CHECK-OUT TRAFFIC PLAN

