Mayor Chuck Fewell  
Board of Works and Public Safety  
10 South State St.  
Greenfield, IN 46140

Re: Award Quote for Garage Door replacement  

February 25, 2020

Mayor and Board Members,

We solicited three vendors known to install and work on garage doors for this maintenance project. One quote was received from Armstrong Garage Doors for the replacement of three doors and two motors at the Water Administrative Building Maintenance Shop. After review, I feel that this vendor is responsible and responsive as per our specifications.

I request the board approve the award of this work to Armstrong Garage Doors in the amount of $8,900 as presented. I welcome any questions the Board may have on this request.

Respectfully Submitted,

Charles Gill  
Manager  
Water Utility

cc: Mike Fruth, Utility Director  
Dan Worl, Business Service Manager  
Lori Elmore, Clerk-Treasurer
# Armstrong Garage Doors

PO Box 261  
New Palestine, IN 46163  
(317) 861-6677 / (317) 448-0834  
sheibyarmstrong9194@gmail.com

## CUSTOMER
City Of Greenfield  
Chuck Gill  
451 Meek St.  
Greenfield, IN 46140  
(317) 477-4350

## SERVICE LOCATION
City Of Greenfield  
Chuck Gill  
Water Plant Shop  
451 Meek St.  
Greenfield, IN 46140  
(317) 477-4350

### DESCRIPTION
Install three (3) 14"x2"x14' Pro Door 4421 doors with angle mount track and 6" of high lift.
Install two (2) J501 Liftmaster commercial operators with spreader bars and two remotes.

<table>
<thead>
<tr>
<th>Description</th>
<th>Qty</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro Door 4421 doors with angle mount track and 6&quot; of high lift Install</td>
<td>2,200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pro Door 4421 doors with angle mount track and 6&quot; of high lift Install</td>
<td>2,200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pro Door 4421 doors with angle mount track and 6&quot; of high lift Install</td>
<td>2,200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pro Door 4421 doors with angle mount track and 6&quot; of high lift Install</td>
<td>2,200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liftmaster J501 Install</td>
<td>1,150.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liftmaster J501 Install</td>
<td>1,150.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Tax</td>
<td>7.00%</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Estimate Total:** $8,900.00

PRE-WORK SIGNATURE
The undersigned, being duly sworn on oath says, that he is the contracting party, or that he is the representative, agent, member, or officer of the contracting party, that he has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him, directly or indirectly, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he has not received or paid, any sum of money or other consideration for the execution of the annexed contract other than that which appears upon the face of the contract.

Signature: [Signature]
Printed name: Brad Armstrong
Title: Vice President
Company: Armstrong Garage Doors Inc.

Before me, a Notary Public in and for said County and State personally appeared, Brad Armstrong, who acknowledged the truth of the statements in the foregoing affidavit on this 10th day of February, 2020.

County of residence: Hancock
Commission expiration date: 01/24/2022
Printed or typed name of Notary Public: Shelby Kristina Armstrong
Pursuant to Indiana Code 22-5-1.7-11, the Contractor entering into a contract with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees through the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City, the undersigned Contractor will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify program.

(Contractor): Armstrong Garage Doors Inc.

By (Written Signature): 

(Printed Name): Brad Armstrong

(Title): Vice-President

Important - Notary Signature and Seal Required in the Space Below

STATE OF Indiana SS: 3/12-15-1500

COUNTY OF Hancock

Subscribed and sworn to before me this 10 day of February, 2020.

My commission expires: 01/24/2022 (Signed)

a. Residing in Hancock County, State of Indiana

SHELBY KRISTINA ARMSTRONG
Notary Public
State of Indiana
My Commission Expires January 24, 2022
Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Armstrong Garage Doors

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.

- Individual/solo proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership)
- 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)

5. Address (number, street, and apt. or suite no.). See instructions.

P O Box 261
New Palestine, IN 46163

6. City, state, and ZIP code

7. List account number(s) here (optional)

<table>
<thead>
<tr>
<th>Part I</th>
<th>Taxpayer Identification Number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 - 1980 274</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under penalties of perjury, I certify that:</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. I am a U.S. citizen or other U.S. person (defined below); and</td>
<td></td>
</tr>
<tr>
<td>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</td>
<td></td>
</tr>
</tbody>
</table>

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. |

<table>
<thead>
<tr>
<th>Sign Here</th>
<th>Signature of U.S. person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 2/5/2020</td>
<td></td>
</tr>
</tbody>
</table>

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 requestor) 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 1098-S (proceeds from real estate transactions)
- Form 1098-K (merchand 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.
**CERTIFICATE OF LIABILITY INSURANCE**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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.**

**PRODUCER**

Central Insurance Associates, Inc.
70 East 91st Street
Suite 200
Indianapolis IN 46240

**INSURED**

Armstrong Garage Doors Inc
PO Box 261
New Palestine IN 46183-0261

**COVERAGES**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>AFFORDING COVERAGE</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motorists Insurance - Encova</td>
<td></td>
<td>13331</td>
</tr>
<tr>
<td>BrickStreet - Encova</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COVERAGE NUMBER: CL19102803473**

**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 'AUDL susK' POLICY EFF POLICY EXP**

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>ADDED(SUBSCRIBED)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAIMS-MADE OCCUR</td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>GENERAL LIABILITY</td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>MED EXP (Any one person)</td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td>GENERAL AGGREGATE</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>PRODUCTS - COMP/AGG</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>BODILY INJURY (Per person)</td>
<td></td>
<td>$25,000</td>
</tr>
<tr>
<td>BODILY INJURY - EACH OCCURRENCE</td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>PROPERTY DAMAGE - EACH OCCURRENCE</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>EACH OCCURRENCE</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>AGGREGATE</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>EACH ACCIDENT</td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>E.L. EACH ACCIDENT</td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>E.L. DISEASE - EACH EMPLOYEE</td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>E.L. DISEASE - POLICY LIMIT</td>
<td></td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**EXCEPTED EXclusions**

- Workers Compensation
- Employers Liability
- Compensation
- Employers Liability
- Workers Compensation and Employers' Liability

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

- Rented/Leased Equipment

**CERTIFICATE HOLDER**

City of Greenfield
451 Meek Street
Greenfield IN 46140

**CANCELLATION**

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**

[Signature]

© 1988-2015 ACORD CORPORATION. All rights reserved.