



Department of Budget and Finance - Procurement
864 Broad Street
Augusta, GA 30901
706-826-1113

Thank you for your interest in doing business with the Richmond County School system (RCSS). Your company can be added to the RCSS vendor database by completing the following forms:

1. Vendor Registration Packet
2. E-Verify Affidavit or Affidavit of Exception
3. IRS W-9
4. Certification Regarding Debarment and Suspension Form

All documents should be submitted to RCSS procurement office via email:

Purchasing1@boe.richmond.k12.ga.us

Please note, the RCSS does not maintain an “Approved Vendor List”. Any vendor wishing to submit a response to a solicitation may do so without previously being entered into our vendor database.

Invitation for Bid and Requests for Proposal, Quotation or Qualifications issued by the RCSS are advertised in the local newspaper and on the RCSS website www.rcboe.org/bids and on the Georgia Procurement Registry <https://ssl.doas.state.ga.us/gpr/> .

We appreciate your interest in doing business with the Richmond County School System.



Request to Add Vendor Form
864 Broad Street; Augusta, Georgia 30901
Email: purchasing1@boe.richmond.k12.ga.us

Please complete all sections.

Are you an employee of Richmond County School System? ☐ Yes ☐ No

Note: You cannot be an employee of RCSS and a RCSS vendor at the same time.

Will your company accept purchase orders? ☐ Yes ☐ No

NOTE: An original purchase order is required for all procurement. Do not accept any order without a purchase order.

RCSS payment terms are Net 30, unless otherwise negotiated and approved by RCSS.

Product Description: _____

Vendor Name: _____

Doing Business as (DBA) Name: _____

Purchase Order Email Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

REMITTANCE ADDRESS

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Email Address: _____

Phone: _____ Fax: _____

Tax ID: _____

TYPE OF ENTITY: ☐ Minority Owned Business ☐ Woman Owned Business
☐ Veteran Owned Business ☐ Local Business

Submitted by: _____ Date: _____

**RCSS Accepts no responsibility for orders filled without a valid purchase order.
Completed W-9 must accompany this form for IRS purposes.**



Request to Add Vendor Form
864 Broad Street; Augusta, Georgia 30901
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AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information

Vendor Name: _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Email Address: _____

Banking Information

Vendo's Bank Name: _____

Bank's Address: _____

Bank's City: _____ State: _____ Zip: _____

Bank Contact Person: _____

Bank Phone # () _____

Email Address: _____

ABA Routing #: _____ Account #: _____

Account Type

(please check only one) CHECKING: ☐ SAVINGS: ☐

Vendor's Authorization:

Please sign below to confirm that you are authorizing RCSS to begin transferring payments for your invoices to the above-mentioned account.

Signature Title

Phone Number Date

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information.



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E-VERIFY AFFIDAVIT Under O.C.G.A. § 13-10-91 (b) (4)

Read, fill out and return this form to Richmond County School System

By executing this affidavit, the undersigned Contractor verifies its compliance with Immigration Reform and control Act of 1986 (IRC), PUB.L. 99-603, stating affirmatively that the individual firm or corporation which is engaged in services on behalf of the Richmond County School System has registered with and is authorized to use and used the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established by federal law and regulation/ Furthermore, the undersigned Contractor will continue to use the federal work authorization program throughout the contract period. 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 Public Employer: _____

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

Executed on _____, _____, 202__ in _____(city), _____(state).

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 _____, 202__

Notary Public

My Commission Expires: _____



Request to Add Vendor Form
864 Broad Street; Augusta, Georgia 30901
Email: purchasing1@boe.richmond.k12.ga.us

E-Verify Affidavit of Exception

I attest that I am exempt from providing an Affidavit of Compliance to Richmond County School System pursuant to O.C.G.A. § 13-10-91, as amended, for one of the following reasons: (check only one exemption)

☐ I am a sole proprietor with no employees, subcontractors or sub-subcontractors and I will not use employees, subcontractors or sub-contractors for any work performed for Richmond County School System.

***In order to be exempt from compliance under the above exception, in addition to this affidavit you must provide a copy of your state driver's license.**

☐ My company/firm will render services to Richmond County School System; however, the services will not be rendered in the State of Georgia.

☐ My company/firm will only provide goods to Richmond County School System and will not render any physical services to Richmond County School System.

☐ I am an individual who is licensed pursuant to Official Code of Georgia Title 26 or Title 43, or by the State Bar of Georgia; my license is in good standing, and I am the individual who will be performing the services under the contract.

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

Executed on _____, _____, 202__ in _____(city), _____(state).

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 _____, 202__

Notary Public

My Commission Expires: _____

**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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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



**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
- (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____
Name and Title of Authorized Representative

Signature of Authorized Representative