



# For Minor Projects Under Statuary Amount

# OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

### **DATE OF SOLICITATION** made as of the 28h day of February in the year 2022

#### **Solicitation Information**

Solicitation Number: 462C

Project Name: Removal of Red-Berry

Juniper Sandy Sanders WMA *Address:* 31566 NCR 180

City, ST., Zip: Willow, Oklahoma 73673 Bids Due: March 16, 2022 at 3:00 PM.

### **Using Agency Information**

Using Agency Name: OK Dept. of Wildlife Conservation

Point of Contact: Cheryl Luetkemeyer Mailing Address: PO Box 56465

City, ST., Zip: Oklahoma City, Oklahoma 73152 Delivery Address: 1801 North Lincoln Boulevard City, ST., Zip: Oklahoma City, Oklahoma 73105

Phone: 405-521-2097

Email: cheryl.luetkemeyer@odwc.ok.gov

The <u>OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION</u> is inviting written bids for all Project Management, Superintendence, labor, machinery, equipment, tools, materials, supplies and appurtenances described by this solicitation.

Bids will be accepted until the Date and Time specified above. Late Bids will not be accepted.

Method of Responding to this Solicitation: Bids will be accepted by mail, email or hand delivered to the Using Agency Contact specified above.

The requirements of the proposed contract for construction are described within this Solicitation, and the Solicitation will become a part of any resultant Contract. Bidder will perform work in compliance with all applicable codes, standards, ordinances and laws. The issuance of this Solicitation does not guarantee that the State of Oklahoma will enter into an agreement and the State reserves the right to reject any and all bids.

In preparing a bid, please review the attached documents and comply with instructions given:

- Bid Form: Submit your Bid using the form provided; and
- Scope of Work (SOW): Description and Requirements of the proposed construction contract,
- Vendor Payee Form: Payee Information.
- Vendor Insurance: General Liability and Workers Comp Insurance Certificates

If the Bidder has any questions about this Solicitation, please contact the Using Agency Contact listed above.

This Solicitation and any resulting Contract for Construction is in accordance with 61 O.S. §101-138, and specifically 61 O.S. §103(B) regarding projects under the statutory amount mandated therein. Any resultant contract will be awarded by the State of Oklahoma, Office of Management and Enterprise Services, Division of Capital Assets Management, Department of Real Estate Services, Construction and Properties (Owner Agent for State).



## OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

<b>To:</b> OK Department of Wildlife Conservation <b>From:</b> Attn. Cheryl Luetkemeyer	(Firm Name)	
PO Box 53465	(1 0 100 100 00)	
Oklahoma City, Oklahoma 73152		
DE G Iv. 1 1 4/2C	(Address)	
<b>RE:</b> Solicitation Number: 462C		
	(City, ST., Zip)	
	(Telephone No.)	(EIN/TIN No.)
	, ,	,
	(Email Address)	
ARTICLE 1: General.  1.1 The undersigned, being familiar with the local complete Bids and in accordance with the provisions thereof, necessary for the sums listed herein.  1.2 In submitting the bid, it is understood that the ribids, and it is agreed that this bid may not be withdred Work is to start within ten (10) days after receipt of	hereby proposes to furnish all ight is reserved by the State of awn for a period of thirty (30)	labor, materials and equipment Oklahoma to reject any and all
<b>1.3</b> If awarded the project: (Indicate applicable response and fill in days be	low)	
☐ We propose to complete this work within to Proceed. OR	calendar days from the	he date of receipt of the Notice
☐ We propose to complete the work in	calendar days.	

### **ARTICLE 2: Compliance.**

### 2.1 The Bidder certifies that:

- **2.1.1** they are an Equal Employment Opportunity Employer and that they do not discriminate in any of their business or employment practices;
- **2.1.2** they, and all sub-contractors and suppliers performing work on the Project, will comply with the provisions of the Oklahoma Taxpayer and Citizen Protection Act of 2007 and participate in the Status Verification System. The Status Verification System is defined in the Oklahoma Statutes, Title 25 §1312;
- **2.1.3** they will comply with the laws relating to public construction in the Oklahoma Statutes (Title 61) and the Oklahoma Administrative Code (Section 260, Chapter 65); and
- **2.1.4** they will comply with all State of Oklahoma Governor's Executive Orders, including those relating to the prohibited use of any and all tobacco product on any and all properties owned, leased or contracted for use by the State of Oklahoma, including but not limited to all buildings, land and vehicles owned, leased or contracted for use by agencies or instrumentalities of the State of Oklahoma.

# **ARTICLE 3: Bid Proposal:**

To furnish all necessary Project Management, Superintendence, labor, machinery, equipment, tools, materials, supplies, and appurtenances to complete all the Work upon which is within these Contract Documents. Any required overtime and similar costs to complete the Project within the above stated days, is included.

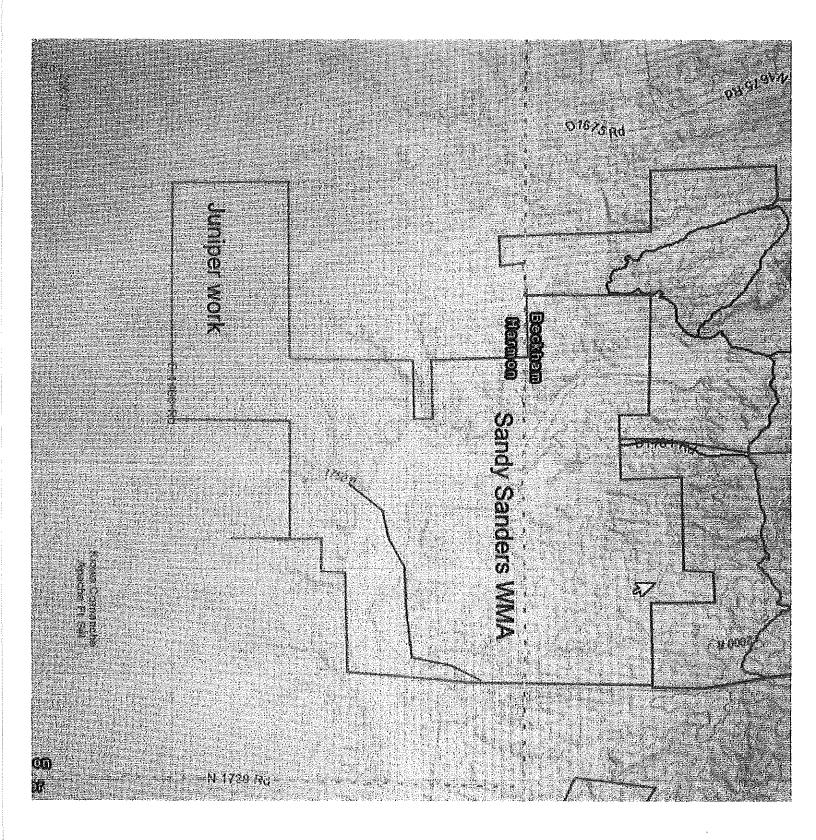
Category	Rate		Estimated Quantity	Subtotal Amount (Rate x Est. Qty.)
Removal Red-Berry Juniper - 200 HP Cutting & Mulcher	1	oer nour	300	
Total estimate of contract of	\$			

ARTICLE 4: Alternate(s):  Alternate No. 1: [Insert a brief description] or NA		
NA (Insert amount using words)		Dollars
\$ <u>NA</u>	Circle one: ADD	DEDUCT
(Insert amount using numbers)		

ARTICLE 5: Statements.
<b>5.1 Non-collusion Statement.</b> For the purposes of a competitive bid for a public construction contract, the
undersigned, being first duly sworn, certifies that
5.1.1 I am the duly authorized agent of, the bidder
submitting the competitive bid which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the bid to which this statement is attached;  5.1.2 I am fully aware of the facts and circumstances surrounding the making of the bid to which this
statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
<ul><li>5.1.3 Neither the bidder nor anyone subject to the bidder's direction or control has been a party:</li><li>a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,</li></ul>
<b>b.</b> to any collusion with any state official or employee as to quantity, quality or price in the
prospective contract, or as to any other terms of such prospective contract, nor  c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.
<b>5.2</b> I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract to which this statement is attached
<ul> <li>5.3 Business Relationship Statement.</li> <li>53.1 I further certify that the nature of any partnership, joint venture or other business relationships presently in effect or which existed within one (1) year prior to the date of this statement with the Architect, Engineer, or other party of the project is:</li> </ul>
(If none, so state; use additional sheet if necessary.)
53.2 That any such business relationship presently in effect or which existed within one (1) year prior to the date of this statement between any officer or director of the bidding company and any officer or director of the architectural or engineering firm or other party to the project is:
(If none, so state; use additional sheet if necessary.)
533 And that the names of all persons having any such business relationships and the positions they hold with their respective companies or firms are:
(If none of the business relationships herein above mentioned exist, then a statement to that effect. Use additional sheet if necessary.)
BIDDER:
If awarded a contract, the bidder affirms that the work will be carried out in conformance with the contract requirements and that all invoices submitted for payment will reflect a true and accurate accounting of the work completed.
I solemnly swear or affirm, under penalty of perjury, that the foregoing is true and correct.
(Bidder Signature) (Bidder Printed Name)

(Date)

(Bidder Printed Title)



# **SCOPE OF WORK**

# **Services - Vegetation/Bush Mulching**

Approximately 300 Hours on Sandy Sanders Wildlife Management Area

### Located in Greer and Beckham Counties

### 1. General Requirements

The proposed contract is for removal of Redberry Juniper through mechanical cutting, mastication, and chemical stump treatment to reduce volatile fuel loads and improve wildlife habitat. All Redberry Junipers will be removed, and remaining stump treated within designated areas (map attached) on management area. Work area will exclude riparian and drainage areas with excessive slope as identified by area biologist. Trunk will be cut as close as possible to the soil surface, but not below it. All masticated material will average no more than 6 inches deep on the ground. Chemical stump treatment using Tordon 22K (picloram) will immediately follow cutting as described in chemical manufacturer label.

Minimum Equipment Requirements: All equipment needs to be rubber tracked or have rubber wheels. Equipment used for cutting and mulching will have a minimum of 200 horsepower and be equipped with minimum eight-foot drum type mulching head. Hour meters will be read on site to determine payable hours.

Vendor is to provide all labor and needed equipment to complete the work as required. Chemical for stump treatment will be provided by Oklahoma Department of Wildlife Conservation (ODWC). Project must be completed within sixty (60) days of contract award. All work will be done as directed by the ODWC Area Biologist.

Pre-Bid Conference: Non-Mandatory Pre-Bid Meeting – Please contact agency representative, Ron Smith, 580-471-3371, to schedule a site visit. By submitting a Bid, the Bidder represent that the bidder has read and understand the Bidding Documents; the bidder has visited the site, is familiar with the local conditions under which the work is to be performed and has correlated observations with the requirements of the proposed contract documents.

Contract will be awarded to one vendor only. If vendor is awarded multiple ODWC projects, they must be capable of completing each project simultaneously.

<u>Insurance</u>: The successful bidder will be required to provide certificates of insurance for general liability, vehicles and worker compensation in the amounts specified in the contract (attached) immediately upon notification that they are the successful bidder. A contract will not be issued without the required proof of insurance.

<u>Basis of Contract</u>: The determination of the Lowest Responsible Bidder will be made based on the lowest extended price (# of hours x price per hour).

The Owner reserves the right to make any inquiries to ensure that the lowest bidder can complete the work in a satisfactory manner.

The contract will be issued by the Office of Management and Enterprise Services, Construction and Properties Division (OMES/CAP). The Contractor shall not begin work until the contract is in place and written notice to proceed has been issued by OMES/CAP.

Terms and conditions: As stated in the contract.

<u>Invoicing and Project Communication</u>: All work-execution related communications must go through the Agency Representative. Project invoices, Affidavit for Payment, shall be sent to the Agency Representative at the following address and attention:

Ron Smith 31566 NCR 1800 Willow, OK 73673 580-471-3371 ron.smtih@odwc.ok.gov

### 2. EXECUTION

Scheduling: Provide Agency Representative with proposed work schedule prior to beginning work.

<u>Travel</u>: Operator will not be compensated for travel to and from sites.

<u>Closeout</u>: At completion of the work, conduct final inspection with Agency Representative. Complete any corrective work as directed.

\*\*\*End of Scope of Work\*\*\*



## **Vendor/Payee Form**

**Agency:** OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

#### DO NOT use this form for:

**Agency Name** 

Phone #

- ➤ Garnishment Payees: Use OMES Form GarnVendor
- State Employees: Use OMES Employee Vendor Request Form

Fax #

Vendors pending contract award to a solicitation released by the division of Central Purchasing or another Oklahoma state agency <u>MUST</u> first register online with the state unless exempt per statute. For additional information, please refer to <u>Central Purchasing Vendor Registration</u>.

#### **AGENCY SECTION** (To be completed by state agency representative):

**Email** 

**Contact Name** 

State agency representative should provide form to payee for completion of the vendor section shown below. Upon receipt of the completed form the agency should enter request instructions below. Please email completed and signed form to <a href="mailto:vendor.form@omes.ok.gov">vendor.form@omes.ok.gov</a> or fax to 405-522-3663.

Agency Rec	quest 10 - Plea	ase select all app	nicable requ	est types								
☐ Add New Vendor ☐ Update Exis			Existing Ver	dor PeopleSoft 10-dig			git Vend	lor ID				
☐ Add New Address ☐ Change Add			Address/Lo	cation Peop	PeopleSoft Address #					PeopleSoft L	ocation #	
☐ Change \	☐ Change Vendor Tax ID ☐ Change Ve			ne 🗆 A	dd Alter	nate	Payee I	Name		PeopleSoft I	Location #	
☐ Other	Explain											
	Vendor 1099 Reportable Status  Attention Paying Agency: Please check the <i>Add</i> box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the <i>Remove</i> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:											
	□ 1 - Re	ents			☐ 2 - Royalties ☐ 3 -					☐ 3 – Other Inc	ome	
☐ Add:	□ 6 - M	edical & Health (	Care		7 - Noi	n-Em	ployee	Compensa	ation	☐ 10 - Crop Ins	urance Prod	eeds
☐ Remove:	□ 14 - 0	Gross Proceeds t	to an Attorne	ey								
Payee Infor	mation: Please	e provide the req	. Form must	mation for the pay	n <b>d signe</b> ee recei	ed by iving	<b>author</b> funds fr	rized indivion	idual. I	Email or fax to red a state agency. All		
match U.S.	Internal Revenu	ie Service filing r	ecords for th	ne business, indivi	dual or	gove	rnment	entity rece	iving p	ayment.		
Name							Conta	act Name				
Payee Lega	l Name for Busi	iness, Individual	or Governm	ent Entity as filed	with IRS	3	Conta	act Title				
DBA Name							Phon	e #				
Doing Busin	ess As "DBA", (	or Disregarded E	ntity Name	if different than Le	gal Nan	пе	Fax #					
Tax Identifi	cation Number	(TIN) and Type	):				□ Fe	ederal Emp	loyer II	D (FEIN) □Socia	I Security N	umber (SSN)
Business A	ddress Pleas	se provide prima	ry address a	s reflected on pay	ee's an	nual (	U.S. Int	ernal Reve	enue Se	ervice tax docume	ntation	
Address								City				
State			Zip+4	Rei			nittance	e Email				
Optional Ac	idresses – Ple	ase select addre	ss type as a	pplicable								
Type:	☐ Remitting	☐ Ordering	☐ Pricing	☐ Returning	□ Ма	ailing		ther:				
Address								City				
State	State Zip+4				Remittance Email							
Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.												
Name			Title					Email				
			ı	1								

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.
U.S. Taxpayer Identification Number (TIN)  Please provide tax identification number applicable for payee IRS tax reporting
Federal Employer Identification Number (FEIN) If none, but applied for, date applied
U.S. Social Security Number (SSN)  If none, but applied
Entity Filing Classification:
□ Domestic (U.S.) Sole Proprietor or Individual □ Domestic (U.S.) Partnership □ Domestic (U.S.) Corporation Type:
☐ Limited Liability Company Type:
LLC Disregarded Entity: $\Box$ YES $\Box$ NO Must be verified by LLC's tax division. If applicable, parent name/tax id is required.
☐ Domestic (U.S.) Other Explain:
□ Foreign (Non-U.S.) Sole Proprietor or Individual* □ Foreign (Non-U.S.) Partnership* □ Foreign (Non-U.S.) Type:
☐ Foreign (Non-U.S.) Other* Explain:
FOREIGN VENDOR INSTRUCTIONS: * ADDITIONAL DOCUMENTATION IS REQUIRED.
Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions ( <a href="http://www.irs.gov/pub/irs-pdf/iw8.pdf">http://www.irs.gov/pub/irs-pdf/iw8.pdf</a> ).
- <b>Form W-8BEN</b> : Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). http://www.irs.gov/pub/irs-pdf/fw8ben.pdf
<ul> <li>Form W-BEN-E: Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities).</li> <li><a href="http://www.irs.gov/pub/irs-pdf/fw8bene.pdf">http://www.irs.gov/pub/irs-pdf/fw8bene.pdf</a></li> </ul>
- Form W-8ECI: Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <a href="http://www.irs.gov/pub/irs-pdf/fw8eci.pdf">http://www.irs.gov/pub/irs-pdf/fw8eci.pdf</a>
- <b>Form W-8EXP</b> : Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. http://www.irs.gov/pub/irs-pdf/fw8exp.pdf
- <b>Form W-8IMY</b> : Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <a href="http://www.irs.gov/pub/irs-pdf/fw8imy.pdf">http://www.irs.gov/pub/irs-pdf/fw8imy.pdf</a>
This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.
SIGNATURE - AND SUBSTITUTE IRS FORM W-9 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 account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.
Circulture of Vandar Passacatatina and divided Passac
Signature of Vendor Representative or Individual Payee Date
Title of individual signing form for company
Vendor/Payee (Must be the same as Payee Name from page 1)

□ 1 - RE	NTS	☐ 1- RENTS (c	ontinued)		☐ 3 – OTHER INCOME		
532110	` ,			552120 Incentive Awards – Monetary &			
532120	Rent of Land	532142 Lease	e of Motor	Vehicles	Material		
532130	Rent of Other Building Space				552160 Incentive Payments – Oklahoma Horse		
532140	Rent of Equipment and Machinery				Breeders & Owners		
532150	Rent of Telecommunications Equip	□ 2 – ROYAL1	TIES		552170 Incentive Payments – Oklahoma Film		
532160	Rent of Electronic Data Processing	553170 Royal	ties		Enhancement Rebate		
	Equipment	<b>_</b>			553165 Current/Former Employee Reportable		
532170	Rent of Electronic Data Processing Software				Court Ordered or Legal Settlements		
532190	Other Rents				553220 Other IRS Reportable Income		
			545000				
□ <b>6 - ME</b> 515530	EDICAL & HEALTH CARE PAYMENTS  Veterinary Services		515830 515840	Home Health Ca Ambulance Serv			
515700	Offices of Physicians (except Mental Health Sp	necialists)	515850		atory Health Care Services		
515710	Offices of Physicians, Mental Health Specialist		515860		I & Surgical Hospitals		
515720	Offices of Dentists		515870		ubstance Abuse Hospitals		
515730	Offices of Chiropractors		515880		als (except Psychiatric & Substance Abuse)		
515740	Offices of Optometrists		515890	Nursing Care Fa			
515750	Offices of Mental Health Practitioners (except	Physicians)	515900	Residential Serv	rices for People with Developmental Disabilities		
515760	Offices of Physical, Occupational & Speech Th		515910	Residential Men	ental Health & Substance Abuse Facilities		
	Audiologists		515920	Community Care	e Facilities for the Elderly		
515770	Offices of Podiatrists		515930	Other Residentia	al Care Facilities		
515780	Offices of all other Miscellaneous Health Pract	itioners	537210	Laboratory Serv			
515790	Family Planning Centers		551230		s to Indigents (from agencies other than DHS)		
515800	Outpatient Mental Health & Substance Abuse	Centers	551240	Hospital Service	es to Indigents (from agencies other than DHS)		
515810	Other Outpatient Care Centers		551250	Other Health Se	rvices to Indigents (from agencies other than DHS)		
515820	Medical and Diagnostic Laboratories						
	ON EMPLOYEE COMPENSATION		E4E000	Tolophers Orl	Contara		
	ON-EMPLOYEE COMPENSATION		515600 515610	Telephone Call Business Service			
515010	Office of Lawyers		515620	Collection Agen			
515020	Offices of Notaries		515630	Credit Bureaus	CIES		
515030	Other Legal Services	Ouroll Continue	515640		Support Services		
515060 515210	Accounting, Tax Preparation, Bookkeeping & F Payments for Contract Mentor Services	ayron services	515650		Security Services		
515210	Architectural Services		515660	Educational Ser			
515220	Landscape Architectural Services		515940	Individual & Fan			
515230	Engineering Services		515950		d, Housing & Emergency & Other Relief Services		
515250	Drafting Services		515960		abilitation Services		
515260	Building Inspection Services		515970	Child Day Care			
515270	Geophysical Surveying & Mapping Services		515980	•	ent and Recreation		
515280	Surveying and Mapping (except geophysical) S	Services	515990		except Public Administration)		
515290	Testing Laboratories	30111000	517110		e – Employee Transfer		
515300	Interior Design Services		531150	Printing and Bind			
515310	Industrial Design Services		531160	Advertising	•		
515320					rvices		
515330					ws and Special Events		
515350	Custom Computer Programming Services		531220	<b>Burial Charges</b>			
515360	Total Company Togramming Corridor						
515370	Computer Facilities Management Services		531500	Moving Expense			
515380	Other Computer Related Services		533100		Repair – Other Items		
515400	Administrative Management & General Manag	ement	533110		Repair of Buildings & Grounds (outside vendors)		
	Consulting Services		533120		Repair – Equipment (outside vendors)		
515410	Human Resources & Executive Search Consu	Iting Services	533130		Repair of Telephone Equipment (outside vendors)		
515420	Marketing Consulting Services		533140		Repair of Data Processing Equipment (outside		
515430	Process, Physical Distribution, & Logistics Cor	sulting Services	500450	vendors)	Denois of Data Barrassian C. ft		
515440	Other Management Consulting Services		533150		Repair of Data Processing Software (outside		
515450	Environmental Consulting Services		F00400	vendors)	Deneir Familiana Halfarra		
515460	Other Scientific & Technical Consulting Service		533190		Repair – Employee Uniforms		
515470	Research & Development in the Physical, Eng	ineering, & Life	545110		d Improvements		
F45400	Sciences	0.11	545210		on in Progress) – Land Improvements		
515480	Research & Development in the Social Science	es & Humanities	546210		ther Structures – Construction and Renovation nce and Repair of Equipment		
515490	Advertising and Related Services		546220 547110		dge Construction Expense – Contractual		
515500	Marketing Research & Public Opinion Polling		547110		dge Construction Expense – Contractual  d Repairs to Highways and Bridges		
515510	Photographic Services		547120		nce and Renovation – Bridges		
515520	Translation & Interpretation Services	Sonvicos	552100	Stipends – Othe			
515540 515550	All other Professional, Scientific and Technical	Services	552120		ls ("Incentive" payments)		
515550	Management of Companies & Enterprises Office Administrative Services		552130		e Corps Stipends		
515570	Employment Placement Services		553160		Reportable Court Ordered or Legal Settlements		
515570	Business Support Services				Voter Registration Services		
515590	Document Preparation Services		561140	Pollution Remed			
	<u> </u>						
	ROSS PROCEEDS TO AN ATTORNEY						
553180	Settlements – Paid To/Thru Attorney						