

POLICY – PROCUREMENT AND PURCHASING

Background

As a Department under the Will County Executive's Office, the Workforce Investment Board must adhere to the Purchasing Procedures adopted by the Will County Board.

These purchasing procedures ensure that:

- All Workforce Investment Board of Will County reimbursements comply with applicable federal, state, and local laws, regulations, and policies;
- Provide safeguards for the maintenance of a reimbursement system of quality and integrity; and
- Provide guidelines for purchases of equipment, materials, supplies, and services for the operational requirements of the Workforce Investment Board, and the reimbursement of those purchases.

Objective

The underlying purposes and policies of this ordinance are:

- A. to invite competition, to guard against favoritism, improvidence, extravagance, fraud, and corruption, and to secure the best work or supplies at the lowest possible price;
- B. to provide for fair and equitable treatment of all persons involved in purchasing by the Workforce Investment Board of Will County;
- C. to provide to increased public confidence in the procedures followed in public procurement;
- D. to simplify, clarify, and modernize the policies governing procurement by the Workforce Investment Board of Will County;
- E. to maximize to the fullest extent practicable, the purchasing value of public funds in procurement;
- F. to foster broad-based competition within the free enterprise system;
- G. to provide safeguards for the maintenance of a procurement system of quality and integrity; and
- H. to provide guidelines for purchases of equipment, materials, supplies, and services for the operational requirements of the Workforce Investment Board of Will County, insuring competitive and unbiased selection of vendors.

Recommendations

As a department under Will County, the Workforce Investment Board shall follow the purchasing and procurement policies of the County of Will as provided in the Will County Purchasing Ordinance.

This Ordinance and amendments can be accessed at:

http://www.willcountyillinois.com/Portals/0/Purchasing_Ordinance_11-20-08.pdf

Comparative Cost Analysis

The Workforce Investment Board shall ensure that documentation of a comparative cost analysis when there are not multiple bidders responding to an RFP to confirm the reasonableness of the proposed contract and for procurement actions in excess of the simplified acquisition threshold as required in Uniform Guidance 2 CFR 200.323(a). This documentation (Attachment 1) will include:

- Cost information regarding the service or product that is being procured;
- The source and date that the information was compiled;
- The conclusion / recommendation of the comparative cost analysis and rationale;
- Information regarding who completed the analysis;
- Signature of individual that completed the analysis.

One-Stop-Operator Procurement

Consistent with the Uniform Guidance and as required under WIOA Regulations (20CFR 678.605(d)), Attachment 2 provides written documentation explaining the determination and nature of the competitive process to be followed in selecting a One-Stop Operator. This Attachment also includes the 4 year timetable for the procurement and the process for settling all contractual and administrative issues arising out of procurements.

Last Revision: June 12, 2017
Motion: Herb Brooks
Second: Don Moran

Previous Revision: February 8, 2016
Motion: Pete McLenighan
Second: Nancy Baldwin

WILL COUNTY PURCHASING

302 N. Chicago St, Joliet, IL 60432

815-740-4712 Fax 815-740-4604

Kevin Lynn , Purchasing Director

To: Will County Vendors and/or Contractors
From: Kevin Lynn, Purchasing Director
Re: New & Changed Vendor Information Sheet

INFORMATION NEEDED

All vendors/businesses/individuals who receive payments from Will County are **required** to complete the enclosed forms in their entirety. Will County is also offering the option of Direct Deposit/ACH for these payments, rather than issuing and mailing checks as currently done. If this option is of interest to you, please complete the Direct Deposit/ACH Authorization Agreement and return as well.

Once **completed, dated** and **signed**, the **Vendor Contractor Information Sheet**, the **first page** of the **W-9 form** and the **Direct Deposit/ACH form, if applicable**, can be emailed to klynn@willcountyillinois.com, faxed to 815-740-4604 or mailed to the address below:

Will County Purchasing
Department Attn: Kevin Lynn
302 N. Chicago St.
Joliet, IL 60432

The information listed on the Vendor Contractor Information Sheet and the W-9 form is **mandatory** in order to process future orders and/or payments. **Failure to complete these forms will result in delay of payment.** Listed below are **mandatory areas** to be filled in. N/A is an acceptable reply, if the field does not apply.

- Federal ID # (**FEIN**) or Social Security # (**S/S**) **one or the other, not both**
- Payment & freight terms (i.e. net 30, net 60, F.O.B., Paid by County, etc.)
- **1099** yes or no (to insure proper tax reporting)
- **Vendor Name & Address – both Purchase & Remit** information
- If you have more than one (1) remit location for other departments within your company, please list them as well on a separate sheet. If you are a vendor that is a parent company with other company's sharing the same federal id number list those company's on a separate sheet, the same goes for those that are a sister company and you are using the FEIN as your parent company. In that case we require a letter from the parent company giving authorization stating just that.
- **Type of Business**
- **Signature & date**

This form must be **signed by an authorized agent of your company** who will be responsible for the information given.

If you select future payments through **Direct Deposit/ACH**, please allow 6-8 weeks from first invoice sent after return of these documents, to allow time to set up all information in our financial system. You will receive email notification of these Direct Deposit/ACH payments if you include an email address on the **Direct Deposit/ACH** form.

We ask that you **print or type** the information on these forms for legibility. If you have any questions, please contact me at 815-740-4712 or email klynn@willcountyllinois.com.

Thank you for your cooperation.

Sincerely,

Kevin Lynn

Kevin Lynn
Purchasing Director

Enclosures

Revised 01/23/2020

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. WILL COUNTY	
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 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 checked="" type="checkbox"/> Other (see instructions) ▶ COUNTY GOVERNMENT	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. 302 NORTH CHICAGO STREET	Requester's name and address (optional)
6 City, state, and ZIP code JOLIET, IL 60432	
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.

Social security number									
or									
Employer identification number									
3	6		6	0	0	6	6	7	2

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 ▶ 1-17-20
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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.