ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
VENDOR REQUEST SETUP FORM

Purchasing Department      Phone # 432-456-9719
P.O. Box 3912       Fax #      432-456-9718
Odessa, TX 79760      purchasing@ectorcountyisd.org

ALL FORMS ARE REQUIRED FOR VENDOR SETUP

Check One: New Vendor _____________  Update______________

Type of Goods/Services by the company: _____________________________________________

Name of ECISD Campus or Department requesting set up: ________________________________

VENDOR SETUP INFORMATION

Please Print or Type:

Company Name____________________________________________________________________

Former Name (if applicable) __________________________________________________________

Order Address______________________________________________________________________
      (Street name or P.O. Box, State, Zip Code)

Remittance Address________________________________________________________________
      (If different from order address)

Email Address to email Purchase Order to_____________________________________________

Telephone Number___________________________ Fax Number ____________________________

Website___________________________________________________________________________

Contact Person’s Name____________________ Email Address____________________________

Have you ever provided Goods/Services to ECISD? _________ If so, what year? ____________

Does your company accept Purchase Orders? ________ (If not your company cannot be setup as a vendor)
(If your company claims to be a sole source vendor additional forms will need to be completed)

Revised 07/01/2019
**Form W-9**

**Request for Taxpayer Identification Number and Certification**

**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.

**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 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 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 issue 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 made by you 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 Sections 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.
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 employee 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 LISD’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 LISD’s property or other location where students are regularly present. LISD shall determine what constitutes “moral turpitude” or “a location where students are regularly present.”

Contractor or sub-contractors may not work on LISD 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 LISD 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 LISD 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 nor 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
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.

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
Texas law requires any person or entity, including a person’s or entity’s agents, (hereafter referred to as VENDOR) who contracts or seeks to contract with ECISD for the sale or purchase or property, goods, or services to file a Conflict of Interest Questionnaire with the District under the following circumstances.

A vendor must file a completed conflict of interest questionnaire (CIQ) if the vendor has a business relationship with a local governmental entity (ECISD) 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 Local Government Code 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 Local Government Code Section 176.003(a)(2)(B), excluding any gift described by Local Government Code Section 176.003(a-1); or
3. has a family relationship with a local government officer of that local governmental entity.

“Local government officer” is defined by Texas Local Government Code as follows:

(A) A member of the governing body of a local governmental entity;
(B) A director, superintendent, administrator, president, or other person designated as the executive officer of a local government entity; or
(C) An agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor.

Each covered person or entity who seeks to contract or who contracts with ECISD is responsible for complying with any applicable disclosures requirements. ECISD will post the completed questionnaires on its website.

The completed conflict of interest questionnaire (CIQ) 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 district; or
   (B) submits to the district an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the district; 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) of Loc. Gov’t Code §176.006;
(B) that the vendor has given one or more gifts, as described by Subsection (a) of Loc. Gov’t Code §176.006; or

(C) of a family relationship with a local government officer.

The Vendor also shall file an updated completed questionnaire with the records administrator not later than the seventh business day after the date on which the vendor becomes aware of an event that would make a statement in the questionnaire incomplete or inaccurate.

The Conflict of Interest Questionnaire may be downloaded from the Texas Ethics Commission’s website at http://www.ethics.state.Tx.us/forms/CIQ.pdf

The CIQ form needs to be completed as part of the new vendor packet and submitted to Purchasing by email at purchasing@ectorcountysisd.org or faxed to ECISD Purchasing Department at 432-456-9718 or mailed to:

ECISD Purchasing Department
PO Box 3912
Odessa, Texas 79760

The current local government officers of the Ector County Independent School District include, but may not be limited to the following individuals:

Board of Trustees: Tammy Hawkins  
Dr. Steve Brown  
Delma Abalos  
Carol Gregg  
Nelson Minyard  
Dr. Donna C. Smith  
Doyle Woodall

Superintendent: Dr. Scott Muri

Chief Operation Officer Patrick Young

Chief Financial Officer David Harwell

Director of Purchasing Albert Valencia, Jr.

It is the Vendor’s responsibility to verify with ECISD the most up-to-date listing of pertinent local government officers at the time Vendor contracts or seeks to contract with ECISD for the sale or purchase or property, goods, or services.