

FACPAC Purchase Order Form (Ref# 49112)

Form Status: Saved

Tier 1 Project: ECHS Renovation Phase #7

BG Number: 21-055

District: Estill County (161)

Status: Active

Phase: Project Initiation (View Checklist)

Contract: RISING SUN DEVELOPING, INC., 0015, COMBO OF BP2-GENERAL TRADES & BP6-DRYWALL/CEILINGS

Type: CM Bid Package

Proposed

District PO Number

15-17

Ky Sales Tax Exempt Number

B-228

Date of Order

7/26/2021

Specification Section

Material Description / Category

BID PACKAGE 15: COMBINATION OF BID PACKAGE 2-GENERAL TRADES AND BP6-DRYWALL AND CEILINGS

Requested By

Vendor Name

Vendor Address

4006 COLLINS LANE

LOUISVILLE, KY 40245

RISING SUN DEVELOPING, INC.

J.R. HOE AND SONS

Vendor Phone

502/326-1347

Vendor Email

JJONES@JRHOE.COM

Bill To

ESTILL COUNTY BOARD OF EDUCATION

Bill To Address

C/O RISING SUN DEVELOPING, INC.

2555 PALUMBO DRIVE, SUITE #110

LEXINGTON, KY 40509

Ship To

ESTILL COUNTY HIGH SCHOOL

Ship To Address

495 ENGINEER DRIVE

IRVINE, KY 40336

Attention Of

RISING SUN DEVELOPING, INC.

Contacts

The following project contacts must be notified 48 hours in advance of delivery to jobsite.

Contact Name	Contact Phone
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RISING SUN DEVELOPING, INC.	859/543-0205
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Materials

Furnish the necessary materials to complete the following bid package(s) / specification section(s) in its entirety. All materials shall be in accordance with the requirements of the Contract.

Item Description	Item Number	Quantity	Unit Price	Total
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Item Description	Item Number	Quantity	Unit Price	Total
FRAMES, GRATES, AND COVERS		1	\$31,887.00	\$31,887.00
Purchase Order Total:				\$31,887.00

Authorization

Owner Authorization Date	7/26/2021
Vendor Authorization Date	7/26/2021

Purchase Order Signature Page (Online Form Ref# 49112)



Vendor

7/6/21
Date

Owner

Date

Terms and Conditions

1. Drawings, catalogs, cut sheets, or samples shall be submitted for approval.
2. All invoices shall be sent to the contractor/subcontractor designated on the purchase order for approval. No invoices shall be sent directly to the Board of Education (Owner) for payment.
3. All invoices shall reference the purchase order number.
4. No change in, modification of, or revision of this order shall be valid unless in writing and signed by the Owner.
5. Vendor agrees to observe and comply with all applicable federal, state and local laws, rules, ordinances and regulations in performance of this order.
6. Vendor shall not assign this order or any right hereunder without first having obtained the written consent of the Owner.
7. Deliveries are to be made in accordance with the Owner's schedule, as directed by the General Contractor (GC), Construction Manager (CM) or Qualified Provider (QP).
8. The Owner may cancel this purchase order in whole or in part in the event that the vendor fails or refuses to deliver any of the items purchased, within the time provided, or otherwise violates any of the conditions of this purchase order, or if it becomes evident that the vendor is not providing materials in accordance with the specifications or with such diligence as to permit delivery on or before the delivery date.
9. The vendor agrees to deliver the items to the supplier hereunder free and clear of all liens, encumbrances and claims.
10. If any of the goods covered under this purchase order are found to be defective in material or workmanship, or otherwise not in conformity with the requirements of this order, the Owner, in addition to the other rights which it may have under warranty or otherwise, shall have the right to reject the same or require that such articles or materials be corrected or replaced promptly with satisfactory materials or workmanship.
11. By acknowledging receipt of this order, by performing the designated work or any portion thereof, or by shipping the designated goods, the vendor agrees to the terms and conditions outlined.
12. This purchase order shall be governed in all respects by the laws of the Commonwealth of Kentucky.
13. In the event the quantities of materials supplied via this purchase order are insufficient to complete the work, the GC, CM or QP shall, at no expense to the Owner, provide such materials as necessary to complete the work.
14. In the event that at the completion of the work the vendor has not submitted invoices totaling the value of this purchase order, this purchase order shall be considered

Memo

To: ALL SUPPLIERS
From: FRANCES L. JONES
Date: 6/16/2021
Re: ESTILL COUNTY HIGH SCHOOL PHASE 7 RENOVATIONS

ALL INVOICES ON THE ABOVE REFERENCED PROJECTS SHOULD BE BILLED TO THE ESTILL COUNTY BOARD OF EDUCATION C/O THE RESPECTIVE CONTRACTOR, AND MAILED TO THAT CONTRACTOR.

BILLING ADDRESS:

**ESTILL COUNTY BOARD OF EDUCATION
C/O CONTRACTOR FOR WHOM YOU ARE SUPPLYING
MATERIALS
CONTRACTOR'S ADDRESS**

IN THIS MANNER, THE CONTRACTOR WILL BE ABLE TO APPROVE YOUR INVOICE AND SUBMIT IT TO CODELL CONSTRUCTION COMPANY (CONSTRUCTION MANAGER) FOR PROCESSING.

THE OWNER (ESTILL COUNTY BOARD OF EDUCATION) HAS BEEN INSTRUCTED TO DESTROY ANY INVOICES OR STATEMENTS SENT DIRECTLY TO THEM.

BY FOLLOWING THE PROPER PROCEDURE, YOU WILL RECEIVE YOUR PAYMENTS IN A TIMELY MANNER. OTHERWISE, YOU MAY ENCOUNTER DELAYS OF SEVERAL MONTHS!!

PLEASE FEEL FREE TO CONTACT CODELL CONSTRUCTION COMPANY WITH ANY QUESTIONS.

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. J. R. HOE AND SONS, INC.	
	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 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: 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. 4006 COLLINS LANE	Requester's name and address (optional)
6 City, state, and ZIP code LOUISVILLE KY 40245		
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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																														
<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="9">or</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td>6</td><td>1</td><td></td><td>-</td><td>0</td><td>2</td><td>2</td><td>6</td><td>8 4 0</td></tr></table>		Social security number												-						or									Employer identification number									6	1		-	0	2	2	6	8 4 0
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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 <i>Alice Johnson</i> Date <i>07/06/2021</i>

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.