



2218 FM 517 • P.O. Drawer Z • Dickinson, Texas 77539

VENDOR APPLICATION PACKET

Vendor Name: _____

DBA (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

Remit To Address: _____

City: _____ State: _____ Zip Code: _____

SALES CONTACT

Representative: _____

Email Address: _____

Phone: _____

ACCOUNTS RECEIVABLE CONTACT

Representative: _____

Email Address: _____

Phone: _____

BID NOTIFICATION CONTACT

Representative: _____

Email Address: _____

Phone: _____

PURCHASE ORDER CONTACT

Representative: _____

Email Address: _____

Phone: _____

Below is a list of all Purchasing Cooperatives Dickinson ISD is a member of. Please **circle** any coops your company has been awarded bids on and list your current contract number:

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 (Region 4)

Contract # _____

PACE (Region 20)

Contract # _____

PSA

Contract # _____

Sourcewell

Contract # _____

Southeast Texas (Region 5)

Contract # _____

TIPS (Region 8)

Contract # _____

TXMAS

Contract # _____

CTPA: (Please list districts below)

List the category of product/services your company provides: _____

NOTE: This is not a guarantee for purchase, nor does this mean that you are a Board approved vendor.

Please return completed packet to: purchasing@dickinsonisd.org

For DISD Use Only:

Requested by: _____ Campus/Location: _____ Phone # _____

Vendor Number: _____ Date Received: _____ Entered/Approved: _____

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.

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.



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CONFLICT OF INTEREST DISCLOSURE STATEMENT

Dickinson Independent School District (DISD), is required to comply with Texas Local Government Code Chapter 176, 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 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.

Local Government Officers of the Dickinson Independent School District:

Carla Voelkel – Superintendent of Schools
David Swartz – President, Board of Trustees
Corey Magliolo– Vice President, Board of Trustees
Veanna Veasey – Secretary, Board of Trustees
Mike Mackey – Trustee
Jeff Pittman – Trustee
Jessica Rodriguez –Trustee
Fritzie Samford – Trustee

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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



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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.

- (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 contract 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 been 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 contract 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 or misrepresented the conduct in the conviction.

In such case, 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 Publicly-Held Corporation.

Please check 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:

Name of individual(s):

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

_____ Initials of Authorized Representative of Vendor

- (D) 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 or 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 financial interest with said proposer in his business,
 - h) Supplier did not provide, directly or indirectly, to any officer or 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 competent 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

- (E) 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). Vendor certifies that it is in compliance with applicable provision of the Buy America Act.

_____ Initials of Authorized Representative of Vendor

- (F) 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 or entity doing business with Israel or in an Israeli-controlled territory.

_____ Initials of Authorized Representative of Vendor

- (G) Certification Regarding Terrorist Organizations. Pursuant to Sections 2252.151-.154 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

BY SIGNING BELOW, THE VENDOR AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, RULES, REGULATIONS AND ORDINANCES. IT IS FURTHER ACKNOWLEDGED THAT VENDOR CERTIFIES COMPLIANCE WITH ALL APPLICABLE PROVISIONS, LAWS, ACTS, AND REGULATIONS, AS SPECIFICALLY NOTED IN THIS ADDENDUM.

Vendor's Name: _____

Address, City, State, and Zip code: _____

Phone Number: _____ Fax Number: _____

Printed Name and Title of Authorized Representative: _____

Email Address: _____

Signature of Authorized Representative: _____

Date: _____

Date _____

Please complete this form in its entirety, and return to Dickinson ISD via one of the following methods:

Email: accountspayable@dickinsonisd.org

Fax: 281-229-6011

Mail: Dickinson ISD, Attn: Accounts Payable, PO Drawer Z, Dickinson, TX 77539

Vendor Information

Name _____			
Address _____			
City _____	State _____	Zip _____	
Contact Person _____	Phone _____		
Email Address _____			

Vendor Banking Information

Financial Institution _____												
Address _____												
City _____	State _____	Zip _____										
Bank Routing Number (9-digit)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Account Number _____												
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking										

- * A new authorization form must be completed if the above-named bank account is closed, or if vendor wishes to designate a new bank account to receive funds. Failure to notify Dickinson ISD of a closed account may cause a delay in receiving payments.
- * An EFT statement will be sent via email to the email address provided above. Please notify DISD of any change in email address.
- * EFT takes approximately thirty days to become effective; until effective, any payments will be issued through routine paper check disbursement methods.

EFT Authorization

I hereby authorize Dickinson Independent School District to deposit payments via Electronic Funds Transfer, and the above-named financial institution to credit payments to the bank account indicated above. This authorization will remain in effect until canceled in writing. I also authorize Dickinson Independent School District to initiate, if necessary, debit entries and adjustments for any credit made in error to my account as indicated above.

Signature_____
Date_____
Printed Name_____
Title