

**ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
VENDOR REQUEST SETUP FORM**

Purchasing Department
PO Box 3912
Odessa, TX 79760

Phone #: 432-456-9719
Fax #: 432-456-9718
Email: purchasing@ectorcountyisd.org

ALL Forms Are Required for Vendor Setup

Check Only One: New Vendor _____ Existing Vendor (Y/N) Vendor# _____ Update _____

Member of a CO-OP: Y/N If so, which one(s) _____

Cooperative Contract# (Please attached a copy of coop contract): _____

Type of Goods/Services by the company _____

Name of ECISD Campus/Department contact person requesting setup _____

VENDOR SETUP INFORMATION (Please Print or Type)

Does your company accept Purchase Orders? Y/N *(If not, your company cannot be setup as a vendor)*

ORDER INFORMATION:

Company Name _____

DBA _____

Former Name *(if applicable)* _____

Order Address _____
(Street name or P.O. Box, City, State, Zip Code)

Contact Person _____ Telephone Number _____

Email Address _____

Email Address to send Purchase Orders to _____

Website _____

REMITTANCE INFORMATION:

Remit Address _____
(If different from order address)

Contact Person _____ Email Address _____

Telephone Number _____ Fax Number _____

Have you ever provided Goods/Services to ECISD? _____ If so, what year? _____

For office use only:

Vendor Setup for complete

Debarment List Checked

SAM (System for Award Management) Checked

Divestment Lists checked

LEE Fast Pass

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):
	<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	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	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									
or									
Employer identification number									

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.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

ADD ADDITIONAL PAGES AS NECESSARY

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

Certification of No Boycott of Israel Form

If Contractor/Vendor is a “Company”, as that term is defined in Section 808.051 of the Texas Government Code and is not a sole proprietorship, then Contractor/Vendor certifies and verifies that it: (i) does not boycott Israel and (ii) will not boycott Israel during the Term of this Agreement; or (iii) that it meets the requirements of an exception listed below.

Form requirements:

- **This certification is required by Texas Government Code § 2270.002.**
- This form is required to be attached to all Purchase Orders (goods) and Contracts (services) with a value of \$100,000 or more that is paid in whole or in part with state funds with a company with 10 or more full time employees. The campus department making the purchase of goods or contracting for services is responsible for obtaining the form from the Vendor or Contractor.

Texas Government Code §808.051 states that "Boycott Israel" means “refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes”. Furthermore, Texas Government Code §808.051 states that the term “Company” means a “for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company, or affiliate of those entities or business associations that exists to make a profit”, provided however that Texas Government Code §2271.001(2) excludes sole proprietorships from this definition of “Company”.

Vendor/Contractor Name or Company Name	
Street Address	
City	
State	
Zip Code	
Phone Number	
Email	
Print Name of Authorized Representative	
Title of Authorized Representative	
Signature of Authorized Representative	
Date	

ONLY COMPLETE THIS SECTION IF YOU BELIEVE YOU ARE NOT REQUIRED TO PROVIDE THE CERTIFICATION LISTED ABOVE FOR THE REASONS CITED BELOW

My business is not required to provide the certification listed above because (select one):

- Y My business is not a for-profit “Company” as defined above, pursuant to Texas Government Code §808.051 and §2271.002(2).
- Y My Company has less than 10 full-time employees, pursuant to Texas Government Code §2271.002(1).
- Y This is not an agreement for goods or services to be provided to the District unless the contract contains a written verification from the company that it:
 - (1) does not boycott Israel; and
 - (2) will not boycott Israel during the term of the contract, pursuant to Texas Government Code §2271.002(2b).

Name

Signature

Date

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Sec. 44.034. NOTIFICATION OF CRIMINAL HISTORY OF CONTRACTOR. (a) A person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states “A school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.”

(c) This section does not apply to a publicly held corporation.

CRIMINAL HISTORY REVIEW OF CONTRACTOR EMPLOYEES

Bidder shall review §22.0834, Texas Education Code and 19 Texas Administrative Code §153.1101 and §153.1117 regarding criminal history checks of school contractor employees. The rules define continuing duties related to contracted services, direct contact with students, covered contract employee and other relevant terms within the statute.

Except as otherwise provided herein, the contractor will obtain and certify in writing, before work begins, and at least annually, that the contractor has received all criminal history record information that relates to an employee, applicant, agent or subcontractor of the contractor or a subcontractor, if the person has or will have continuing duties related to the contracted services, and the duties are or will be performed on Ector County ISD’s property where students are regularly present or at another location where students are regularly present. Contractor shall assume all expenses associated with the background checks and shall immediately remove any employee or agent who was convicted of, received probation for, or received deferred adjudication for any felony as outline below or any misdemeanor involving moral turpitude, from Ector County ISD’s property or other location where students are regularly present. Ector County ISD shall determine what constitutes “moral turpitude” or “a location where students are regularly present.”

Contractor or subcontractors may not work on Ector County ISD’s property where students are present when they have been convicted, received probation or deferred adjudication for the following felony offenses:

1. Any offense against a person who was, at the time the offense occurred, under 18 years of age or enrolled at a public school;
2. Any sex offense;
3. Any crimes against persons involving:
 - a. Controlled substances; or
 - b. Property; or
4. Any other offense Ector County ISD believes might compromise the safety of students, employees or property.

Please complete the information below:

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions and criminal history checks for the company employees, agents, or subcontractors that will be on the Ector County ISD campus have been reviewed by me, shall be complied with, and the following information furnished is true to the best of my knowledge.

Vendor’s Name: _____

Authorized Company Official’s Name (please print or type): _____

A. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company official: _____ Date: _____

B. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

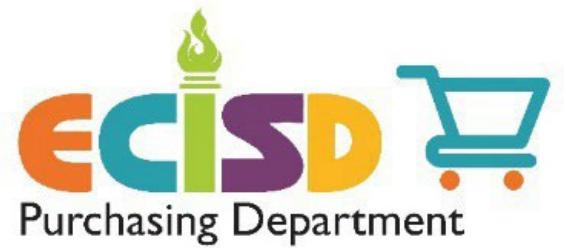
Name of Felon(s): _____

Details of Conviction(s): _____

Signature of Company Official: _____ Date: _____

C. My firm is a publicly held corporation, therefore, this reporting requirement is not applicable.

Signature of Company Official: _____ Date: _____



District Background Check for Contractor and Employees/Vendors

Contractors may not work on campus or with students until Fingerprint review is completed.

- Fill in the Contractor Employee Information spreadsheet and return to Purchasing Director at purchasing@ectorcountyisd.org.
 - Include all of the following as it appears on the Driver's License:
 - Last Name, First Name, Middle Name, Driver License number and date of birth.
- Purchasing submits form to Background/Fingerprint Agent in Human Resources via email.
 - The Background/Fingerprint Agent will submit the information in the FACT Clearinghouse to review if there are fingerprints for the contractor employee and determine fingerprint can be subscribed to. If fingerprints are on file, with the appropriate Education Entities, no further action is needed.
- If there are no fingerprints with the FACT Clearinghouse, the applicant will then obtain a LEE (Local Education Entities) form from the purchasing department.
- Read and follow all directions on the **LEE Fast Pass Form** to obtain your fingerprint appointment at any Identogo location generated nearest your zip code. ECISD Fingerprint Enrollment Center can be obtained using a special location code, **SP-ODESSA**.
- The Background/Fingerprint Agent will review the national fingerprint report within one to two work days.
- If approved, the Purchasing Director will be notified and person may begin work on an ECISD campus and with students.
- If the Contactor has something in their background report that would prevent them from having access to ECISD property/evet(s) where students are present, the contractor will be notified. The contractor will be ineligible to work on ECISD property or during ECISD sponsored events in which they have the opportunity for direct contact with students. (Example: Prior felony conviction, prior conviction less than five years old involving offenses of moral turpitude, open case, unsuccessful completion of a deferred adjudication, etc.)



IdentoGO[®]

Texas Fingerprint Service Code Form

Ector County ISD

Service Name: Ector County ISD

To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

11FJ5N

When prompted, please provide the following District ORI TX922526Z

Criminal History Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080

Contractor Name: _____

**ECTOR COUNTY ISD
CONTRACTOR EMPLOYEE INFORMATION**

Date Submitted: _____

Submitted by: _____

Instructions: Provide the information below for any/all employees of Contractor named above who will/may be providing services for the Ector County ISD. Contractor employees who have not been fingerprinted before, will need to complete fingerprinting prior to beginning work for the Ector County ISD.										
LAST NAME	FULL FIRST NAME	FULL MIDDLE NAME	OTHER NAMES USED	DL STATE/#	DOB	F/M	W/B/O	PREVIOUS FP	CONTRACT END DATE	FOR ECISD USE ONLY
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO
								<input type="checkbox"/> YES/ <input type="checkbox"/> NO		<input type="checkbox"/> YES/ <input type="checkbox"/> NO