



January 3, 2024

Lake Metroparks
Administrative Offices
11211 Spear Road
Concord Twp., Ohio 44077

440-639-7275
440-639-9126 fax
lakemetroparks.com

Lake County Probate Judge
Mark J. Bartolotta

Board of Park Commissioners
Gretchen Skok DiSanto
Frank J. Polivka
John C. Redmond, CPA

Executive Director
Paul Palagyi

The following is a list of updated credit information for the Lake Metroparks, a State of Ohio Government. Listed below are three (3) suppliers and bank reference with which Lake Metroparks is doing business.

1. Active Plumbing Supply
216 Richmond Street
Painesville, Ohio 44077
(440) 946-5600
2. Atwell's Police & Fire Equipment
207 Chestnut Street
Painesville, Ohio 44077
(440) 354-5593
3. True Value Hardware
7701 Crile Road
Painesville, Ohio 44077
(440) 352-3761
4. Grif King
Vice President, Treasury Management
Dollar Bank
1301 East 9th Street
Cleveland, Ohio 44114
216-736-7385
Gking788@dollarbank.com

I trust the above information meets your requirement. In the event you should have additional questions or comments, please do not hesitate to contact me at 440-639-7275 ext.1411.

Sincerely,

Christopher J. Brassell, CPA



January 3, 2024

TO: All Vendors
RE: Purchasing Procedures

Before providing goods or services to Lake Metroparks, vendors must be aware of and follow these important procedures.

1. A completed and signed W-9 must be on file in the Finance Department at Lake Metroparks prior to issuance of a Purchase Order.
2. A Purchase Order Number must be assigned for the purchase of all goods or services.
3. **All freight shipments less than 150 pounds must ship to Lake Metroparks using OUR UPS ACCOUNT NUMBER.** Failure to do so will result in back charges to the vendor. Please contact Lake Metroparks' Procurement Department for the account number.
4. Lake Metroparks will not pay invoices if a purchase order is not on file with the Finance Department. All goods purchased without a purchase order and invoiced are the responsibility of the individual placing the order.
5. Vendors supplying goods or services without a Purchase Order Number do so at their own risk.
6. All invoices and shipping documents must indicate the Purchase Order Number to which the billing or shipment applies. Lake Metroparks will return invoices unpaid to the vendor not referencing a Purchase Order Number.
7. Send ALL invoices to the Administrative Offices to the attention of the Finance Department.
8. Independent Contractor Acknowledgement: All individuals employed under a Lake Metroparks contract that provide services to Lake Metroparks are not considered public employees for the purpose of Ohio Public Employees Retirement System (OPERS) membership. All Independent Contractors must complete the attached PEDACKN form and return it to the Finance Department before payment for services can be rendered.

Lake Metroparks
Administrative Offices
11211 Spear Road
Concord Twp., Ohio 44077

440-639-7275
440-639-9126 fax
lakemetroparks.com

Lake County Probate Judge
Mark J. Bartolotta

Board of Park Commissioners
Gretchen Skok DiSanto
Frank J. Polivka
John C. Redmond, CPA

Executive Director
Paul Palagyi

Sincerely,

Christopher J. Brassell, CPA



Purchasing Department
For Lake Metroparks

Vendor Registration Form

In order to be a vendor of Lake Metroparks this form must be completed and returned to the Finance Department.

Firm Name: _____

Primary Business Address:

Remit To Address (If different from above)

"Independent Contractor Acknowledgement: All individuals employed under a Lake Metroparks contract that provide services to Lake Metroparks are not considered public employees for the purpose of Ohio Public Employees Retirement System (OPERS) membership."

Primary Contact: _____ **Title:** _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Business Hours: _____

Corporation: ___ **LLC:** ___ **Individual/Sole Proprietor:** ___ **Partnership:** ___ **LLP:** ___

Non-Profit: ___ **Sole Shareholder:** Yes ___ No ___ **Number of Employees:** _____

1099: Yes ___ No ___ **Other (Please indicate)** _____

Signature of Authorized Company Representative _____

Describe your firm's products and/or services _____

Return this form to: Lake Metroparks
Finance Department
11211 Spear Road
Concord Township, Ohio 44077
Phone 440-639-7275 Fax 440-639-9126
Email: adeering@lakemetroparks.com



NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name MI Last Name

Date of Birth: Month Day Year
/ /

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

Employer Contact

First Name MI Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month Day Year
/ /

End Date of Service

Month Day Year
/ /

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for this service. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. A copy of this form must be sent to OPERS.

Signature _____ Today's Date / /
Do not print or type name