COMMUNITY ISD FINANCE

VENDOR APPLICATION

Vendors wanting to do business with Community ISD must complete this form in its entirety.

This application does not guarantee any level of business expenditure or award by the District. DETAILED information on attached required forms can be found on our district website under purchasing. CISD requires all vendors to have an **approved** purchase order in place prior to providing goods or services. Entering into contracts verbally or without appropriate authorization is prohibited and a violation of state law. Any vendor who delivers services or goods to CISD without an approved purchase order is doing so entirely at their own risk. CISD does not pay for goods or services that were provided without an approved purchase order.

☐ New Vendor ☐ Vendor Update ☐ Individual ☐ Business

1-APPLICANT INFORMATION

Vendor Name:_____

Address:_____

City:_____ State:_____ Zip:_____

EIN or SS#_____

Remit to, if different:

Address:_____

City:_____ State:_____ Zip:_____

Contact Name:_____ Phone:_____

Website:_____

Email for orders:_____

Email for payment:_____ ☐ Submit PO via E-mail

Description of Goods/Services you wish to provide:

Are your products sole source? If so, please attach a notarized affidavit. ☐ Yes ☐ No

Co-op membership(s) you are affiliated with:

☐ BuyBoard ☐ Choice ☐ EPCNT ☐ REGION X ☐ TIPS ☐ other:_____

Co-op Contract #:_____ Expiration Date:_____

2-DEBARMENT AND SUSPENSION CERTIFICATION

Non-Federal entities, including school districts, are prohibited from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement of goods or services equal to or in excess of $25,000. Vendors receiving individual awards of $25,000 or more and all sub-recipients must certify that the organization and its principals are not suspended or debarred.

By Submitting this application, the applicant:

☐ Certifies 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.

3-FELONY CONVICTION DISCLOSURE

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 in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

Select one of the following:

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

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

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

Name of felon(s):_____ Year:_____

General Description:_____

4-AFFIDAVIT OF NON-COLLUSION

By submission of this application or proposal**, the applicant certifies that all are true**:

☐ This application or proposal has been independently arrived at without collusion with any other vendor/bidder or with any competitor.

☐ This application or proposal has not been knowingly disclosed and will not knowingly be disclosed, prior to the receiving by the school district.

☐ No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit an application.

☐ The person signing this application certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification under the penalties being applicable to the vendor as well as to the person signing on its behalf.

5-CRIMINAL BACKGROUND CHECK NOTIFICATION

If an employee of a contractor is covered under SB 9, **the contractor must bear the burden of obtaining a national, fingerprint-based criminal history check**. Under Section 22.0834 of the Education Code, the contractor is then required to certify to the district that the criminal history check has been performed. The **contractor**, not the district, is responsible for contacting DPS directly to set up an account for the purposes of obtaining criminal history record information. Under the statue SB 9, a contractor is required to conduct a criminal history review on an employee only when the following criteria have been met:

- The employer has contracted with the district to provide *services*.
- The particular employee will have *continuing duties* relating to the contract with the district.
- The particular employee will have *contact with students*.
- A contractor or sub-contractor may not work on District property or any location the District deems a place where students are regularly present when they have been convicted of a felony or misdemeanor involving moral turpitude, as defined by Texas law, they have charges pending, they have been convicted, received probation or deferred adjudication of any of the following:
    1. Any offense against a child
    2. Any sex offense
    3. Any felony offense involving controlled substances
    4. Any felony offense against property
    5. Any other offense the District believes might compromise the safety of student, staff or property

A Proposer's violation of this section shall constitute *substantial failure*. If the Proposer is the person or owner or operator of the business entity, that individual may not self-certify regarding the criminal history record information and its review, and must submit original evidence acceptable to the district with the Agreement showing compliance.

The criminal history shall be reported to and approved by the Director of Human Resources prior to being allowed such contact with students.

Possession of fire arms, alcohol and/or drugs, even in vehicles, is strictly prohibited on school property. The use of tobacco products are not allowed on school district property.

By Submitting this application, the applicant:

☐ Certifies that my company and its employees or sub-contractors are in compliance with the Districts requirement under SB 9 Section 22.0834 of the Education Code.

6-NO BOYCOTTING ISRAEL

Pursuant to Chapter 2270, Texas Government Code, the Vendor hereby certifies and verifies that neither the Vendor, nor any affiliate, subsidiary, or parent company of the Vendor, if any (the "Vendor Companies"), boycotts Israel, and Vendor and Vendor Companies will not boycott Israel during the term of this contract. For purposes of this Contract, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with Israel, or with a person or entity doing business with Israel or in an Israeli-controlled territory.

By Submitting this application, the applicant:

☐ Certifies that my company DOES comply with the above Texas Govt. Code

7-RELATIONSHIPS WITH FOREIGN ENTITIES

Pursuant to Sections 2252.151-.154 of the Texas Government Code, the Vendor 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, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State.

By Submitting this application, the applicant:

☐ Certifies that my company does not do business with Iran, Sudan or any Foreign Terrorist Organization

8-COMMUNITY ISD PAYMENT AUTHORIZATION FORM

Vendor Name:_____

Address:_____

City/State/Zip:_____ Phone:_____

EIN or SS#:_____ ACH email notices to:_____

Bank Account Information

Bank name:_____

Bank address:_____

City/State/Zip:_____ Phone:_____

Routing Number:_____ Account Number:_____

(Select one): ☐ Checking ☐ Savings (Select one): ☐ Personal ☐ Business

I authorize Community ISD to directly deposit funds to the account listed above. If the District should erroneously deposit funds into my account, upon notification by the District I will authorize the necessary debit entries to correct the error, not to exceed the amount deposited in error. This authorization will remain in effect until the District has received written notification from me that it is to be terminated.

By signing below, I certify that the above application is true, complete and accurate and that I am authorized by my company to make this certification.

_____ _____

Company Name Date

_____ _____

Signature of Authorized Rep Printed Name

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

_____ _____

Signature of vendor doing business with the governmental entity Date

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

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.

○ Individual/sole proprietor or single-member LLC ○ C Corporation ○ S Corporation ○ Partnership ○ Trust/estate

○ 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.

○ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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.*