



TOWN OF HUNTINGTON HIGHWAY OFFICE

30 Rofay Dr., Huntington, NY 11743
Tele. 631-499-0444 Fax 631-499-3512

Andre Sorrentino
Superintendent of Highways

WINTER 2022-2023

TO: ALL SNOW/ICE CONTROL CONTRACTORS

FROM: ANDRE SORRENTINO, SUPERINTENDENT OF HIGHWAYS

I would like to thank you for being a snow and ice control contractor with the Town of Huntington Highway Office. The 2021-2022 Snow Season was one of our busier seasons and I am grateful for our Snow Vendors' long hours and hard work.

All requirements to be eligible for plowing are outlined in the attached packet; please review the "Town of Huntington Office Equipment Rental" section carefully in order to make sure that your submission will be complete. Once again, for your convenience, we are including a checklist of the necessary documents that need to be submitted. **Kindly complete all paperwork and return it in original form to the Highway Office at the address above prior to November 1, 2022.**

This year, due to a limited staff, we are hiring by "appointment only" but you will be given your portable GPS unit at the same time. In order to accommodate the 200 Snow Vendors that we hire each year, we ask that you submit your completed application and all applicable paperwork (e.g. copies of driver's license, truck registration, Certificate of Liability Insurance) via postal mail or drop it into the black "Snow Vendor" mailbox at our front steps. Once your application is reviewed and processed, we will contact you to set up a convenient date and time for your "hiring appointment". **We regret that we cannot hire on the eve or day of a projected snow storm unless your application was received prior to November 1, 2022.**

Please be advised that our office is open by appointment only; therefore, all completed paperwork (including copies of requested documents) must be submitted via mail or dropped in the "Snow Vendor" designated box on the left side of the steps leading to our offices at 30 Rofay Drive, Huntington.

Should you need assistance or have any questions, please contact Valerie, who coordinates the Snow Vendor program at 631-446-3601.

Sincerely,

Andre Sorrentino
SUPERINTENDENT OF HIGHWAYS

Town of Huntington
Highway Machinery and Equipment
Rental and Hire Rates
SNOW

SCHEDULE A

	ADOPTED RATES PER HOUR 2018	ADOPTED RATES PER HOUR 2021
SUV & Pick-Up with Plow	\$84.00	\$100.00
SUV & Pickup with Sander and Plow		
Pickup (4x4) Dually	\$90.00	\$105.00
Pickup (x4) Dually with Sander		\$115.00

Trucks (Diesel, Gas) Plowing Over 10,000lbs and:

up to 26,000 lbs	\$95.00	\$110.00
up to 26,000 lbs WITH SANDER		\$122.00
over 26,000 lbs	\$102.00	\$115.00
over 26,000 lbs WITH SANDER		\$127.00

Truck 10 Wheel Tandem Axel and Plow	\$115.00	\$125.00
Truck 10 Wheel Tandem Axel and Plow WITH SANDER		\$140.00

Tractor Trailer / Dump Truck 30-40 yds with Tractor	\$150.00	\$160.00
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Self Propelled Graders (Bobcat / Skid Steer)	\$100.00	\$110.00
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Tractor / Loader / Backhoe / Payloader

Backhoe	\$150.00	\$150.00
Backhoe (4x4) with Snow Box	\$150.00	\$150.00
Payloader up to 2 yd Bucket	\$150.00	\$150.00
Payloader between 2 yd and 3 yd Bucket	\$150.00	\$150.00
Payloaer between 3 yd and 4 yd Bucket	\$200.00	\$200.00
Payloader between 4 yd and 5 yd	\$200.00	\$200.00
Payloader between 5 yd and 7 yd	\$225.00	\$225.00

TOWN OF HUNTINGTON SNOW VENDOR CHECK LIST

Vendor Name – as appears on Registration

Please include this checklist with your submitted paperwork

- Copy of Current License – for all drivers *
- Copy of Registration *
- Certificate of Liability Insurance (Workers Comp needed if more than 1 Vehicle) *
- Affidavit Form – notarized (Hold Harmless Agreement)
- Vendor Information Form – Please indicate in the Financial Information section if you are already enrolled in the Direct Deposit program with Town of Huntington (let us know if your bank information has changed since last year). Complete that section if you are not already enrolled but would like to be.
- GPS Form
- Same Truck (returning vendor) New Truck – **MUST BE INSPECTED BY OUR SHOP – Please call 631-499-0444 Ext. 152 to schedule an appointment.**
- W 9 form (New Vendor Only)

****You are responsible to provide updated Driver's License, Registration and Certificate of Liability Insurance (including Worker's Comp if applicable) prior to expiration dates during the time that you are working with us as a vendor. Failure to do so will result in loss of work.***

TOWN OF HUNTINGTON HIGHWAY OFFICE EQUIPMENT RENTAL

Paper Work Requirements

All paperwork must be resubmitted each year. The paperwork requirements are as follows:

1. **Certificate of Insurance** submitted directly by your Insurance Agent, Broker or Insurer, showing at least:

Auto Bodily Injury Liability per Person:	\$300,000
Auto Bodily Injury Liability per Occurrence:	\$300,000
Auto Property Damage Liability per Person:	\$300,000

If the insurer shows the **bodily injury and property damage coverage combined**, the amount of coverage must be at least: **\$500,000**

Insurance coverage *should* extend through the following March. The certificate should reference snow plowing/sanding

All Commercial Contractors must have insurance certificates that have the **Town of Huntington, 30 Rofay Dr., Huntington, NY 11743** named as **Additional Insured and Certificate Holder**.

Non-Commercial Contractors or contractors without commercial insurance must have the **Town of Huntington, 30 Rofay Drive, Huntington, NY 11743** named as an **Additional Interested Party or Certificate Holder** on their insurance policy.

It is the obligation of the contractor to **immediately** notify the Town of Huntington Highway Office of any insurance coverage changes or cancellations. Failure to properly notify this office of any changes could result in the revocation of this contractual agreement with the town. All contractors shall be responsible to pay all premiums and deductibles applied to these insurances.

The vehicle identification (VIN) number must be on the insurance certificate.

2. **Certificate of Workers Compensation** submitted directly by Insurance Agent, Broker or Insurer, showing Compensation Insurance Coverage of at least statutory minimum.

- Required of individual contractors **IF** registering more than one vehicle.
- Required of corporate contractors **UNLESS** corporate contractor consists solely of a single employee who is also an owner/officer of the corporation and registering only one vehicle.
- Required of corporate contractors consisting solely of a single employee who is also an owner/officer of the corporation who **ALSO** registers a personal vehicle.

3. All forms must be executed and returned to the Highway Office.

4. The name appearing on policies and/or affidavits must be identical to the name registered with the Town and the New York State Department of Motor Vehicles, except as permitted in the affidavit form.

5. Provide a copy of the current **motor vehicle registration** for the vehicle. Provide a copy of all drivers licenses for all owners and drivers.

Work Tickets

Your area foreman will give you a work ticket(s) each time you work. Tickets show start time, stop time, and total hours to be paid per day. The ticket **must** be signed by the area foreman and driver. **Be sure tickets are correctly filled out.** Incorrect or incomplete tickets will delay payment. Make sure to keep your copy.

Vehicle Inspection:

All new vehicles, or previously inspected vehicles with equipment changes, must be inspected by our shop at the Elwood Garage prior to work. At the time of inspection, vehicle registration will also be checked. If you replace your vehicle with a new one, it must be inspected and a new highway vehicle number will be assigned.

If your Auto Insurance or your Workers' Compensation Insurance expires, you will not be able to plow for the Town until we have an Original Certificate(s) of Insurance. There will be no exceptions.

Payment:

Unless you have arranged for direct deposit, a check from the Comptroller's Office will be mailed to you within a reasonable time after you have worked on a snowstorm.

WORK RULES FOR OUTSIDE PLOW AND SAND CONTRACTORS

Highway Phone Numbers: Elwood 631-351-3082, Oakwood 631-351-3084, E. Northport 631-351-3087

1. When called to work for the Town of Huntington Highway Office, you must report to work within one hour of the call with a full tank of fuel and your equipment in working order.
2. To begin work, you must contact your Highway Area Foreman. He, or she, will ask you to report to a designated area within the Town by a particular time. You must be on time.
3. You MUST also pick up a GPS unit from your foreman. You are responsible for the GPS unit; if you damage it or fail to return it, you will be charged \$300.00 for the cost of replacing the unit.
4. You must go to your assigned area and start working when instructed to do so.
5. If you leave your assigned area, you must notify your foreman immediately.
6. If you break down, you must notify the Highway foreman and/or office immediately.
7. If you change drivers, they must meet you in your assigned area; you **may not** leave to pick them up.
8. If you perform any work which is not for the Town of Huntington while being paid by the Town of Huntington, you will be dismissed and not paid for work done.
9. If you are unclear on any rules, you must contact your area foreman.
10. If you are involved in an accident involving damage to property or persons, you must stop, notify the Area Foreman, and complete an accident report.

RECEIVED BY:

_____ X _____
Print Signature

Date: _____ Truck # _____

AFFIDAVIT

THE UNDERSIGNED _____ HEREBY CERTIFIES AS FOLLOWS:

1. That I own and operate truck(s) bearing New York License No(s) _____ and that I am an independent contractor, and as such is in sole control of said truck(s) as to the manner of operating, loading and discharging of material conveyed, except as to the designation of the place pick-up, and delivery.
2. That I sublets the use of said truck(s) together with my services as chauffeur on a per diem basis to Town of Huntington and to such other who desire my truck and services from time to time.
3. That such sub-leasing and the daily rate, thereof, is a gross charge based on the market rate for truck hire, including the furnishing of fuel, labor and maintenance for such truck operation.
4. In consideration of the aforesaid, I hereby releases and discharges, for myself, my heirs, executors, and administrators the said Town of Huntington its successors and assigns, from all claims or for compensation thereof, for any injuries that may arise out of the performance of this agreement, whether to myself or to any and all other, and to hold and save the Town of Huntington harmless for any liability, loss or damage, arising out of my acts or omissions. I further agree to defend, indemnify and hold the Town of Huntington, its agents, servants and/or employees harmless from and against all claims, including reasonable attorney fees and liability arising out of or in connection with snow and ice control activities of the contractor and/or subletting of vehicles(s) listed herein. Further, **IT IS EXPRESSLY UNDERSTOOD** that such indemnity of the Town of Huntington shall not be limited by reason of enumeration of any insurance coverage herein provided
5. The undersigned represents that if the vehicle above described is owned by a partnership, corporation or by an individual conducting a business under an assumed name, that such partnership, corporation or individual has duly filed the necessary certificate of doing business under a partnership with the Clerk of the County of Suffolk, State of New York, and that I have expressed authority from the principal of such an entity or person to engage in the work to be performed herein and have expressed authority from such entity or person to enter into the within agreement.
6. The undersigned represents that the vehicle above described may be owned by an individual other than the undersigned and that I have the consent of the owner to operate the vehicle, and to use it for the purposes intended, as well as the authority of such owner to sign the within document, and that all persons operating the above mentioned vehicle likewise have such consent, and if other than the owner or undersigned, so operate the vehicle with the expressed consent of the owner and with full knowledge that he shall be bound by the terms of this agreement.

Contracted Entity Third-Party Certification Statement – Stormwater Management Program:

THIS CERTIFICATION APPLIES TO ALL CONTRACTS WITH THE TOWN OF HUNTINGTON WHERE THE CONTRACTOR IS PERFORMING WORK THAT MAY DIRECTLY OR INDIRECTLY CAUSE OR CONTRIBUTE TO POLLUTANT DISCHARGES INTO MUNICIPAL SEPARATE STORM SEWER SYSTEMS LOCATED THROUGHOUT THE TOWN OF HUNTINGTON.

I certify under penalty of law that I understand and agree to comply with the terms and conditions of the Town of Huntington's Stormwater Management Program (SWMP)* and Stormwater Management Program Plan (SWMPP)** and agree to implement any corrective actions identified by the Town of Huntington and/or its designated representative(s).

I also understand that the Town of Huntington must by law comply with the terms and conditions of the State of New York's State Pollutant Discharge Elimination System (SPDES) GP-0-35-003 "Municipal Separate Storm Sewer Systems (MS4) Permit"*** and that it is unlawful for any person employed by or under contract to the Town of Huntington to directly or indirectly cause or contribute to a violation of surface water and/or groundwater quality standards.

Further, I understand that my own responsibility and/or liability to comply with the terms and conditions of the Huntington SWMP and Huntington SWMPP as a condition of performing and being paid for the work pursuant to the subject contract shall be neither diminished, eliminated nor lessened by any MS4 program non-compliance by the Town of Huntington with respect to said contract or any other element of the Town's MS4 Program.

* - <http://www.huntingtonny.gov/content/13749/16439/16577/16591/default.aspx>

** - http://www.huntingtonny.gov/filestoreage/13749/16439/16577/16591/26387/Town_of_Huntington_SWMP_Plan_031413_Rev3.pdf

*** - http://dec.ny.gov/docs/water_pdf/ms4permit.pdf

(Name of Contractor) (Signed By) Business/Firm Name

Address: _____ Telephone Number: _____

STATE OF NEW YORK)
: SS.:
COUNTY OF SUFFOLK)

On this ____ day of _____, 20____, before me personally came _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is _____ of the **corporation** described herein and which executed the foregoing instrument and that he/she signed his/her name thereto by order of the Board of Directors of said corporation.

Notary Public

STATE OF NEW YORK)
: SS.:
COUNTY OF SUFFOLK)

On this ____ day of _____, 20____, before me came _____, to me known, and known to me to be the **individual** described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

Notary Public



TOWN OF HUNTINGTON HIGHWAY OFFICE

30 Rofay Dr., Huntington, NY 11743

Fax 631-499-3512

Andre Sorrentino
Superintendent of Highways

Snow Foreman: _____

of Trucks: _____

**SNOW VENDOR GPS RECEIPT
CONDITION OF EMPLOYMENT**

This is to certify that I, _____

Print Name

Operating under the business name of _____

Company name (if applicable)

residing at Home/Business address: _____

Home and/or Business Address

working as a Snow Vendor for the Town of Huntington have been given a Portable

GPS System to be used at all times when plowing for the Town of Huntington. I

will be responsible for the GPS System from _____ to **March 31, 2023.**

I understand that I am responsible to return the unit to the Elwood Office by **April 14, 2023.**

I also understand if the portable GPS system is lost, stolen, broken, etc, I will reimburse the

Town of Huntington \$300.00 for the cost of the unit.

Signature

Date

Unit # Assigned

Return Date



**Town Hall • 100 Main Street
Huntington, NY 11743-6991**

**Phone: (631) 351-3038
Fax: (631) 351-2898
Audit@HuntingtonNY.gov**

AUDIT & CONTROL

**Peggy Karayianakis
Interim Director**

Dear Sir/Madame:

The Internal Revenue Service requires the Town of Huntington to obtain a Taxpayer Identification Number (T.I.N) and/or Social Security Number from all vendors with whom it does business. This number is needed for the timely processing of payments and to keep accurate records with the Internal Revenue Service. *Failure to provide the Town with the applicable T.I.N. or Social Security Number could result in a \$50.00 penalty under Section 6723 of the Internal Revenue Service Code.*

Therefore, the Town of Huntington would appreciate it if you could insert either your T.I.N. Number or Social Security number (whichever is applicable to your business) on the attached W-9 Form. In addition, to help streamline the payment process, please fill out the enclosed Vendor Information Form completely and return both forms by mail, e-mail, or fax as per the information below:

Town of Huntington
Comptroller's Office
100 Main Street, Huntington, NY 11743
fax: 631-351-2898
e-mail: accts_payable@huntingtonNY.gov

No payments will be issued until these forms are received and processed by the Department of Audit & Control. Please be sure to fill out the accompanying forms completely. If you would like your payment done via direct deposit, please be sure to include an email address, so that a notification can be sent to you once the payment has been processed.

Thanking you in advance for your cooperation.

Yours truly,
Comptroller's Office
Town of Huntington



**The Town of Huntington
VENDOR INFORMATION FORM**

Please fill in all information completely and legibly.

Vendor Legal Name (Per W-9): _____	
Vendor Federal ID or Social Security Number: _____	
Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
Primary Vendor Address _____	
City, State and Zip Code: _____	
Remit to Address (if different): _____	
City, State and Zip Code: _____	

Contact Name: _____		
Contact Title: _____		
Cell #: _____	Home #: _____	Office #: _____
Contact Email Address*: _____		
<small>*Required for Direct Deposit Notification</small>		

Complete Financial Information ONLY if you want Direct Deposit

Financial Information – <small><u>ALL BANK INFORMATION NEEDS TO BE FILLED IN CORRECTLY FOR ACH PAYMENTS TO BE MADE</u></small>	
Bank Account Name:	_____
Bank Account Number:	_____
Bank Name:	_____
Bank Branch Address:	_____ _____
City, State and Zip Code:	_____
Routing Transit Number: (9 digits required)	----- Account Type (check one): ___ Checking ___ Savings

**Department of Audit & Control
100 Main St
Huntington, NY 11743
(631) 351-3038 Fax (631) 351-2898
e-mail: accts_payable@HuntingtonNY.gov**

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.	
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.	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<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 type="checkbox"/> Other (see instructions) ▶	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
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.

Social security number										
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or										
Employer identification number										
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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 ▶

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.