



NEW VENDOR PACKET

Thank you for inquiring about doing business with the Academy of Accelerated Learning, Inc.

Please complete the attached vendor application packet, if you are interested in doing business with AAL. All vendor application packets must be typed or neatly printed. Return completed vendor application to AAL Accounts Payable for processing.

The Internal Revenue Service (IRS) requires most payments of \$600.00 or more to be reported on Form 1099 Misc., for unincorporated entities. To properly comply with IRS regulations, it is necessary for us to obtain a correct Taxpayer Identification Number (TIN) or Social Security Number (SSN) for all payees, as well as certifying signature. We will not have to file an Annual Information Return, Form 1099 Misc. for you if you are a corporation, government agency or exempt payee. However, the law requires that you provide your TIN in addition to identifying your payee status. (Corporation, Sole Proprietor, or Partnership). If you are a Limited Liability Company LLC; please enter the tax classification: Corporation, Partnership or Disregarded Entity. IRS requires a withholding of 28% from payments if an entity fails to furnish its TIN or SSN and signature to us. Your prompt attention to this request is appreciated and will prevent unnecessary delays in processing our payments to you.

DOING BUSINESS WITH AAL: The Purchasing Department is responsible for the acquisition and contract of all supplies, materials, equipment, and/ or services for the District. Academy of Accelerated Learning, Inc. assumes no liability for payment obligations except those incurred according to its purchasing policies. An official signed purchase order with an authorized purchase order number affixed thereon is the only method for the purchase of supplies, materials, equipment, and/or services obligating AAL to payment. A purchase order provides authorization before a purchase is made.

VENDOR RELATIONS

A Vendor Application Packet must be on file with Accounts Payable before the District will process any purchase requisitions for any vendor. Vendors are encouraged to be a part of any of various purchasing cooperatives prior to doing business with AAL. Under no circumstances shall such persons be permitted to interrupt classes or conduct personal business with employees.

INVOICING

Vendors are requested to submit invoices for all billings and mail them to Academy of Accelerated Learning, Inc., Attn: Accounts Payable, 6711 Bellfort St, Houston, TX 77087 . The State of Texas requires vendor identification number and/or federal identification number on all invoices sent to the District for payment. Invoices must have: invoice #, purchase order #, date, bill to, and remittance address. Reconciliation of an invoice and purchase order is necessary before payment will be made.

DELIVERY OF GOODS

All purchases are to be delivered to the address on the purchase order. Unless otherwise specifically stated and agreed upon.

Deliveries for AAL must be clearly addressed to Academy of Accelerated Learning, Inc. The purchase order number must appear on each package. ****All vendor application packets must be typed/Printed neatly. Return completed vendor application to AAL Accounts Payable for processing.**



Academy of Accelerated Learning, Inc.

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Office Use Only: Date Rec'd: _____		Requested by: _____	
____ New	____ Update	Date Approved: _____	TX ID#: _____

All data must be typed or neatly printed into this form:

Company Name: _____

Address: Must be physical address _____

City: _____

State: _____

Zip: _____

DUNS #: _____

Remit to: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Contact Name: _____

Title: _____

Organization type: Individual Partnership Non-Profit Organization

Business type: _____

Age of Business: _____

Include a W-9 form with this submittal: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Requesting Campus/Department: _____

Requesting Campus/Department Contact: _____

Are you interested in Direct Deposit for payment? _____

Are you part of a co-op? If yes, check below and contract number:

TASB Buyboard ☐_

ESC Region 4 ☐_

Choice Partners (HCDE) ☐_

References Name Address Phone Number



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Please indicate what category or categories will be provided:

- | | | |
|---|--|---|
| ☐ Athletics or PE | ☐ Custodial Supplies | ☐ Maintenance Supplies |
| ☐ Food Service Items | ☐ Instructional Supplies | ☐ Office Supplies |
| ☐ Transportation | ☐ Printing (promo items, ribbons, shirts, etc.) | ☐ Contract Services |
| ☐ Official/Officers | ☐ Technology Related | ☐ Furniture |
| ☐ Videos, Videodiscs | ☐ Instruments | ☐ Maps/Globes |
| ☐ Vocational Supplies | ☐ Fundraiser | ☐ Janitorial Supplies |
| ☐ Financial Services | ☐ Equipment Rental or Lease | ☐ Lawn Maintenance Equipment |
| ☐ Medical Supplies | ☐ Plumbing Supplies | ☐ Machinery and Hardware |
| ☐ Data Processing | ☐ Library and Research Services | ☐ Communication and Media |
| ☐ Agricultural Equipment | ☐ Clothing, Apparel, Uniforms | ☐ Other: _____ |

Terms and Conditions:

The Academy of Accelerated Learning, Inc. will issue Purchase orders as the only method for all business transactions. Payment will be generated within 30 days after the items or service is received along with an original invoice. PURCHASE ORDER NUMBER MUST BE INDICATED ON ALL INVOICES. NO BACKORDERS OR COD SHIPMENTS ARE ALLOWED! THE PURCHASE ORDER IS INVALID WITHOUT AN ELECTRONIC SIGNATURE.

All Original invoices must be mailed or emailed to: payables@aalinc.org

NO FAXED INVOICES WILL BE ACCEPTED

Academy of Accelerated Learning, Inc.

Attn: Accounts Payable

6711 Bellfort St

Houston, Texas 77087

All vendor application packets must be typed or neatly printed. Return completed vendor application to AAL Accounts Payable for processing. Contact the District Office for additional assistance at (713) 668-8237

*Please also include your [W-9](#).

*Signature: _____ Date: _____



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CERTIFICATION OF COMPLIANCE

Texas Government Code, Chapter 2274

(Prohibition on Contracts with Companies that Discriminate Against Firearm and Ammunition Industries)

This Certification is executed in compliance with Texas Government Code, Chapter 2274, which prohibits a governmental entity from entering into a contract with a company for the purchase of goods or services unless the company provides a written verification that it does not discriminate against firearm entities or firearm trade associations.

By signing below, the Company hereby certifies and verifies the following:

1. Non-Discrimination Statement

The Company does not have and will not adopt, enforce, or engage in any practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association as defined by Texas Government Code, Chapter 2274.

2. Ongoing Compliance

The Company will not discriminate against a firearm entity or firearm trade association for the duration of any contract entered into with the governmental entity.

3. Awareness and Understanding

The Company acknowledges that it is responsible for understanding and complying with the requirements outlined in Texas Government Code, Chapter 2274, and that providing false verification may result in termination of the contract and other actions allowed by law.

Company Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____



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Certification Regarding Boycott and Prohibited Transactions

In accordance with the Texas Government Code, §§2252.152–2252.154, the undersigned contractor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, the government of Iran, the government of Sudan, or a foreign organization designated as a foreign terrorist organization by the U.S. Secretary of State.

The contractor further acknowledges that this certification is a material representation of fact relied upon by the governmental entity. Any false statement contained in this certification may be subject to sanctions provided by law.

Contractor Information:

Company Name	
Authorized Representative Name	
Title	
Address	
Date	

Certification and Signature:

I hereby certify that the information provided above is true and correct.

Signature: _____ Date: _____



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**Certification of No Boycott of Israel
(Texas Government Code Chapter 808)**

If the Contractor/Vendor is a "Company" as defined in Texas Government Code §808.001, and is not a sole proprietorship, the Contractor/Vendor certifies and verifies that:

☐ It does not boycott Israel, and

☐ It will not boycott Israel during the term of the contract or purchase order to which this certification is attached and incorporated.

"Boycott Israel" is defined as refusing to deal with, terminating business activities with, or otherwise taking any action intended to penalize, inflict economic harm on, or limit commercial relations with Israel or a person/entity doing business in Israel, except for ordinary business purposes.

Vendor / Contractor Information

Vendor/Contractor Name or Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Printed Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

EXEMPTION (Complete Only if Claiming Exemption)

My business is not required to provide this certification because (check one):

☐ My business is not a "Company" as defined in Texas Government Code §808.001.

☐ My company has fewer than 10 full-time employees.

☐ This is not an agreement for goods or services with a state governmental entity.

Printed Name: _____ Signature: _____

Date: _____



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ACADEMY OF ACCELERATED LEARNING, INC.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Sections 3017.510, Participant's responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733).

1. The prospective bidder certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective bidder is unable to certify to any of the statements in this certification, such prospective bidder shall attach an explanation to this proposal.

Organization Name

Name and Title of Authorized Representative

Signature

Date



FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No.1, Section 44.034, Notification of Criminal History, Subsection (a), states "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 the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

FIRM NAME:

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED):

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official:

- B. My firm is neither owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official:

- C. 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:

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

Name of signatory

Signature

Date

**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