Contractor/Vendor Application Packet

This Contractor/Vendor Application Packet includes the necessary materials for you to be considered for future work for Choptank Electric Cooperative (“Choptank” or “the Cooperative”). Please complete the Packet fully and to the best of your ability and return to the Cooperative per the instructions below. Incomplete Packets will not be considered. Submittal of this Packet does not guarantee future work with the Cooperative; however, it makes the Cooperative aware of your interest and fast-tracks the process in the event your company is selected for work.

Submittal of this Packet grants the Cooperative permission to contact your references and make inquiries, as needed, with local, state and federal agencies. The information you provide will remain on file for one (1) year from the date of receipt and will be removed from our records at that time.

If you have any questions regarding this Packet, please contact Sarah Dahl at 410-479-8613. Thank you for your assistance in completing this Packet.

Checklist

Please ensure you have completed or attached the following forms requested by the Cooperative:

- Contractor/Vendor Information Summary Form
- Copy of State of Maryland Business License
- Copy of Additional Licenses (if requested)
- Copy of Insurance Documentation Form
- Proposed Contractual Rates (template provided, or submit in your standard format)
- Supplier Diversity Form
- IRS W-9 Request for Taxpayer Identification Number and Certification
- Electronic Payment Form (optional)
- Statement of OSHA Compliance

Return completed Packets to:

Choptank Electric Cooperative, Inc.
Attention: Sarah Dahl
P.O. Box 430
Denton, MD 21629-0430
Contractor/Vendor Information Summary

*Please complete all applicable information to the best of your ability.*

Company Name: ________________________________________________________________

Primary Contact: ________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State: ____________ Zip Code: _________

Phone: Office: ____________________ Mobile: ____________________

Email: ___________________________________________________________________

Summary of Proposed Work Activities: ____________________________________________

____________________________________________________________________________

Category:

☐ Construction ☐ Vegetation Management ☐ Facilities ☐ Supplier ☐ Fleet ☐ Other

Federal Employee Identification #: _______________________________________________

State of Maryland Business License #: ____________________________________________

(Note: Based upon description of work, you may be asked to provide additional license information; such as but not limited to State of Maryland Pesticide License, etc.)

Insurance Company: ____________________________________________________________

Insurance Policy #: _______________________ Phone Number: ______________________

(Please provide a copy of your company’s insurance documentation form)

Please provide two (2) references for which you have performed work:

Name: __________________________ Name: __________________________

Organization: ______________________ Organization: ______________________

Phone #: __________________________ Phone #: __________________________
January 2018

Choptank Electric Cooperative, Inc.
P.O. Box 430
Denton, MD  21629

RE:  1/01/20_____ through 12/31/20_____ Rates

Dear Staff of Choptank Electric Cooperative,

Please find below the hourly rate for ____________________________________________________.

This rate would include all employee, equipment, and when necessary extended travel expenses. The hourly billing rate(s) would be as follows:

<table>
<thead>
<tr>
<th>Unit / Description</th>
<th>Price/Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specialized Activities 20_____

Verification of Rates (Initial Here)

This billing rate would be in effect for the period specified above and is subject to change upon agreement of both myself and the Cooperative. I would like to thank you for the opportunity to submit the above rate. If you have any questions, please contact me at your convenience.

Regards,

Rate is accepted:

_______________________________________    ___________________
Signature       Date

_______________________________________
Title
Supplier Diversity: Background and Definitions

Please use this information to complete the supplier diversity form that follows. Any information you choose to provide is voluntary and provided for the purpose of promoting diverse suppliers.

Choptank signed a Supplier Diversity Memorandum of Understanding (MOU) with the Maryland Public Service Commission (PSC).¹ This MOU encourages Choptank to provide the maximum reasonable opportunity for Diverse Suppliers to participate in and compete for contracts and subcontracts in Choptank’s supply chain for goods and services. Per the MOU, a “Diverse Supplier” is defined as any legal entity that is:

1. Organized to engage in commercial transactions;
2. At least 51% owned and Controlled² by one or more individuals who are Socially and Economically Disadvantaged; and
3. Managed by, and the daily business operations of which are Controlled by, one or more of the Socially and Economically Disadvantaged Individuals who own it.

A Diverse Supplier includes a not-for-profit entity that is organized to promote the interests of physically or mentally disabled individuals.

A “Socially and Economically Disadvantaged Individual” means a citizen or lawfully admitted permanent resident of the United States who is in any of the following minority groups:

- **African-American** – an individual having origins in any of the black racial groups of Africa; or
- **American Indian/Native American** – an individual having origins in any of the original peoples of North America and who is a documented member of a North American tribe, band, or otherwise has a special relationship with the United States or a state through treaty, agreement, or some other form of recognition. This includes an individual who claims to be an American Indian/Native American and who is regarded as such by the American Indian/Native American community of which the individual claims to be a part, but does not include an individual of Eskimo and Aleutian origin; or
- **Asian** – an individual having origins in the Far East, Southeast Asia, or the Indian subcontinent, and who is regarded as such by the community of which the person claims to be a part; or
- **Hispanic** – an individual of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race, and who is regarded as such by the community of which the person claims to be a part; or
- **Service-Disabled Veteran** – A veteran who possesses a disability rating letter issued by the Department of Veterans Affairs, establishing a service-connected rating between 0 and 100% or a disability determination from the Department of Defense; or

² “Control” means exercising the power to make policy decisions.
• **Physically or mentally disabled** – an individual who has an impairment that substantially limits one or more major life activity, who is regarded generally by the community as having such a disability, and whose disability has substantially limited his or her ability to engage in competitive business; or

• **Women** – a woman, regardless of race or ethnicity.

The PSC has also requested that Choptank track and report data on contracts with two additional categories:

• Veteran-owned businesses

• Lesbian, Gay, Bisexual, and Transgender (LGBT)-owned businesses

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3 See PC 16 Public Determination dated October 5, 2018, available at [https://webapp.psc.state.md.us/newintranet/AdminDocket/NewIndex3_VOpenFile.cfm?ServerFilePath=C%3A%5CAdminDocket%5CPublicConferences%5CPC16%5C340%2Epdf](https://webapp.psc.state.md.us/newintranet/AdminDocket/NewIndex3_VOpenFile.cfm?ServerFilePath=C%3A%5CAdminDocket%5CPublicConferences%5CPC16%5C340%2Epdf).
Supplier Diversity Form

A. Contact name and information to verify supplier diversity qualifications:
   
   Name: __________________________________________________________________________________
   Address: __________________________________________________________________________________
   Phone: _________________________  Email: ___________________________________________

B. Service(s) or product(s) you will provide to Choptank Electric:
   
   ______________________________________________________________________________________________

C. Classification (Please check all that apply):

   Choptank Electric may request additional information based upon the items in this section that are marked. For more information on the definitions associated with Supplier Diversity, please refer to the information provided on the previous two pages or to the Maryland Public Service Commission’s Supplier Diversity website at: http://webapp.psc.state.md.us/Intranet/utility/sdiversity_new.cfm.

   _____ Not-for-profit entity organized to promote the interest of physically or mentally challenged persons
   _____ African American-owned business (51% ownership)
   _____ American Indian / Native American-owned business (51% ownership)
   _____ Asian-owned business (51% ownership)
   _____ Hispanic-owned business (51% ownership)
   _____ Service-Disabled Veteran-owned business (51% ownership)
   _____ Veteran-owned business (51% ownership)
   _____ Physically or mentally disabled-owned business (51% ownership)
   _____ Women-owned business (51% ownership)
   _____ LGBT-owned business (51% ownership)
   _____ None of the above / Decline to answer

D. Are you certified by a Third Party Certifying Agent?

   _____ YES – Please list the Agent’s name: __________________________________________________
   _____ NO

E. Please identify which North American Industry System (NAICS) 6-digit code number classification your service(s) and or product(s) fall under. (See www.naics.com/search.htm for a search engine listing all NAICS codes.)

   Service / Product: _________________________  NAICS 6 Digit Code: __________________
   Service / Product: _________________________  NAICS 6 Digit Code: __________________
   Service / Product: _________________________  NAICS 6 Digit Code: __________________
   Service / Product: _________________________  NAICS 6 Digit Code: __________________
Request for Taxpayer Identification Number and Certification

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.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - 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.
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)
   - (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.
   - Requester's name and address (optional)
   - CHOPTANK ELECTRIC COOPERATIVE
   - PO BOX 430
   - DENTON, MD 21629

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.

Terms:

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

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-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 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.

Cat. No. 10231X
Form W-9 (Rev. 11-2017)
Electronic Payment Form (Optional)

PLEASE NOTE: Submittal of this form is optional. If you choose to submit this form, it will expedite payment in the event you are selected to perform work and/or provide services.

Vendor Name: ______________________________________________________________________

Please select the ONE payment that use wish to receive payment from the Cooperative either:

_____ To be paid by CREDIT CARD payment (Please Note: If selected you will be contacted by the Cooperative’s third party e-payment vendor to complete payment set up):

Please Provide: Contact Name: __________________________ Phone #: __________________________
Email Address: _______________________________________________________

_____ To be paid by ACH/Direct Deposit payments please provide the following information, which may be found on your check or deposit slip. (Please see sample below):

Bank Name: _____________________________________________________________________
Bank Telephone #: ______________________________________________________________________
Account Type: (Please Check One) _____ Checking _____ Saving
Bank 9 Digit Routing #: ______________________________________________________________________
Account #: ______________________________________________________________________
Email Address for Payment Verification: __________________________________________________

Please provide your information by either email or mail to:

apinvoice@choptankelectric.coop OR Choptank Electric Cooperative
Attention: Nikki Welzel
PO Box 430
Denton, MD 21629

PLEASE NOTE: TO ENSURE TIMELY PAYMENT OF ALL INVOICES TO YOUR DESIRED ACCOUNT, INVOICE MUST BE SUBMITTED BY EMAIL TO: apinvoice@choptankelectric.coop
CONTRACTOR’S STATEMENT OF COMPLIANCE WITH THE OCCUPATIONAL SAFETY AND HEALTH ACT

_____________________________________________________ is proposing to perform services for

(Name of Contractor)

Choptank Electric Cooperative, Inc., and hereby certifies to the following:

_____________________________________________________ has knowledge of the Occupational

(Name of Contractor)

Safety and Health Act (OSHA) with additions, revisions and/or modifications as well as any state and

local regulations or requirements.

Our employees and equipment will comply with the Act and/or additions, revisions, and/or

modifications and any present or future state and local regulations or requirements.

Our company will be responsible for any infraction of the Occupational Safety and Health Act

requirements, additions, revision, and/or modifications and any state and local regulations or

requirements.

ATTEST:  _______________________________________________

Contractor

__________________________  By:________________________________

Secretary or Witness

Title:_______________________________

Date:_______________________________