

Purchase Order Number 14446

This Number Must Appear on all Invoices, Packing Lists, and Packages

ADAMS COUNTY PURCHASE ORDER

Page 1 of 1
 Order Date: 03/10/17
 Requested Date: 03/10/17
 Cost Center: 2016

Vendor Address	Vendor and Shipping Information	Ship To Information
ARNOLD MACHINERY COMPANY PO BOX 30020 SALT LAKE CITY UT 84130	Phone: FAX: e-mail: Delivery: FOB DESTINATION	ADAMS COUNTY SHERIFF'S OFFICE 4201 EAST 72ND AVENUE, SUITE C COMMERCE CITY CO 80022
VENDOR NUMBER: 13161		


Per all terms and conditions indicated in 2017.410.

Ln	R	Description / Supplier Item	QTY	UOM	Unit Price	Extended Price	Account Number	Req. No.
1	0	Hyster Order Picker		EA	0.0000	31,966.20	2016.9165 W 20161705	00009890

Original

Term Net 30 Days	Tax Rate *NA*	Sales Tax 0.00	Total Order 31,966.20
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ACCEPTANCE OF THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT
 COLORADO TAX EXEMPT #98-03569

Invoice to: Adams County Sheriff's Office Accounts Payable P.O. Box 5001 Brighton, CO 80601 303-655-3237	Inquiries to: Adams County Sheriff's Office Purchasing Department 332 N 19th Ave Brighton, CO 80601 303-655-3236	 92805 MCGLEAN, ELISSA R ADAMS COUNTY AUTHORIZED SIGNATURE
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ADAMS COUNTY PURCHASE ORDER TERMS AND CONDITIONS

Quality: Vendor warrants that the goods delivered hereunder will conform to the description stated in this Order and that the goods will be merchantable, of good workmanship and materials, and free from defects. These warranties shall survive inspection, testing and/or acceptance of the goods. At County's option, and without prejudice to any other rights County may have, Vendor shall remedy any defective goods or reimburse County for its costs for remedying or replacing defective goods.

Packing Charges: No charges will be allowed for transportation, boxing, crating or other packaging unless set forth in writing in this Order.

Terms of Payment: Payment in full by County shall be made within thirty (30) days after receipt of invoice from Vendor.

Tax Exempt: County is a tax-exempt government entity, a body politic and corporate. No sales, use or excise taxes shall be included in or added to the prices of materials or goods on this Order. County's tax exempt number is 98-03569.

Appropriation Clause: The payment of County's obligation hereunder in fiscal years subsequent to the current year are contingent upon funds for this Order being appropriated and budgeted. If funds for this Order are not appropriated and budgeted in the year subsequent to the fiscal year of issuance of this Order, the County may terminate this Order. County's fiscal year is the calendar year. Termination under this provision shall not result in any penalty being imposed against County.

Cancellation for Cause: This Order is to be acknowledged properly, and the date of shipment shall be stated definitely in the acknowledgment by Vendor. In the event of Vendor's failure to deliver as and when specified, County reserves the right to cancel this Order, or any part thereof, without affect to its other rights, and Vendor agrees that County may return part or all of any shipment so made and may charge Vendor with any loss or expense sustained as a result of such failure to deliver.

Risk of Loss: If the risk of loss passes at the shipping point, and if Vendor fails to pack the goods in an appropriate manner or to ship them in the manner or route directed by County, Vendor shall reimburse County for any loss resulting from that failure.

Compliance: Vendor represents and warrants that it is in compliance with all applicable laws, rules and regulations that affect this Order.

Patents and Copyrights: Vendor shall indemnify, hold harmless, and defend County, its directors, officers, agents and employees for, from and against any suit, claim or demand alleging infringement of any patent or copyright or misappropriation of any confidential information or trade secret in the United States, in the country of source or country of destination, based on the manufacture, assembly, sale, lease or use of goods, machinery, equipment, apparatus, materials or processes supplied hereunder.

Indemnification: Vendor shall fully protect, indemnify, hold harmless and defend County, its directors, officers, agents and employees for, from and against any and all loss, cost, damage, injury, liability, claims, liens, demands, taxes, penalties, interest or causes of action of every nature whatsoever, including but not limited to those of Vendor's subcontractors, which in any manner arise out of, are incident to, or are in connection with Vendor's performance under this Order.

Jurisdiction and Venue: The laws of the State of Colorado shall govern the interpretation, validity and effect of this Order. Jurisdiction and venue for any disputes arising under this Order shall be with the District Court of Adams County, Colorado.

Assignment: This Order shall not be assigned in whole or in part without the prior written approval of County.

No Waiver of Rights: No actions or lack of action by County shall be deemed a waiver of any of the provisions, terms or conditions set forth herein. Any waiver by County must be in writing.

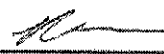
Entire Agreement: This Order, properly signed, constitutes the entire agreement between County and Vendor. Any alterations, changes, variations, or additional terms by Vendor are rejected unless expressly assented to in writing by County. Acceptance is expressly limited to the terms of this Order; any additional or different terms are of no force and effect and notification of objection to such additional terms is hereby given.

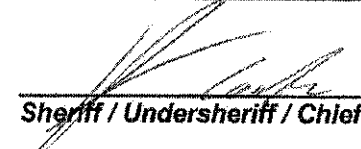
Adams County Sheriff's Office Purchase Requisition Tax Exempt 98-03569

Division: Detective **Section/Unit:** Property Evidence **Date:** 3/3/17

Qty	Item	Unit Cost	Total Cost
1	Arnold Machinery Co. Hyster R30XMS3	\$26,002.20	\$26,002.20
1	Contract Maintenance Agreement 5 yr Plan	\$5,962.00	\$5,962.00
		\$31,964.20	\$31,964.20
<i>Format Bid 2017.410</i>			
			TOTAL
			\$31,964.20

#13161
Vendor Name: Arnold Machinery *Steve Haddock* **Contact Name:** *303-573-5333* **Telephone #:**
Address: *3800 Quentin St.* **City:** *Denver* **State:** *CO* **Fax #:** *80239* **Zip:**

Requested By: Richard Coffee  **Date:** 3/3/17 **Account #:** 20169165 **Subledger:** W20161705 *31,964.20*

Approved By:  **Date:** 3/3/17 **Account #:** _____ **Subledger:** _____ **ERROR!**

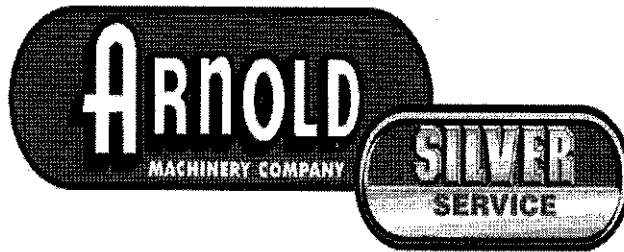
PRINT ONE COPY OF THIS FORM, OBTAIN APPROVAL SIGNATURE AND SEND ORIGINAL TO PURCHASING

P. O. #
Reorder #9890

DO NOT WRITE BELOW THIS LINE

BILL TO:

**Adams County Sheriff's Office
Attn: Accounts Payable
P O Box 5001
Brighton, CO 80601-5001**



**3800 Quentin Street
Denver, CO 80239
Ph. (303) 573-5333 Fax (303) 893-3854**

CONTRACT MAINTENANCE AGREEMENT

DATE: _____

Arnold Machinery Company agrees to provide full maintenance and repairs for Adams County under the following conditions:

1. **The terms of this agreement will be from _____ to _____, according to the scheduled for total per \$99.40 per month (based on 500 annual hours of annual operation):**

5 Year Contract Maintenance \$5,964.00

2. **Under this agreement Arnold Machinery Company agrees to:**
 - A. Service and maintain above listed equipment by performing regularly scheduled maintenance, warranty repairs, routine repairs, and emergency break downs.

The dealership will contact the applicable location to schedule Periodic Maintenance. Each dealership will have the authority to perform repairs covered by warranty. If the repairs are deemed customer abuse, damage, misuse, neglect, vandalism, acts of God, Arnold Machinery Company will communicate to _____ in Denver, Co for authorization to perform the repairs.
 - B. Perform periodic maintenance services at 250 to 300 hour intervals at customer location. All service and repairs will be performed during normal business hours (7:30 a.m. to 4:00 p.m. Monday through Friday excluding holidays).
 - C. Arnold Machinery will be responsible for light replacement. Service calls for lights will be limited to occur at the time of other service Periodic Maintenance visits, or other repair visits; not a separate service call for lights only.
 - D. Notify customer contact of any damage, abuse or misuse we identify. We will provide customer contact person with a copy of service report that lists needed repairs and an estimated cost for those repairs prior to performing services. (see 3 E)
 - E. Arnold Machinery Company contact information:

Main Denver Office Phone: 303-573-5333
Main Denver Fax: 303-893-3854

Unit Sales Associate: Steve Haddock
Email: shaddock@arnoldmachinery.com
Cellular: 303-854-8223

Service Mgr.: Mike Turner
Email: mturner@arnoldmachinery.com
Phone: 303-573-5333

Branch Manager: Justin Fantauzzi
Email: jfantauzzi@arnoldmachinery.com
Cellular: 303-842-9741

3. Under this agreement, Adams County agrees to:
- A. Instruct and supervise lift truck operators as to the correct procedures for safe operation of the unit, per the manufacturer's operation manual for lift trucks and attachments.
 - B. Require operators to perform daily lift truck inspections at the start of each shift, as per the owner's and operator's manual published for the equipment. Any items needing attention will be reported to their supervisor and to Arnold Machinery Company immediately.
 - C. Allow Arnold Machinery Company access to unit when service or repairs are needed and allow the work to be performed during our normal business hours. (ref. section 2. B.)
 - D. Provide a suitable working area for the repair and maintenance of the lift trucks. This area will be inside during inclement weather, and will be properly lighted and heated.
 - E. Be responsible for any repairs to the unit due to customer damage, abuse, misuse, neglect, vandalism, or acts of God and Allow Arnold Machinery Company the right to quote and make all necessary repairs. If Arnold Machinery Company's quote is not accepted, Arnold Machinery Co. has the right to terminate all further obligations for maintenance on that lift truck.
 - F. Notify Arnold Machinery Company in the event that an hour meter becomes inoperative, or if the seal is broken, or if the meter is otherwise tampered with.
 - G. Allow Arnold Machinery Company the right to stop the operation of a lift truck if, in their judgment, such action is necessary to prevent further damage to the machine, or if continued operation poses a safety hazard.
 - H. Be responsible to water battery per manufacturer's instructions; minimum one time per week. Arnold Machinery will not be responsible for issues and repairs cause by incorrect watering procedure or activity that will void the manufacturers' warranty. (Electric lift trucks only).
- Procedures:**
- Check battery and water levels at least one time per week
 - Important – check water level after full charge cycle
 - ALWAYS water batteries after charge cycle, never before charging
 - Verify battery charger is off prior to connecting or disconnecting battery
 - Use eye protection when checking and watering battery

4. Overtime Rates:

A. Overtime will be charged at \$1.10 per hour, for each hour over the allotted annual usage.

* Maintenance rates are based upon the utilization noted above. Changes in the application or use of the equipment in excess of 10% of the hours allowed may require a re-calculation of the maintenance rates.

* Billing to be determined

It is agreed that Adams County and Arnold Machinery Company have the right to terminate this agreement with a 30-day written notice.

Adams County
Date _____

Arnold Machinery Company
Denver, CO
Date _____



ADAMS COUNTY
COLORADO

BID FORM
CROWN SP3500 ORDER PICKER

VENDOR'S STATEMENT

I have read and fully understand all the special conditions herein set forth in the foregoing paragraphs, and by my signature set forth hereunder, I hereby agree to comply with all said special conditions as stated or implied. In consideration of the above statement, the following bid is hereby submitted.

QTY	DESCRIPTION	PRICE EACH	PRICE TOTAL
1	Crown SP3500 Order Picker <i>Hyster R30XMS³</i>	\$21,604 ²⁰	21,604 ²⁰
1	Battery	\$3,193 ⁰⁰	3,193 ⁰⁰
1	Charger	\$1,205 ⁰⁰	1,205 ⁰⁰
1	Shipping/Freight	INCLUDED	INCLUDED
	TOTAL BID	\$26,002²⁰	26,002²⁰

WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # NONE Addenda # _____

If None, Please write NONE.

<u>Arnold Machinery Company</u>	<u>2/21/2017</u>
Company Name	Date
<u>3900 Quentins Street</u>	
Address	Signature
<u>Denver CO 80239</u>	<u>Steve HADDOCK</u>
City, State, Zip Code	Printed Name
<u>Denver</u>	<u>Sales</u>
County	Title
<u>303-573-5333</u>	<u>303 893 3854</u>
Telephone	Fax
<u>SHADOCK@ARNOLDMACHINERY.COM</u>	
E-mail Address	

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ARNOLD MACHINERY COMPANY	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.) PO BOX 30020	Requester's name and address (optional)
	6 City, state, and ZIP code SALT LAKE CITY, UT 84130	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number										
8	7		-	0	1	1	2	1	2	0

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 ▶ <i>Jeanette M. Garcia</i>	Date ▶ <i>01/09/2017</i>
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General Instructions

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

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

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CONTRACTOR'S CERTIFICATION OF COMPLIANCE

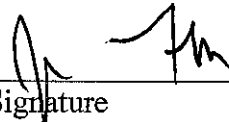
Pursuant to Colorado Revised Statute, § 8-17.5-101, *et. seq.*, as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, *et. seq.* in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

Arnold Machinery Company
Company Name

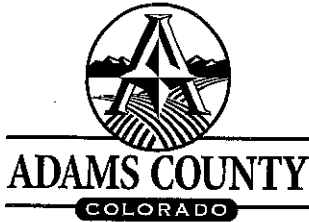
1/21/17
Date

Justin Fantauzzi
Name (Print or Type)


Signature

Branch Manager
Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering



Finance Department
4430 South Adams County Parkway
Brighton, CO 80601
PHONE 720.523.6055 FAX 720.523.6058

VENDOR INFORMATION FORM

All suppliers must complete and return this form as well as a W-9
(Payments & New Vendor #'s will not be processed without a completed W-9)

PLEASE PRINT OR TYPE ALL INFORMATION

Enter the name of Adams County employee and/or Department/Elected Office requesting this form be completed.

Elissa Mclean Adams County Sheriffs Office
Employee Name *Department/Elected Office*

Company Name (Please include dba name, if applicable.)

Arnold Machinery Company NA
Company Name *DBA Name (if applicable)*

Does this company function solely as a manufacturer rep or distributor? YES NO

If YES, is invoice payment sent to your remit-to address or the manufacturer?

If Remit-to, please attach or forward a list of the companies with their corresponding remit-to address.

Does this company have more than one location with the same Federal Tax ID number that Adams County also conducts transactions with? YES NO

If YES, please copy and complete this form for each location.

Remit-To Information (Invoice Payment):

<u>Arnold Machinery Company</u> <i>Company Name</i>	<u>Arnold Machinery Company</u>
<u>3800 Quentin Street</u> <i>Address</i>	<u>3800 Quentin Street</u> <i>Address 2</i>
<u>Denver</u> <i>City</i>	<u>Denver</u> <i>City</i>
<u>CO</u> <i>State</i>	<u>80239</u> <i>Zip Code</i>
<u>303-573-5333</u> <i>Phone Number</i>	<u>303-893-3854</u> <i>Fax Number</i>

Address for Purchase Orders/Contracts (If different from above.)

<u>Same</u> <i>Address</i>	<u></u> <i>Address 2</i>
<u></u> <i>City</i>	<u></u> <i>City</i>
<u></u> <i>State</i>	<u></u> <i>Zip Code</i>
<u></u> <i>Phone Number</i>	<u></u> <i>Fax Number</i>

Phone Number for Quotes or Placing Orders and Fax Number to send a Purchase Order or a Request for Quote

303-573-5333

Phone Number

303-893-2854

Fax Number

Company Information

www.arnoldmachinery.com

Web Address

shaddock@arnoldmachinery.com

Company Email Address

E-Mail Address for Purchasing Orders or Request for Quotes (if different from above)

same

Company Email Address

Contact Information

Steve Haddock

Contact Name

Sales Representative

Position/Title

303-854-8223

Contact Phone Number

303-893-3854

Contact Fax Number

same

Contact Email Address (if different than above)

BUSINESS CLASSIFICATION – Please check all that apply and attach supporting documents for these business classifications:

- Small Business
- Disadvantaged
- Woman Owned
- Hub-Zone
- Business is 51% owned by physically disabled individual(s)
- Veteran Owned
- Vietnam Veteran
- Service Disabled Veteran

ETHNICITY OF BUSINESS – Please check where applicable

- Black American
- Hispanic American
- Asian Pacific American
- Subcontinent Asian American
- Native American
- Caucasian
- Other _____

CONFLICT OF INTEREST

Does this company employ any Adams County employees or their immediate family members? YES NO

If YES, please explain

N/A

Does this company have any financial interests with an Adams County employee? YES NO

If YES, please explain

N/A

Thank you!