

RESOLUTION 24 - 10, 2024
COLUMBIA TOWNSHIP, HAMILTON COUNTY, OHIO

**AUTHORIZING THE ADMINISTRATOR TO ENTER INTO A CONTRACT WITH
BRIAN CHRISTIAN LANDSCAPING FOR STREET TREE WATERING SERVICES
AS PART OF NED – NEIGHBORHOOD ECONOMIC DEVELOPMENT PROGRAM,
PHASE 2, AND DISPENSING WITH THE SECOND READING**

WHEREAS, Columbia Township in 2021 established a Neighborhood Economic Development (“NED”) Street Tree Program, using one-time non-tax revenues, to enhance the appearance of township neighborhoods and improve housing values through a comprehensive street tree inventory, assessment, and preservation or replacement; and

WHEREAS, through the NED Program, the Township installed more than 600 new street trees to expand our community’s beneficial tree canopy (320 trees in Phase 1 2022 and nearly 300 trees in Phase 2 2023). The addition of new street trees requires weekly watering from summer through fall in the first year after planting when there is no rainfall, or rainfall of less than one inch, to avoid trees dying and the Township incurring the cost of replacing dead trees.

WHEREAS, the frequency and volume of this young tree care watering is required to protect our investment, but it exceeds the Township’s existing equipment and staffing resources; and

WHEREAS, the Township’s nationally certified arborist worked with the Road & Services Superintendent to solicit tree watering proposals from qualified landscaping companies for the NED Street Tree Program. In 2023 the Board of Trustees authorized a contract with Brian Christian Landscaping, 1860 U.S. 22, Maineville, Ohio, 45039, for NED Phase 1; and

WHEREAS, for NED Phase 2 watering in 2024, is the final year of NED young tree care watering, the Administrator and Road Superintendent again recommend Brian Christian Landscaping for \$44,676 as described on the attached proposal; and

WHEREAS, the Board, upon majority vote, hereby dispenses with the requirement that this resolution be read on two separate days, and hereby authorizes the adoption of this resolution upon its first reading.

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Columbia Township, Hamilton County, Ohio, for the benefit and welfare of Columbia Township and its citizens, hereby authorizes the Township administrator to enter into a contract in the amount of \$44,676 with Brian Christian Landscaping.

Motion to accept Resolution made by: MR. KUBICKI

Seconded by: MR. LAMAR

Passed April 4, 2024

RESOLUTION 24 - 10, 2024
COLUMBIA TOWNSHIP, HAMILTON COUNTY, OHIO

VOTE:

TRUSTEE	Voting	Signature	Date
David Kubicki, President	<u>Yes</u>	<u>[Signature]</u>	04-04-2024
Brian Lamar, Vice-President	<u>yes</u>	<u>[Signature]</u>	04-04-2024
Steve Brokamp, Trustee	<u>yes</u>	<u>[Signature]</u>	04-04-2024

ATTEST: Caroline B. Heekin 04-04-2024
Caroline Heekin, Fiscal Officer

CERTIFICATE

State of Ohio, Hamilton County

I, Caroline Heekin, Fiscal Officer of Columbia Township, Hamilton County, Ohio, certify that the foregoing Resolution No. 24-10 is taken and copied from the record of proceedings of the township, and that it has been compared by me with the resolution on the record and is a true copy.

04-04-2024 Caroline B. Heekin
Date Caroline Heekin, Fiscal Officer

Refer to Attached Proposal

Passed April 4, 2024



Brian Christian Landscaping

1860 U.S. 22 | Maineville, Ohio 45039
5135357991 | bcl.horticulture@gmail.com

RECIPIENT:

Columbia Township
5686 Kenwood Road
Cincinnati, Ohio 45227

Quote #40

Sent on _____

Total \$44,676.00

SERVICE ADDRESS:

5686 Kenwood Road
Cincinnati, Ohio 45227

Product/Service	Description	Qty.	Unit Price	Total
Tree Care	\$2,482.00 per week: Price per gallon is the same as 2023	18	\$2,482.00	\$44,676.00
Tree Care	Brian Christian Landscaping is pleased to offer the following proposal:	1	\$0.00	\$0.00

Project length is 18 weeks of approximately 292 trees at various locations throughout Columbia Township. Once per week, Brian Christian Landscaping will fill gator bags provided by Columbia Township with 10 gallons of water. If the gator bag is missing or damaged, we will water the base of the tree. Columbia Township will be responsible for installing and maintaining the gator bags. Work will begin as requested.

We will not water any week where 1" of rainfall is recorded. All skipped weeks will be added at the end of the scheduled contract to fulfill our obligation to you. Additional weeks of watering are available upon request.

*Accepted by Lauren Allison
on behalf of
Melissa Taylor*

Total \$44,676.00

QUOTE IS VALID FOR 30 DAYS

This quote is valid for the next 30 days, after which values may be subject to change.

Request for Taxpayer Identification Number and Certification

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

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Brian Christian Landscaping</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 1860 W. U.S. 22-3</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code Maineville, Ohio 45039</p>	
	<p>7 List account number(s) here (optional)</p>	

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.

Social security number											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
or											
Employer identification number											
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4	5	-	4	9	6	4	3	5	8		

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 **Brian Christian** Date **3-25-24**

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wade-AIS Insurance, a branch of TWFG 775 Gardner Rd Suite A Springboro OH 45066		CONTACT NAME: Janny Price PHONE (A/C, No, Ext): (937) 886-6454 E-MAIL ADDRESS: jprice@twfg.com FAX (A/C, No):	
INSURED Brian Christian Landscaping & Lawncare Inc 1860 W. U.S. Hwy 22 & 3 Maheville OH 45039		INSURER(S) AFFORDING COVERAGE INSURER A: UNITED FIRE GROUP NAIC # 13021 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			60512826	01/06/2024	01/06/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGE \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			60512826	01/06/2024	01/06/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	60512826	01/06/2024	01/06/2025	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ohio

**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

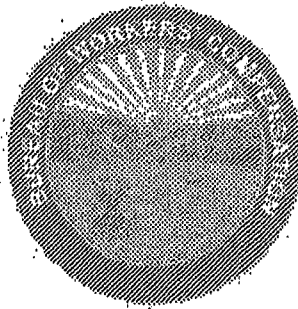
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01653537

Period Specified Below
07/01/2023 to 07/01/2024

BRIAN CHRISTIAN LANDSCAPING INC
1860 W US Highway 22 and 3
Malneville OH 45039-9401



www.bwc.ohio.gov
Issued by: BWC

A handwritten signature in black ink that reads "John Lopez".

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.