

## **VENDOR APPLICATION PACKET**

Vendor Name:					
DBA (if applicable):					
Mailing Address:					
				p Code:	
				Fax:	
Remit To Address:				7' 0 1	
City:		State:		_ Zip Code:	
SA	LES CONTACT	1	ACCOUNTS RECE	VABLE CONTACT	
Representative:		Representative	e:		
Email Address:		1 1			
Phone:					
Thone.		There			
Representative: Email Address:			PURCHASE ORDER CONTACT  Representative:  Email Address:		
		Representative			
		Email Address:			
Phone:		Phone:	Phone:		
awarded bids on and list you Allied States (Region 19) Contract # BuyBoard Contract # Choice Partners (HCDE) Contract # DIR Contract #	E & I Contract # Epic6 (Region 6) Contract # GSA Contract # H-GAC Contract #	OMNIA (Reg Contract #_ PACE (Regio Contract #_ PSA Contract #_ Sourcewell Contract #_	gion 4) on 20)	Contract # TIPS (Region 8) Contract # TXMAS Contract # CTPA: (Please list districts below	
NOTE: This is not a guarante Please return completed page	ee for purchase, nor does t	his mean that you are		oved vendor.	
For DISD Use Only:					
Requested by:		Campus/Location:		Phone #	
Vendor Number	Data Received		Entered/A	unnroyed:	



## **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.

	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		
e. ns on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	eck only <b>one</b> of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)
Print or type. Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner  Note: Check the appropriate box in the line above for the tax classification of the single-member ov  LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the o  another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own.	Exemption from FATCA reporting code (if any)	
ÇĖ	Other (see instructions)	01.	(Applies to accounts maintained outside the U.S.)
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)
See			
(O)	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	o.a	urity number
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		] - [ ] - [ ]
TIN, la		or	
· ·			identification number
Numb	per To Give the Requester for guidelines on whose number to enter.		-
Par	t II Certification		
	r penalties of perjury, I certify that:		
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for an not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest colonger subject to backup withholding; and	I have not been no	otified by the Internal Revenue
3. I ar	m a U.S. citizen or other U.S. person (defined below); and		
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.	
Certif	fication instructions. You must cross out item 2 above if you have been notified by the IRS that yo	u are currently subj	ect to backup withholding because

you have failed to report all interest and dividends on your tay return. For real estate transactions, item 2 does not apply. For mortgage interest paid

Sign	Signature of

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

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 DISCLOSURE STATEMENT**

Disclosure of Certain Relationships with Local Government Officers. Any vendor doing business with DISD, must complete a Conflict of Interest Questionnaire (CIQ), whether or not a conflict of interest exists. 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 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 describe by Section 176.003(a-1); or
- 3) Has a family relationship with a local governmental officer of that local governmental entity.

If no conflict of interest exists, please complete Line Item 1 of the CIQ Form, enter N/A on Line Item 3, sign and date. By law, this form must be completed and submitted to DISD no later than the 7<sup>th</sup> 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.



#### **Local Government Officers of Dickinson Independent School District:**

#### **Board of Trustees**

Corey Magliolo- President

Jessica Rodriguez- Vice President

Veanna Veasey- Secretary Mike Mackey- Trustee

Jeff Pittman- Trustee

Mary Anthamatten- Trustee

Fritzie Samford-Trustee

#### Superintendent's Cabinet

Carla Voelkel- Superintendent of Schools

Ryan Boone- Deputy Superintendent for Business and

Operations

Dr. Jeff Pack- Deputy Superintendent for Educational

Services

Robert Cobb- Assistant Superintendent for Educational

Services

**Kimberly Rich**- Executive Director of Human Resources **Jim Rubach**- Executive Director for Facility Planning and

Construction

#### **Principals**

Jennifer Heard- Calder Road Elementary

Jacqwelin Snyder- San Leon Elementary

Temeka Brown- Dunbar Middle School

Melody Smith-Lobit Middle School

Jason McConnell- DCC/DALC

Kelly Colburn Jackson- Hughes Road Elementary

Jessica Rose- McAdams Junior High

Kim Kelly- Kranz Junior High

Brooke Newell- K.E. Little Elementary

LaDonna Pratt- Coastal Alternative Program

Courtney Ramirez- Associate Principal, Dickinson HS

Amy Smith- Bay Colony Elementary

Dr. Billye Smith- Dickinson High School

Lindsey Suarez- Barber Middle School

Leslie Tracy Burke- Silbernagel Elementary

Stephanie Williams- Lobit Elementary

#### <u>Administration</u>

Patricia Andersen- Director of Human Resources

Jimmy Anderson- Director of Maintenance

Kathy Behrendsen- Director of Federal Programs

Leone Clark- Director of Advanced Academics

**Brian Cmaidalka**- Director of Transportation

Tammy Dowdy- Director of Communications

**Dr. Melissa Everett**- Director of Career Tech and Career

Readiness

Wendy Haywood- Director of Custodial Services

Lisa Herrera- Director of Bilingual/ ESL/ At- Risk

Alyse Howell- Coordinator of Purchasing

Leslie Hudson- Executive Director of Payroll

**Kelly Logsdon**- Executive Director of Business

Operations

**Dr. Debby Noffsinger**- District Assessment Coordinator

Chad Nuetzmann- Director of Teacher Development and

**Professional Learning** 

Laura Peck- Director of Food Nutrition Services

Jeff Pulkinen- Director of Energy Management

Laurie Rodriguez- Executive Director of Special

**Programs** 

Tamara Sherrod- Director of Dickinson ISD Education

Foundation

Jenna Simsen- Director of Marketing and Social Media

John Snelson- Director of Athletics

J. Paul Trahan- Director of Fine Arts

Dr. Melissa Williams Scott- Executive Director of

Technology

# **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, 8	34th Leg., Regular Session.	OFFICE USE ONLY	
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 than the 7th business day after the date the vendor becomes aware of fac filed. See Section 176.006(a-1), Local Government Code.			
A vendor commits an offense if the vendor knowingly violates Section 176 offense under this section is a misdemeanor.	006, Local Government Code. An		
Name of vendor who has a business relationship with local g	overnmental entity.		
Check this box if you are filing an update to a previously completed questionnaire with the appropriate filing author you became aware that the originally filed questionnaire	ity not later than the 7th busines		
Name of local government officer about whom the information	on is being disclosed.		
Name of Offic			
4 Describe each employment or other business relationship			
officer, as described by Section 176.003(a)(2)(A). Also described subparts A and B for each employment or business CIQ as necessary.  A. Is the local government officer or a family mer other than investment income, from the vendor?  Yes No  B. Is the vendor receiving or likely to receive taxab of the local government officer or a family member local governmental entity?  Yes No  Describe each employment or business relationship that the	ribe any family relationship with a relationship described. Attack the relationship described. Attack the relationship described. Attack the relationship described. Attack the relationship described in the officer and the relationship described in the relationship described. Attack the relationship described in the relationship described. Attack the relationship described in the relationship described in the relationship described. Attack the relationship described in the relationship descri	h the local government officer. h additional pages to this Form  kely to receive taxable income, income, from or at the direction income is not received from the	
other business entity with respect to which the local gove ownership interest of one percent or more.			
Check this box if the vendor has given the local govern as described in Section 176.003(a)(2)(B), excluding			
7			
Signature of vendor doing business with the governmental e	entity	Date	
- 3	,	- W. C	



#### **VENDOR CERTIFICATIONS ADDENDUM**

This Vendor Certifications Addendum ("Addendum") is made a part of a contract ("Contract") between the Dickinson Independent School District ("Dickinson ISD' or "District") and the vendor ("Vendor" or "Contractor"), where such Vendor is identified on the last page of this Addendum. The parties hereto (District and Vendor) agree that the following terms and conditions are incorporated and made a part of the Contract resulting from this procurement process, as applicable. Where there is a conflict between the terms of this Addendum and the terms of the underlying Contract, the terms of this Addendum shall prevail.

is a conf	lict between the terms of this Addendum and the terms of the underlying Contract, the terms of this Addendum shall prevail.		
(A)	Debarment and Suspension (Executive Orders 12549 and 12689) — A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3GFR part 1986 Comp., p. 189) and 12689 (3CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.		
	Pursuant to Federal Rule (H) above, when federal funds are expended by Dickinson ISD, Vendor certifies that during the term of an award for all contracts by Dickinson ISD resulting from this procurement process, Vendor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by federal department of agency.		
	Does Vendor agree? YES Initials of Authorized Representative of Vendor		
(B)	Byrd-Anti-Lobbying Amendment (31 U.S.C. 1352) – Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining a Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.		
	Pursuant to Federal Rule (I) above, when federal funds are expended by Dickinson ISD, Vendor certifies that during the term and after the awarded term of an award for all contracts by Dickinson ISD resulting from this procurement process, the vendor certifies that it is in compliance with all applicable provisions of the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). The undersigned further certifies that:		
	(1) No Federal appropriated funds have been paid or will be paid for on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.		
	(2) If any funds other than the Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.		
	(3) The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub recipients shall certify and disclose accordingly.		
	Does Vendor agree? YES Initials of Authorized Representative of Vendor		
(C)	Certification of Felony Conviction Notification. Pursuant to Section 44.034 of the Texas Education Code, a person or business entity entering into a contra and/or agreement with the District, must give advance notice to the District if the person and or an owner or operator of the business entity has bee convicted of a felony. The disclosure should include a description of the conduct resulting in the conviction of a felony. The District may terminate a contra with a person or business entity of the District determines that the person or business entity failed to give notice as required by Section 44.034 of misrepresented the conduct in the conviction.		
In such c	asse, the District will compensate the person or business entity for services performed before the termination of the contract. This Notice is not required of a		
Publicall	y-Held Corporation.		
Please cl	neck the following as applicable:		
	Supplier is publicly held corporation; therefore, the above reporting requirement does not apply		
	Supplier is neither owned or operated by anyone who has been convicted of a felony		
	Supplier is operated or owned by the following individual(s) who has/have been convicted of a felony:		

Initials of Authorized Representative of Vendor

Name of individual(s):

Detail of conviction(s), attach additional pages if necessary:

Certification of Non-Collusion Statement. I, the undersigned supplier, do hereby certify that:
a) All statements of fact in said proposal are true,
b) Said proposal was not made in the interest of or on the behalf of any undisclosed person, partnership, company, association, organization, or corporation
c) Said proposal is genuine and nor collusive or fraudulent
d) Supplier has not, directly or indirectly by agreement, communication, or conference with anyone, attempted to induce action prejudicial to the interest of the District or of any other bidder or anyone else interested in the proposed procurement,
e) Supplier did not, directly or indirectly, collude, conspire, connive or agree with anyone else that said bidder or anyone else would submit a false o fraudulent bid or proposal, or that anyone should refrain from bidding or withdraw his bid or proposal,
f) Supplier did not, in any manner, directly or indirectly seek by agreement, communication, or conference with anyone to raise or fix the bid proposal price of said bidder or of anyone else,
g) Supplier did not, directly or indirectly, submit a bid or proposal price or any breakdown thereof, or the contents thereof, or divulge information on data relative thereto, or to any individual or group of individuals, except to the District, or to any person or persons who have a partnership or other financia interest with said proposer in his business,
h) Supplier did not provide, directly or indirectly, to any officer of employee of the District, any gratuity, entertainment, meals, or anything of value whatsoever, which could be construed as intending to invoke any form of reciprocation or favorable treatment,
i) No Office or principal of the undersigned Supplier, nor any subcontractor to be engaged by the principal has been convicted by a court of competen jurisdiction, of any charge of fraud, bribery, collusion, conspiracy, or any other act in violation of and/or agreement with any public entity,
j) I have answered the questions regarding non-collusion truthfully and to the best of my knowledge.
Initials of Authorized Representative of Vendor
Certification of Compliance with Buy America Provisions. Dickinson ISD has a preference for domestic end products for supplies acquired for use in the United States when spending federal funds (purchases that are made with non-federal funds or grants are excluded from the Buy America Act). Vendo certifies that it is in compliance with applicable provision of the Buy America Act.
Initials of Authorized Representative of Vendor
Certification Regarding Boycotting of Israel. Pursuant to Chapter 2270, Texas Government Code, the Vendor hereby certifies and verifies that neither the Vendor, nor any affiliate, subsidiary, or parent company of the Vendor, if any (the "Vendor Companies"), boycotts Israel, and Vendor and Vendor Companies will not boycott Israel during the term of this contract. For purposes of this Contract, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with Israel, or with a person of entity doing business with Israel or in an Israeli-controlled territory.
Initials of Authorized Representative of Vendor
Certification Regarding Terrorist Organizations. Pursuant to Sections 2252.151154 of the Texas Government Code, the Vendor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State.
Initials of Authorized Representative of Vendor
IG BELOW, THE VENDOR AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, RULES, REGULATIONS AND ORDINANCES. IT IS ACKNOWLEDGED THAT VENDOR CERTIFIES COMPLIANCE WITH ALL APPLICABLE PROVISIONS, LAWS, ACTS, AND REGULATIONS, AS SPECIFICALLY NOTED IN ENDUM.
lame:
ity, State, and Zip code:
nber: Fax Number:
me and Title of Authorized Representative:
ress:
of Authorized Representative:

# **DICKINSON ISD**

# **ALTERNATE PAYMENT INFORMATION REQUEST**

Date				
Dickinson ISD is happy to provide alternative forms of p	ayment to vendors, to i	include Virtual Credit Card (MasterCard)		
and EFT/ACH electronic payments. Please complete the	sections below for vend	dor information and preferred method		
of payment, and return via one of the following method	ds:			
Email: accountspayable@dickinsonisd.org	Fax: 281-229-6011			
Vendor Information				
Name				
Address				
City	State	Zip		
Contact Person				
Email Address				
Virtual Credit Card Payments (MasterCard) **Co	emplete this section to rec	eive payments by virtual credit card		
Remit Email Address(es)	•			
List any conditions for acceptance (ex. Not to exceed a	certain amount)			
	,			
<u>Note</u> : Dickinson ISD will not use a credit card for transactions	s where a credit card fee is	s incurred		
EFT/ACH Payments **Complete this section to receiv	e payments by FFT/ACH			
Vendor Banking Information	e payments by Errynen			
Financial Institution				
Address				
City		Zip		
Remit Email Address(es)				
Bank Routing Number (9-digit)		<u>.</u>		
Account Number				
Account Type Savings Checking				
* A new authorization form must be completed if the	above-named bank acc	count is closed, or if vendor wishes		
to designate a new bank account to receive funds. F				
cause a delay in receiving payments.				
* An EFT statement will be sent via email to the email	address provided abov	e. Please notify DISD of any change		
in email address.	ativa, until affactiva, an	v navmants will be issued through		
<ul> <li>EFT takes approximately thirty days to become effective; until effective, any payments will be issued through routine paper check disbursement methods.</li> </ul>				
EFT Authorization				
I hereby authorize Dickinson Independent School Di	strict to deposit payme	nts via Electronic Funds Transfer, and		
the above-named financial institution to credit payn				
will remain in effect until canceled in writing. I also a	authorize Dickinson Ind	ependent School District to initiate, if		
necessary, debit entries and adjustments for any cre	edit made in error to my	y account as indicated above.		
Signature	Date			
Printed Name	Title			