



EL PASO INDEPENDENT
SCHOOL DISTRICT

Procurement & School Resources

4900 Woodrow Bean Drive
El Paso, TX 79924
Phone (915) 230-3100
Fax (915) 230-3119
www.episd.org

Vendor Application Information & Instructions

According to Local Government Code, Chapter 176, a vendor, person or an agent of a person who contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity (i.e. The El Paso Independent School District) **must** file a completed Conflict of Interest Questionnaire (see attached) with the Purchasing Department no later than the seventh business day after the date that the vendor or person begins contract discussions or negotiations with the District or submits to the District an application, response to a request for proposals or bids, or other correspondence related to a potential agreement with the District.

In addition, this Conflict of Interest Questionnaire must be filed annually by September 1st as long as the vendor, person or the agent of the person continues to contract or seek to contract for the sale or purchase of property, goods, or services with the District or not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.

Any vendor or person **not** currently registered as a vendor **must** fill out three (3) forms. The forms are the Vendor Request Form, W-9, and the Conflict of Interest Questionnaire (see attached). Please mail these forms to: EPISD Purchasing Office, 4900 Woodrow Bean Drive, El Paso, TX 79924, or Email them to purchasing@episd.org.

If you have any questions, please call (915) 230-3100.

EL PASO INDEPENDENT SCHOOL DISTRICT
PURCHASING OFFICE

VENDOR REQUEST FORM

VENDOR NUMBER: _____

=====

CHECK ONE: _____ Add New Vendor (Attach Back-up: Letterhead, Bus. Card or Order Form showing correct address)
 _____ Change Address or _____ Remit-to Address (Attach letter from vendor requesting change)
 _____ Change Other Information
 _____ Correct Data Entry or Possible Error

***** **INDICATE CHANGES ONLY** *****

VENDOR NAME: _____ (30 Characters)

_____ (30 Characters)

ADDRESS: _____ (30 Characters)

_____ (30 Characters)

CITY: _____ (30 Characters)

STATE: _____ ZIP: _____ PHONE: (____) _____ Ext: _____

FAX NO: (____) _____ Ext: _____

EMAIL ADDRESS: _____

***** **REMIT-TO ADDRESS ONLY** *****

COMPLETE THIS SECTION **ONLY** IF PAYMENT TO THIS VENDOR SHOULD BE SENT TO A LOCATION DIFFERENT FROM THE
ADDRESS SHOWN ABOVE.

VENDOR NAME: _____ (30 Characters)

_____ (30 Characters)

ADDRESS: _____ (30 Characters)

_____ (30 Characters)

CITY: _____ (30 Characters)

STATE: _____ ZIP: _____ PHONE: (____) _____ Ext _____

FAX NO: (____) _____ Ext _____

EMAIL ADDRESS: _____



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4900 Woodrow Bean Drive
El Paso, TX 79924
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RE: Senate Bill 9 Requirements

Dear EPISD Vendor:

On behalf of El Paso Independent School District, enclosed please find a copy of a Contractor Certification for your review, completion and return to the District. Under Senate Bill 9 from last year's session of the Texas Legislature, Section 22.0834 of the Texas Education Code was adopted, and since then, Section 153.1117 of Title 19 of the Texas Administration Code has been enacted, which together require the District to obtain a certification from its contractors under certain circumstances. The Contractor Certification Form, prepared pursuant to such laws, should be self-explanatory. If you have any further questions, do not hesitate to contact me. The Contractor Certification Form should be accurately completed, signed and then returned to me as soon as possible and no later than 15 work days from the date of this letter. For reference, the District's ORI number is TX922534Z.

For additional information, please go to:

https://www.tasb.org/services/legal-services/tasb-school-law-esource/personnel/documents/crim_hist_contractors_sept15.pdf

Thank you for your anticipated cooperation. Please do not hesitate to contact me if you have any questions or comments regarding the foregoing.

Executive Director of Procurement

Enclosure

CONTRACTOR CERTIFICATION

Under Section 22.0834 of the Texas Education Code and Section 153.1117 of Title 19 of the Texas Administrative Code, as may be amended (the "Applicable Law"), any entity that contracts with El Paso Independent School District (the "District") to provide services (each, a "Contractor") must obtain criminal history record information regarding its covered employees, and must ensure that each of its subcontractors, if any (each, a "Subcontractor"), obtain criminal history record information regarding the covered employees of such subcontractor. The Contractor must certify its compliance with the Applicable Law to the District, and any covered employees of the Contractor or of any Subcontractor with disqualifying criminal histories are prohibited from serving at the District. If the Contractor is a natural person acting as an independent contractor, the Contractor shall also be considered his/her own employee for purposes of this Certification. For these purposes, "covered employees" means employees who have or will have continuing duties related to the service to be performed at the District and have or will have "direct contact with students" meaning contact that results from activities that provide substantial opportunity for verbal or physical interaction with students that is not supervised by a certified educator or other professional district employee, and "disqualifying criminal history" means any conviction or other criminal history information designated by the District, or one of the following offenses, if at the time of the offense, the victim was under 18 or enrolled in a public school: (a) a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure; or (c) an equivalent offense under federal law or the laws of another state. Contractor is encouraged to review its obligations under the Applicable Law.

On behalf of _____ (the "Contractor"), I certify, acknowledge, and agree that [check each box as applicable]:

- ☐ Contractor does not currently provide any services to the District, and is not under any existing or pending contract to provide services to the District. If this box is checked, no further boxes need be checked.
- ☐ Any contract of Contractor with the District does not involve the provision of any services whatsoever to the District, including without limitation installation services. If this box is checked, no further boxes need be checked.
- ☐ If the Contractor is a natural person or a proprietorship, then I certify that I am such person and/or the owner of such proprietorship, that I have obtained all required criminal history record information regarding myself through the Texas Department of Public Safety's Fingerprint-based Applicant Clearinghouse of Texas (FACT), and that I do not have a disqualifying criminal history. I further agree to notify the District in writing within 3 business days if I am arrested or adjudicated for a disqualifying reason during the contract term. I agree to provide the District, upon request, my full name and any other requested information so that the District may obtain my criminal history record information. I understand that the District may terminate my contract at any time if the District determines, at its sole discretion, that my criminal history is not acceptable.
- ☐ None of Contractor's employees are covered employees, as defined above. If this box is checked, I further certify on Contractor's behalf that Contractor has taken precautions or imposed conditions to ensure that Contractor's employees will not become covered employees. Contractor will maintain these precautions or conditions throughout the time the contracted services are provided.
- ☐ Some or all of Contractor's employees are covered employees. If this box is checked, I further certify and agree that: (a) Contractor has obtained all required criminal history record information regarding its covered employees and that none of the covered employees has a disqualifying criminal history; (b) if Contractor receives information that a covered employee subsequently has a reported criminal history, Contractor will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days thereafter; (c) upon request, Contractor will provide the District with the name and any other requested information of covered employees so that the District may obtain criminal history record information on the covered employees; (d) if the District objects to the assignment of a person which the District believes to be a covered employee on the basis of the such person's criminal history record information, Contractor agrees to discontinue using that covered employee to provide services at or for the District.
- ☐ Contractor will not use any Subcontractors to provide the contracted services. If this box is checked, the remaining boxes should not be checked.

- ☐ Contractor will use one or more Subcontractors to provide the contracted services, but none of the Subcontractors, or their employees, is a covered employee. If this box is checked, I further certify that Contractor and its subcontractors have taken precautions or imposed conditions to ensure that the subcontractors and their employees will not become covered employees. Contractor and its subcontractors will maintain these precautions or conditions throughout the time the contracted services are provided.
- ☐ Contractor will use Subcontractors to provide the contracted services, but some of the subcontractors, or their employees, are covered employees, as defined above. If this box is checked, I further certify that: (a) each Subcontractor has certified to Contractor that such Subcontractor has obtained all required criminal history record information regarding its covered employees; (b) none of the covered employees has a disqualifying criminal history; (c) if Contractor receives information that a covered employee of a subcontractor subsequently has a reported criminal history, Contractor will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days thereafter; (d) upon request, Contractor will provide the District with the name and any other requested information of the covered employees of each of its Subcontractors so that the District may obtain criminal history record information on such covered employees; (d) if the District objects to the assignment of a person whom the District believes to be covered employee of a Subcontractor on the basis of such person's criminal history record information, Contractor agrees to discontinue, and cause such Subcontractor to discontinue, using that covered employee to provide services at or for the District.

By my signature below, Contractor further agrees as follows: (a) it is and will remain in compliance with the Applicable Law and with any District policies relating thereto or arising therefrom; (b) it will ensure that no covered employee of Contractor or any Subcontractor with a disqualifying criminal history provides service at or for the District; (c) it will defer to any belief or contention of the District that a particular person is a covered employee or has a disqualifying criminal history and to the District's interpretation of Applicable Law; and (d) it understands that any noncompliance with, any misrepresentation or inaccuracy within, or any other breach, of this Certification may be grounds for contract termination or other legal action by the District at its option.

Name of Contractor

By:_____

Date

Name:_____

Title:_____

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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 ►
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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.

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.

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.

Individual's name that is filling out form goes here.

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 District employee or Board of Trustee member must be entered here if there is a business relationship.

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.

If there is a personal relationship or business arrangement with anyone at EL Paso ISD, it must be described here and questions A and B must be answered. If "None" is answered in box 3, then "Not Applicable" must be entered here and boxes A & B can be left blank.

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.

Name or "None" must be entered here. Cannot be left blank

6 Check if applicable

☐

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 and date is required from person completing the form

Signature of vendor doing business with the governmental entity

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

Signature of vendor doing business with the governmental entity

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.