

Crosby Independent School District

Addendum to Application Confidential

*The Crosby Independent School District is required by state law to obtain criminal history information on applicants being considered for employment with in the district.
(Texas Education Code Section 21.917)*

Department _____

Date Received: _____

Please **print** the following information:

Email Address _____

Last Name _____

First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State Issued _____ Sex: Male Female

Ethnicity(select one) BLACK WHITE HISPANIC OTHER _____

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

Signature Date

This form will be removed from the application and filed separately in the personnel office.

Fingerprints Submitted _____

Fingerprints Approved _____

Background Approved _____

DPS JDP

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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<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

OFFICE USE ONLY

Date Received

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.

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.

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.

Crosby Independent School District
Purchasing Department
14670 FM 2100 Rd., PO Box 2009, Crosby, TX 77532
Ph. (281) 328-9200 x 1213 ~ Fax (281) 328-9226
School Website: www.crosbyisd.org

Vendor Profile Form

The Crosby Independent School District extends its appreciation to all vendors and potential vendors with whom it conducts business and opens all opportunities to qualified vendors to compete on purchases. In order to include you in any future opportunity to compete, the following information must be submitted for your company to be included in the bid process. Please print or type the following information.

Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email Address (for PO's): _____

Website URL: _____

Will your company accept a Crosby ISD Purchase Order? () Yes () No

Is your company debarred or suspended or otherwise excluded from or ineligible for participation in federal grant award programs? _____ YES _____ NO

If NO and a contract is awarded, the vendor must notify the district immediately in the event the vendor becomes debarred or suspended or otherwise excluded from or ineligible for participation in federal grant award programs during the contract period.

List any current contracts for the Texas Cooperative Purchasing Memberships that may apply:

____ Region 5 ____ Choice Partners ____ DIR ____ TIPS ____ E & I ____ U.S. Communities
____ BuyBoard ____ TCPN/NIPA ____ NJPA ____ PACE ____ TexBuy ____ TxSmartBuy ____ NCPA

Is your business considered sole source? () Yes () No

If yes, please contact our purchasing department for further requirements.

Is your business a () corporation () partnership () sole proprietorship () other?

Submitted by (Please Print)

Date

Signature

Please fax your completed form to (281) 328-9226 or email it to mnelson@crosbyisd.org



CONSULTANT SERVICE CONTRACT

The Crosby Independent School District, hereinafter referred to as "District," and independent contractor _____, hereinafter referred to as "Consultant," enter into a contract on this the _____ day of _____, 20____ for the provision of consultant services.

- I. District agrees to engage Consultant, and Consultant agrees to perform personally, in a manner satisfactory to District, the following services:

Describe the services to be performed in this space including the days/hours to be worked. the service to be performed and any other specific requirements of the engagement.

2. Unless discontinued earlier by District, the services are to be performed at the following times and places:

Describe the days/hours to be worked and the location where the work will take place.

District agrees to pay Consultant a fee of \$_____ per _____/[hour, day, Week] for a total fee not to exceed \$_____, as compensation for services rendered. The Consultant shall be responsible for all expenses related to transportation, lodging, meals, and materials unless approved by the Superintendent. **All reimbursements approved by Superintendent shall be made in accordance with the CISD EMPLOYEE TRAVEL GUIDELINES. Consultant shall not be paid in advance.**

For clarification purposes, the following definitions shall apply to the consultant service contract:

- An HOUR shall be defined as a 60-minute segment of time performing services agreed upon under this contract (does not include breaks, lunches or any other time used for personal reasons).
- A DAY shall be defined as 8 or more hours worked while performing services agreed upon under this contract (no adjustments shall be made to the compensation rate if hours exceed 8 for a day).
- A WEEK shall be defined as 40 or more hours worked while performing services agreed upon under this contract (no adjustments shall be made to the compensation rate if hours exceed 40 for a week). A week shall also be defined as Saturday (12:00am) to Friday (11:59pm).

This agreement shall be in effect from _____ to _____, unless terminated by either party at any

time, with or without cause. In the event of termination by District or Consultant prior to completion of the contract, compensation shall be prorated on the basis of hours actually worked, and Consultant shall only be entitled to receive just and equitable compensation for any satisfactory work completed and expenses incurred through date of termination.

Consultant may not assign this contract to a third party without the written consent of the District. Consultant must complete the Contractor Certification (Texas Senate Bill 9, TEC 22) Form; conduct a criminal background check and fingerprinting as required, at the Consultant's expense, of all individuals and businesses employed under this contract. **This must be completed prior to the start of any work.**

Consultant agrees to utilize the District's time clock system to account for all on-site compensable hours.

Consultant is not an employee of District, and is not entitled to fringe benefits, pension, workers compensation, retirement or unemployment compensation. District shall not deduct Federal income taxes, FICA (Social Security), or any other taxes required to be deducted by an employer, as this is the responsibility of Consultant. Compensation shall be paid by Business Office once a requisition has been issued and approved and the timesheet has been approved.

Consultant agrees to hold District harmless from any and all liability incurred by District by reason of Consultant's negligence or breach of contract, including, without limitation, damages of every kind and nature, out-of-pocket costs, and legal expenses.

Consultant agrees to maintain all records for a period of seven years as the district and local, state, and federal agencies reserve the right to audit contractor records.

IN WITNESS WHEREOF, Crosby Independent School District and Consultant have executed this contract, effective the date first herein written.

CROSBY INDEPENDENT SCHOOL DISTRICT

By: _____
Superintendent or designee

Date: _____

CONSULTANT

By: _____

Date: _____

Social Security/Fed. Tax ID No.: _____

Signature of CISD Staff Contact Person (prior to contract execution): _____

Phone Number: _____

Date of Board approval: _____
(for contracts of \$50,000 or more)

Budget Account Code(s): _____
(to be completed prior to execution of contract) _____.