

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶ _____

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting
code (if any) _____

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Hitchcock Independent School District
7801 Neville Avenue, Avenue B
Hitchcock, Texas 77563

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

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 on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Vendor Reference Information Sheet

Reference 1:

Reference 2:

Reference 3:

BID ACKNOWLEDGMENT FORM

Having carefully examined the Bid Notice, General Conditions, Bid Acknowledgment Form, Insurance Requirements, Felony Conviction Notification, Sole Source Affidavit, Notice of No Bid Form, Anti-Collusion Form, Time & Services Form, Qualification Statement, and the Conflict of Interest Questionnaire Form (must accompany each proposal or proposal cannot be considered) and having completed the Bid Form and spreadsheet attached, the undersigned bidder=s agent hereby proposes and agrees to furnish the services in strict compliance with the specifications at the prices quoted. The bidder affirms that to the best o his/her knowledge, the bid has been arrived at independently and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give him or her an unfair advantage over other bidders in the award of this bid.

Vendor: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

Signature of Bidder: _____

Name (Typed or Printed): _____

Title: _____

Area Representative: _____

Telephone: _____

Fax: _____

Date: _____

E-Mail: _____

Do you claim to be a Sole Source provider? ____ Yes ____ No. If answered Yes, an affidavit with required attachments must be returned.

You must sign above in ink; failure to sign will disqualify the offer. All prices must be type written or written in ink.

Your signature attests to your offer to provide the goods and/or services in this proposal according to the published provisions of this proposal. When an award letter is issued, it becomes a part of this contract.

Qualification Statement

Hitchcock Independent School District
7801 Neville Avenue, Building B
Hitchcock, TX 77863
(409) 316-6545 Office
(409) 986-5141 Fax

This statement is an integral part of a Bidder's bid and shall be completed fully. All references and information shall be current and traceable. If the Bidder is a joint venture, each venturer shall prepare a separate form.

Date: _____

Submitted by: _____

(Please Print)

Sign)

(Please

Company: _____

Phone Number: _____ Cell Number: _____

E-mail: _____

Address: _____

P.O. Box Number: _____

City: _____ State: _____ Zip: _____

374171688.

Are you an:
Individual
Partnership
Corporation

____ Joint Venture ____ Other

If a corporation:

Date of Incorporation: _____

State of Incorporation: _____

President's name (s): _____

Vice President's name: _____

Secretary's name: _____

Treasurer's name: _____

If an individual or partnership:

Date of organization: _____

Names and address of all partners (State whether general or limited partnership)

Name	Street or P.O. Box	City	State	Zip Code

If other than a corporation or partnership, please describe organization and name principles.

374171689. How many years has your organization been in business under your present business name? _____

374171690. List State and categories in which your organization is legally qualified to do business. Indicate registration or license numbers, if applicable.

State: _____ License #: _____

What State is partnership or trade name filed? _____

4. Within the last five years has your organization failed to complete a contract?

_____ Yes _____ No

If yes, explain: _____

5. Is any litigation currently pending against your organization? _____ Yes _____ No

If yes, please explain nature of suit including case number and style of case:

7. The undersigned certifies that he/she is legally authorized to make the statements and representations contained in this document, and represents and warrants that the foregoing information is true and accurate to the best of his/her knowledge and intends that Hitchcock Independent School District shall rely thereon in evaluating the bidder.

Authorized Signature

INSURANCE

Bidder shall provide evidence of liability insurance. HISD retains the right of approval for insurance coverage.

Copies of the successful Bidder's liability insurance and workman's compensation certificates will be required. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurance Requirements

Limits:

General Liability \$1,000,000 Products–Comp/or Agg.	General Aggregate \$1,000,000	
Commercial General Liability \$1,000,000 Claims Made Occurrence \$1,000,000 Owner’s Contractor’s Prot. Medical Expense (any one person)	Personal & Adv. Injury Each Occurrence Fire Damage (Any one fire) \$5,000	\$50,000
Automobile Liability Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	Bodily Injury (Per Person) Bodily Injury Property Damage	
Umbrella Form – Excess Liability (Offeror to specify limits of coverage).		
Worker’s Comp. and Employer’s Liability Each Accident Disease – Policy	Statutory \$500,000	

The insurance requirements as listed above also apply to any sub-contractor(s) in the event that any work is sublet. The contractor is responsible to insure that the sub-contractor(s) meet(s) the minimum insurance requirements as by law.

Should any of the above-described policies be canceled before the expiration date, the issuing company will mail a thirty (30) days written notice to the certificate holder, HISD.

The contractor shall agree to waive all rights of subrogation against HISD, its officials, employees and volunteers for losses arising from work performed by the contractor for HISD.

Bidders shall indemnify and hold harmless the HISD and its Board of Trustees, officers agents, employees from all suits, actions, losses, damages, claims or liability of any character, type, or description, including but not limited to, all expenses of litigation, court cost, penalties, and attorney’s fees that HISD incurs defending any action, suit or claim from any source whatsoever and of any kind or nature arising directly or indirectly on the part of Bidder, its agents, servants, employees, contractors, and suppliers, out of the operation under this agreement.

Bidder should submit a certificate of insurance for the above insurance requirements with their Proposal.

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 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

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.

Vendor Name: _____

Authorized Company Official's Name (Printed)

My firm is a Publicly held corporation; therefore, this reporting requirement is not applicable. ____

Signature of Company Official

My firm is not owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official

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: _____

NOTICE OF NO BID

Dear Vendor:

Please complete this form and return it prior to bid opening day if (please check one).

_____ 1. We have decided not to submit a bid for the reason listed below but wish to remain on the bidder's list.

_____ 2. The products/services we represent should be listed in another category.
(Specify)

_____ 3. We wish to be removed from the bidder's list for the reason listed below:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Bid: _____

Mail to: Hitchcock Independent School District
 HISD Purchasing Coordinator
 Notice of No Bid
 7801 Neville Avenue, Building B
 Hitchcock, TX 77563

Signature: _____

Name (Typed or Printed): _____

Title: _____

Date: _____ E-Mail: _____

Thank you for your assistance.

Vendors who respond to the bid with a formal bid will remain on our mailing list. Vendors making no response at all will be removed from our bidder's list.

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

☐**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

Hitchcock Independent School District – Purchasing Department

Notice to Vendors: Conflict of Interest Questionnaire Required by Chapter 176 of the Texas Local Government Code

Effective January 1, 2006, any person or entity who contracts or seeks to contract with Hitchcock Independent School District for the sale or purchase of property, goods, or services (as well as agents of such persons) (hereafter referred to as Vendors) are required to file a Conflict of Interest Questionnaire with the District. Each covered person or entity who contracts with HISD is responsible for complying with any applicable disclosure requirements. HISD has posted the Conflict of Interest Questionnaire on its website @ www.hitchcockisd.org (link State and TEA required District Postings).

The Conflict of Interest Questionnaire must be filed:

- By any Vendor who contracts or seeks to contract for the sale or purchase of property, goods or services with the school district.
- By Vendor not later than the seventh business day after the date that the Vendor begins contract discussions or negotiations with the government entity, or submits to the entity an application, response to a request for proposal or bid, or other writing related to a potential agreement with the entity.
- The Vendor also shall file an updated questionnaire not later than September 1 of each year in which a covered transaction is pending, *and* the seventh business day after the date of an event would make a statement in the questionnaire incomplete or inaccurate.

Note: A Vendor is not required to file an updated questionnaire if the person had filed an updated statement on or after June 1, but before September 1 of each year.

The Conflict of Interest Questionnaire may also be downloaded from the Texas Ethics Commission's website at http://www.ethics.state.tx.us/whatsnew/conflict_forms.htm.

Completed forms should be sent to:

Hitchcock Independent School District
Attn: Selma Turner, Purchasing Department
7801 Neville Road, Building B
Hitchcock, TX 77563

The Local Government Officers of the Hitchcock Independent School District are:

Board of Trustees:	Chad Allen, President
	Ted Robinson, Vice-President
	Tom Ivey, Secretary
	Tony Combs, Member
	Monica Cantrell, Member
	Kellie Edmundson, Member
	Shirley Price, Member

Superintendent:	Travis W. Edwards
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Failure to return the attached Questionnaire and thereafter to update the Questionnaire as required by Chapter 176 of the Texas Local Government Code will result in the Vendor's removal from HISD's vendor list.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person 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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person 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 the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes

☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes

☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

CERTIFICATE OF RESIDENCY

The State of Texas has passed a law concerning non-resident contractors. This law can be found in TX Education Code under Chapter 2252, Subchapter A. This law makes it necessary for the Hitchcock Independent School District to determine the residency of its bidders. In part, this law reads as follows:

“Section 2252.001

- (3) ‘Non-resident bidder’ refers to a person that is not a resident.
- (4) ‘Resident bidder’ refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 2252.002

A governmental entity may not award a governmental contract to a non resident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the non resident bidder to obtain a comparable contract in the state in which the nonresident’s principal place of business is located.”

I certify that _____
(Name of Company Bidding)

Is, under Section 2252.001 (3) and (4), a

_____ Resident Bidder _____ Non-resident Bidder

My or Our principal place of business under Section: 2252.001 (3) and (4), is in the city of _____ in the state of _____

Signature of Authorized Representative

Print Name

Title

Date

Certificate of Interested Parties (Form 1295):

In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret House Bill 1295.

Filing Process:

Starting on January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site starting on January 1, 2016.

Additional Information:

HB 1295

Certificate of Interested Parties (Form 1295)

Chapter 46, Ethics Commission Rules (new rules in effect as of June 22, 2016)

ANTI-COLLUSION CERTIFICATION

May this certify that I am the agent for the organization authorized to submit bid documentation to Hitchcock Independent School District. This certifies that the bidder has not been a party to any collusion among bidders in restraint of freedom of district official or employees as to quantity, quality, or price in the prospective contract, or any other terms of said prospective official concerning exchange of money or other thing of value for special consideration in the letting of the contract; and that the bidder/contractor had not paid, given or donated, or agreed to pay, give or donate to any official or employee, either directly or indirectly, in the procuring of the award of a contract pursuant to the bid.

Dated this day _____ day of _____, _____.

Organization Name

Name of Authorized Representative

Signature

ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for Automated Clearing House (ACH) payments. The information collected on this form will be used by Hitchcock ISD to transmit payments by electronic means to your financial institution. This authorization will remain in effect until written notice to cancel is given.

Form must be delivered in person for ACH to be setup.

This Section to be completed by Vendor

<i>VENDOR INFORMATION</i>	
NAME : _____	
ADDRESS : _____	
CONTACT NAME : _____	
CONTACT EMAIL & PHONE: _____	
TAX I.D.#: _____	

AUTHORIZED SIGNATURE	
<i>ORGANIZATION INFORMATION</i>	
NAME:	Hitchcock ISD
ADDRESS:	7801 Neville Ave., Building B Hitchcock, TX 77563
CONTACT NAME:	Katrina Cruz, Accounts Payable/Purchasing Coordinator (409) 316-6545 ext. 1508

This Section to be completed by Financial Institution (Bank) OR attach a voided check

<i>FINANCIAL INSTITUTION INFORMATION</i>	
BANK NAME: _____	
BANK ADDRESS: _____	
(9) DIGIT ROUTING NUMBER: _____	
DEPOSITOR ACCOUNT NAME: _____	
DEPOSITOR ACCOUNT NUMBER: _____	
TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS	
_____	(_____) _____
SIGNATURE & TITLE OF BANK REPRESENTATIVE	PHONE NUMBER

Please complete this form with **ORIGINAL** signatures:

- (1) Retain one copy for vendor records
- (2) Return original to the Hitchcock ISD Finance Office:
Attn: Katrina Cruz
7801 Neville Ave., Building B
Hitchcock, TX 77563
- (3) Form must be delivered in person. Mailed, emailed, and faxed forms will not be accepted.