ELGIN ISD
Vendor/Contractor Packet

Please complete, sign, and return the attached required vendor forms before a vendor number can be assigned. All forms require an original (wet) signature; electronic signatures cannot be accepted.

Once completed, please return the forms to your Elgin ISD contact and Angela.hatchard@elginisd.net,

Thank you for your cooperation.

Please Note: Vendor numbers are assigned only when a vendor has been recommended by an Elgin ISD campus or department.

If you have any questions, please contact Angela Hatchard at angela.hatchard@elginisd.net.

ORDERING AND INVOICING

What campus/department is requesting the vendor?

_____

Order Information

Please provide the Email Address where Purchase orders are to be sent.

_____

Remit Information

Please provide the Company Name to be used for payments. If this is the same address on W9, please enter "Same".

_____

Please provide the PO/Street address, City, State, and Zip where payments are to be sent.

_____ _____ _____

Please provide an email address of the remitting contact person

_____

Please provide the Phone Number where payments are to be sent.

_____

Please provide a contact email. _____

Invoicing

Please provide the Name and Title of the Invoicing Contact person.

_____

Please provide the Email Address of the Invoicing Contact person.

_____

Please provide the Phone Number of the Invoicing Contact person.

_____

Cooperative Contract (if applicable)

Name of Cooperative & Contract # _____

Expiration Date _____

Elgin ISD is now offering payment by ACH direct deposit to all Accounts Payable vendors. Payments by ACH are deposited directly into your bank account. A notification of the upcoming deposit is sent by email, with the same memo information that would appear on a check stub. If you would like your payment to be made by Electronic Funds Transfer through ACH, please complete Sections 1-3 of the form below, sign in Section 3, and return it to the Accounts Payable department by email at invoices@elginisd.net, or by mail at 1002 North Ave C, Attn: Business Office – Accts Payable, Elgin, TX 78621. This form is fillable; if you choose to handwrite the information, it must be legible, or it will be returned.

Accounts Payable Electronic Fund Transfer Agreement (EFT)

(PAYMENT BY ACH)

Section 1- Vendor Information

Name:
Address:
City/State/Zip: Phone:
Last 3 digits of Fed ID or SSN (to verify vendor identification):
Email Address for Notification of Deposit (required):

Section 2 – Bank Account Information (contact bank ACH department for correct routing number)

Financial Institution Name:
Financial Institution Address:
Routing Number for ACH:
Depositor Account Number:
Type of Account: _____ Checking _____ Savings

Section 3 – Authorization

I authorize Elgin ISD to credit my account with the depository named 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.
Physical (Wet) Signature **Date**:

FORM B

FELONY CONVICTION NOTIFICATION

Section 44.034, Texas Education Code, 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."

This Notice is Not Required of 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 employees, and other relevant terms within the statute.

Except as otherwise provided herein, 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 EISD'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 outlined below or any misdemeanor involving moral turpitude, from EISD's property or other location where students are regularly present. EISD shall determine what constitutes "moral turpitude" or "a location where students are regularly present."

Contractor or subcontractors may not work on EISD 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 EISD 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 EISD campuses have been reviewed by me, and 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 or 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:_____
(Name should be the same as on Form A – Affidavit of Non-Collusion)

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

Signature of Company Official:_____ Date:_____

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

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.

Form **W-9**
(Rev. March 2024)
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.

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**

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

Elgin ISD
512–281-3434

1002 N. Ave C
Elgin, TX 78621

SENATE BILL 12 – COMPLIANCE and CERTIFICATION FORM

SB 12, effective September 1, 2025, prohibits Texas public school districts from assigning or allowing Diversity, Equity and Inclusion (DEI) duties in many forms.

Key definitions & prohibitions include:

- "Diversity, Equity, and Inclusion duties" means things like influencing hiring/employment decisions based on race, sex, color, or ethnicity (unless required by law); promoting differential treatment or special benefits on those bases; developing or implementing policies, procedures, trainings, programs, or activities that reference race, color, ethnicity, gender identity, or sexual orientation (unless needed for compliance with state/federal law); inducing or requiring DEI statements; or giving preference based on DEI statements.

- A school district may not assign DEI duties to any person, and must prohibit any employee, ***contractor***, or volunteer from engaging in DEI duties on behalf of the district, except as required by state or federal law.

While SB 12 is mostly prohibitory (i.e., it says what school districts, employees, ***contractors*** must not do), it also includes several requirements for policies, procedures, and reporting. Here are the relevant obligations (especially for ***service providers***, ***contractors***, employees, and the school districts with which they contract):

1. Policy and Procedure on Discipline for Violations
    - School districts must adopt a written policy and procedure for disciplining (including termination) any employee or ***contractor*** who intentionally or knowingly engages in or assigns DEI duties.
    - The district must provide both a **physical and electronic copy** of that policy and procedure to each district employee or ***contractor***.
    - The policy must include due process and opportunity to appeal disciplinary actions, including termination, in the same way other disciplinary actions are handled.

2. Prohibition on Contractors / Volunteers from Engaging in DEI Duties
    - Contractors and volunteers are explicitly covered: not only employees. If a contractor or volunteer performs DEI duties for the district, that is prohibited (unless required by state or federal law).

3. Reporting Violations in "Social Transitioning" Cases
    - "Social transitioning" is defined in the bill (use of pronouns, name, or gender expression different from assigned sex at birth).
    - If there is a suspected violation of the policy that prohibits assisting students in social transitioning, a parent or employee may report it to the school board.
    - If the school board determines that a district employee has assisted a student with social transitioning in violation of the policy, the board must **immediately report** (to the commissioner of education) the violation.

4. Grievance Reporting
    - Districts must adopt a grievance procedure for violations of the new rights or duties under SB 12. This includes complaints/grievances from parents regarding violations by districts or district employees/***contractors***.
    - The district must annually submit a report to the agency (TEA) on grievances filed during the preceding year, including for each grievance how it was resolved and any corrective action taken.

Elgin ISD
512–281-3434

1002 N. Ave C
Elgin, TX 78621

What Contractors / Service Providers Should Watch For / Do:

Given the law's scope:

- Review contracts to ensure that ***contractors*** are **not asked or expected** to perform DEI duties that are now prohibited (unless the duty is mandated by state or federal law).
- Ensure ***contractors*** are given the policy and procedure on disciplinary actions, including termination, if they intentionally/knowingly violate the prohibition.
- Be aware that ***contractors*** (like employees) may be subject to discipline or termination under the district's policy if they engage in DEI duties.
- Understand the definitions in the law so you can identify what counts as a DEI duty (e.g., providing DEI training, creating programs referencing race/gender identity/sexual orientation).

Acknowledgement of Applicant:

The applicant below acknowledges advisement of the prohibitions under SB 12 regarding DEI duties and has received a physical and electronic copy of the Hurst-Euless-Bedford ISD's policy and procedure for disciplining (including termination) any employee or ***contractor*** who intentionally or knowingly engages in or assigns DEI duties.

Specifically, the undersigned agrees and/or acknowledges that (initial each box to indicate agreement and/or acknowledgement):

☐ Contractor is aware of Texas Senate Bill 12, effective September 1, 2025, including definitions and prohibitions on DEI-duties;

☐ Contractor and its employees, subcontractors, volunteers will not perform any DEI duties as defined in SB 12, except as required by state or federal law;

☐ Contractor has reviewed Elgin ISD's SB12 policy and procedure, and agrees to comply with all requirements, including disciplinary provisions;

☐ Contractor will immediately notify Elgin ISD in writing if asked to provide services/materials/programs/training/statements that may violate SB 12, and;

☐ Contractor affirms that all representations made herein are correct and intentional or knowing false certification may result in contract termination or other remedies.

Name (First, Middle, Last) _____ Date of Birth _____

Address (House/Unit # and Street Name) _____

Address (City, State, Zip Code) _____ County _____

Signature _____ Date Signed _____

THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE