



VENDOR APPLICATION CHECKLIST

This form must be completed and returned to the requesting School/Department with the items listed below. All forms are required unless otherwise indicated.		
Company or Individual Name		
Contact Name/Title		
Contact Phone Number/Email		
INITIAL		
	1. Vendor Application	
	2. W-9 Form (also available online at https://www.irs.gov/pub/irs-pdf/fw9.pdf)	
	3. Vendor Conflict of Interest Form (if applicable)	
	4. e-Verify Affidavit (if applicable)	
	5. EFT Authorization Form (include letter from Bank on their letterhead)	
	6. TCSS Purchase Order Terms & Conditions (for reference)	
	7. TCSS Legal Provisions (for reference)	
	8. Certificate of Insurance	
The undersigned acknowledges receipt and understanding of all documents included in the Vendor Application Packet.		
Vendor Signature		Date
INTERNAL USE ONLY:		
Received by (Requesting School/Department Personnel Name/Title)		Date
Forward entire contents of Vendor Application Packet to ASC Finance Dept., ATTN: Budget & Procurement Analyst for final review.		
Reviewed by (Finance Department Personnel Name/Title)		Date
Vendor #	Date Entered	School/Dept Notified



VENDOR APPLICATION

Please complete, sign and submit along with any corresponding required forms to the school/department requesting the goods or services. All applications must be accompanied by an IRS form W-9.

OFFICE USE ONLY:

Vendor #: _____

Date Entered: _____

General Business Information			
Company Name (includes DBA)			
Individual Name (Sole Proprietor)			
Federal ID or Social Security #			
Doing Business As (check one)		☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate ☐ LLC ☐ Other (specify): _____	
Mailing Address		Street: _____ City: _____ State: _____ Zip: _____	
Remit to Address (if different from address above)		Street: _____ City: _____ State: _____ Zip: _____	
Local Contact Name/Title			
Local Contact Phone Number/Email			
Corporate Contact Name/Title (if applicable)			
Corporate Contact Phone Number/Email (if applicable)			
Web Site			
Description of Goods & Services to be provided			
Conflict of Interest			
Does any Officer, Director, Owner or Partner in this company have a relationship (immediate family) with any employee of TCSS? ☐ NO ☐ YES (complete and sign Vendor Conflict of Interest Form)			
Georgia Immigration Reform & Control Act			
In order to ensure compliance with the Immigration Reform and Control Act of 1986 (IRCA, P.L. 99-603) and the Georgia Security and Immigration Compliance Act of 2006, as amended by the Illegal Immigration Reform Act of 2011, OCGA 13-10-90 et.seq., (collectively the "Act") the Vendor ("Contractor") MUST INITIAL ONE of the following statements applicable to the Contractor below; and Contractor must immediately notify TCSS in writing if the affirmations below change:			
(a) _____ (Initial here): Contractor warrants that Contractor has registered at https://e-verify.uscis.gov/enroll/ to verify information of all new employees in order to comply with the Act; is authorized to use and uses the federal authorization program; will continue to use the authorization program throughout the contract period; Contractor further warrants and agrees Contractor shall execute and return any and all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at rule 300-10-1-.01 et.seq. [Contractors who initial (a) must attach a Contractor Affidavit and Agreement]; OR			
(b) _____ (Initial here): Contractor represents and warrants that it does not physically perform any service within the State of Georgia pursuant to OCGA 13-10-90 et.al. and thus does not have to comply with the foregoing Georgia law; OR			
(c) _____ (Initial here): Contractor represents and warrants that it has no employees and does not intend to hire employees to perform contractual services, and that Contractor has therefore provided as US state-issued Drivers License or ID card in lieu of an affidavit and that such license or ID card was issued by a state that verifies lawful immigration status before issuing the license or ID card. If status changes, Contractor will, before hiring any employees, immediately notify TCSS in wiring and provide all affidavits required under the Act; OR			
(d) _____ (Initial here): Contractor is a foreign copany and therefore not required to provide the affidavit as required by the Act. The Contractor must comply with any other laws required to perform services in the United States, including bu tnot limited to having an appropriate visa.			
Vendor Application Verification			
The undersigned certifies that the information contained herein is correct and understands that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. Further, the undersigned affirms that this company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion or disability.			
Vendor Signature:		Title:	
Phone:		Date:	
Requestor Information (to be completed by authorized TCSS personnel)			
TCSS Requestor Name & Title			
Email Address & Phone Number			
School/Department			
Check if Updating an existing TCSS Vendor: ☐		Vendor # (if known): _____	

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. 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. See also *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
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



VENDOR CONFLICT OF INTEREST FORM

OFFICE USE ONLY:

Vendor #: _____

Date Entered: _____

TCSS Conflict of Interest Statement

It is essential that there be public confidence in the integrity of the management of the Troup County School System (TCSS). TCSS seeks to assure the public that decisions are made independently, free of any conflicts of interest and through the appropriate decision making channels. To foster public confidence and in an effort to avoid even the appearance of a potential conflict of interest, TCSS has elected to adopt a mandatory disclosure procedure and a policy governing business transactions.

Please complete the following to comply with the TCSS Conflict of Interest Policy:

Company or Individual Name

Contact Name/Title

Contact Phone Number/Email

Does any Officer, Director, Owner or Partner in this company have a relationship (immediate family) with any employee of TCSS?
(*"Immediate family" is defined as a spouse, child, sibling, or parent or the spouse of a child, sibling or parent*)

☐ YES ☐ NO

If yes, please state the NAME and RELATIONSHIP to the individual

Does any Officer, Director, Owner or Partner in this company hold a position at any TCSS department or school?

☐ YES ☐ NO

If yes, please state the NAME and TCSS POSITION of the individual.

The undersigned certifies that the information contained herein is correct and understands that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. The undersigned also acknowledges receipt and understanding of TCSS's purchasing policies and procedures DJE and DJE-R (included in the vendor application pack). Potential vendors with a conflict of interest will be reviewed by the Superintendent and the designated committee and must be approved prior to the execution of any financial agreement.

Vendor Signature:

Date:

INTERNAL USE ONLY:

Date of Review:

Review Results: ☐ Approved ☐ Not Approved

Vendor Notified (date):

By (name/title):



**TROUP COUNTY
SCHOOL SYSTEM**

e-Verify Affidavit Form

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b).

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

TROUP COUNTY SCHOOL SYSTEM

Name of Public Employer

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

Executed on _____, ___, ___ in _____, _____.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____



**TROUP COUNTY
SCHOOL SYSTEM**

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

The information concerning your financial institution will be used to make electronic funds transfer (EFT) payments that are due and approved for payment for the names listed below. **PLEASE NOTE: EFT payments can only be made to checking accounts.**

Owner/Legal Business Name: _____

DBA: _____

**ACCOUNT NUMBER ON BANK LETTERHEAD (PREFERRED) OR VOIDED CHECK
MUST BE RETURNED WITH THIS FORM IN ORDER TO COMPLETE AN EFT.**

Please fill out the following:

Name of Financial Institution _____

ABA (Bank Routing #) _____

Account Number _____

Name(s) on the Account _____

Checking or Savings Account _____

AUTHORIZING SIGNATURE: By signing this document, you are authorizing EFT payments to be sent to the above account.

Authorized Business Representative Signature:

Date:

Email for Remittance Advices:

Business Main Phone Number:

Internal Use Only:

Verified By: _____

Verified With: _____

Date: _____



Purchase Order Terms & Conditions

1. The Troup County Board of Education IS NOT RESPONSIBLE FOR MATERIALS, SUPPLIES OR EQUIPMENT DELIVERED WITHOUT AUTHORITY OF ITS WRITTEN ORDER.
2. Do not over ship or substitute. Ship exactly as ordered.
3. Include itemized packing slips with all shipments or deliveries. Show name of School for whom delivery is intended.
4. All materials, supplies and equipment received are subject to inspection and acceptance by Troup County Board of Education.
5. If unable to fill this order exactly in accordance with description, unit and price, thereon communicate at once with Troup County Board of Education for instructions. Troup County Board of Education reserves the right to reject and return at shipper's expense any and all materials or supplies delivered which do not conform to our description or specifications.
6. Each shipment must include a packing slip with the Troup County Board of Education purchase order number, name of person who ordered and the school or department. All invoices should be sent to Troup County Board of Education, Attn: Accounts Payable, P.O. Box 1228, LaGrange, GA 30241. Invoices will not be processed for payment unless they show the Troup County Board of Education purchase order number.
7. Troup County Board of Education is a Government Educational Institution and is therefore tax exempt from all federal, state or local taxes on purchases of materials, supplies and/or services. Taxes should be deducted by the vendor when submitting for payment.
8. The vendor, by accepting this order, agrees to assume the defense of and hold Troup County Board of Education, its agents and its employees, harmless from all suits, costs, expense, claims and damages arising from the use of the materials purchased because of actual or alleged infringement of any copyrights, patent or patent right of any invention or any other cause, and the vendor represents and warrants that the unit prices charged herein are not higher than any applicable legal maximum prices permitted under existing governmental regulations, and are not in excess of those currently charged to other governmental or instructional users for similar items, quantities and deliveries.
9. All items of this order shall be new and unused goods or products. No used or reconditioned goods or products shall be shipped by vendor; nor will such be accepted by the Troup County Board of Education.

Address all acknowledgments and all communications relating to purchase orders to Troup County Board of Education, Attn: Accounts Payable, P.O. Box 1228, LaGrange, GA 30241



Contractual & Legal Provisions

Thank you for your interest in providing goods or services to the Troup County School System (TCSS). To ensure compliance with Georgia law, and the operational requirements of a public school district, we require all vendors to adhere to the following contractual and legal provisions.

1. Multi-Year Financial Obligations:

Contracts may not commit TCSS to financial obligations beyond the current fiscal year unless authorized under Georgia law and must include a non-appropriation clause.

- O.C.G.A. § 20-2-506 – Governs multi-year leases, contracts, and purchases by school systems.

2. Governing Law and Venue:

All contracts shall be governed by the laws of the State of Georgia. Disputes must be resolved in a court of competent jurisdiction within the state.

3. Force Majeure:

A mutually acceptable force majeure clause must be included, covering events beyond the control of the parties (e.g., natural disasters, government actions).

4. Confidentiality and FERPA Compliance:

Vendor access to student or personnel data must comply with the Family Educational Rights and Privacy Act (FERPA).

- FERPA (20 U.S.C. § 1232g) - Vendors may not use or disclose any such data without written authorization.

5. Indemnification and Sovereign Immunity:

Under the Georgia Constitution, sovereign immunity is a constitutional protection that may only be waived if a state law expressly authorizes such a waiver and specifies its scope. Local school systems cannot waive sovereign immunity independently or hold companies harmless.

6. Insurance:

Current insurance certificates must be provided, including general liability and workers' compensation.

7. Drug-Free Workplace:

All vendors must comply with the Georgia Drug-Free Workplace Act.

- O.C.G.A. § 50-24-1 et seq. – Establishes requirements for a drug-free workplace.

8. Open Records Compliance:

Contracts and communications may be subject to the Georgia Open Records Act.

- O.C.G.A. § 50-18-70 et seq. – Governs public access to government records. Vendors should mark proprietary materials, although such markings do not guarantee exemption.

9. Prohibited Credit Terms and Late Payment Penalties:

The Troup County School System is not permitted to use public funds to pay late fees, penalties, or finance charges unless they are unavoidable and directly tied to a valid educational purpose. Georgia law prohibits using tax dollars for expenses that do not support public education. Vendors should ensure invoices and documentation are submitted correctly and on time to avoid delays in payment.

10. No Hire Clauses:

TCSS, as a public employer, will not enter into contracts that prohibit or penalize it for hiring a vendor's current or former employees. Vendors may not include no-hire clauses, or fee-based restrictions that limit the district's ability to recruit, hire, or retain personnel necessary for public service.

11. TRS (Teachers Retirement System of Georgia):

Vendors must disclose if anyone providing services is receiving TRS benefits. This is required for compliance with state regulations.

ACKNOWLEDGMENT OF COMPLIANCE

By engaging in business with TCSS, the Vendor acknowledges and agrees to comply with the legal and ethical provisions outlined in this letter. Any violation of these terms may result in contract termination, disqualification from future consideration, and/or legal action.

For questions or clarifications, please contact the TCSS Finance Department.



Certificate of Insurance Requirements

Vendors must provide a Certificate of Insurance (COI) anytime they are:

- Providing a type of good or service for use on TCSS property;
- Performing any type of operation/work on TCSS property;
- Doing any work on behalf of TCSS;
- Occupying TCSS property for any use

The COI proves that the vendor is insured by a financially stable company and that it carries adequate amounts of insurance for the activity or service being provided to TCSS. Include a copy of the proposed contract or agreement in addition to the COI.

The following requirements must be met. TCSS must be shown as Additional Insured as respects to liability. Submit COI with Vendor Application Packet.

COMPREHENSIVE GENERAL LIABILITY

- Standard 1986 ISO (Insurance Services Office) Occurrence Form
 - Bodily Injury - \$1,000,000 Each Occurrence
 - \$2,000,000 per location Aggregate
 - Property Damage - \$1,000,000 Each Occurrence
 - \$2,000,000 Aggregate

Or

- Bodily Injury/Property Damage - \$2,000,000 CSL (Combined Single Limit) Each Occurrence/per location aggregate. Endorsement affirmatively adding sexual molestation/sexual abuse and/or harassment is required.

COMPREHENSIVE AUTOMOBILE LIABILITY

Including Owned, Non-Owned and Hired Vehicles

Bodily Injury/Property Damage - \$1,000,000 CSL per Accident

WORKERS' COMPENSATION

Georgia Statutory Coverage

Employer's Liability:

- \$500,000 Each Accident
- \$500,000 Disease Policy Limit
- \$500,000 Disease Each Employee

UMBRELLA/EXCESS

\$5,000,000 limit of liability for each occurrence and aggregate with any lesser amount approved in advance in writing by TCSS Finance Department. Requests for exceptions will be reviewed by the Finance Department.

Under the last section in the document, when Troup gets a request for a certificate, add to the requested information "Copy of proposed contract or agreement"

PROFESSIONAL LIABILITY (if appropriate)

\$1,000,000 per person

Claims Made Form must have a minimum of 30 Day Extended Reporting Period. If not being provided, please confirm in writing in advance to TCSS Finance Department why it is not applicable to provide.