

*Paradise Independent School District*  
*Vendor Application*



Forward completed application to: Paradise ISD, Attn: Accounts Payable, 338 School House Rd.,  
Paradise, TX 76073. Fax: (preferred): 940-969-5008, or Email: [smathis@pisd.net](mailto:smathis@pisd.net)  
Any questions should be directed to Summer Mathis, 940-969-5004

## *Vendor Application Instructions*

**Instructions:**

1. The application form should be completed and signed by an authorized representative of the vendor.
2. The application should be submitted (as noted below) with all supporting documents, including but not limited to: (\*indicates required for all vendors)
  - a. \* **W-9 Form**
  - b. \* **Felony Conviction Form**
  - c. \* **Conflict of Interest Questionnaire**
  - d. \* **House Bill 89 Verification / Divestment Statute**
  - e. \* **Debarment Verification** (All vendors establishing a Contract with PISD)
  - f. \* **Criminal History Record Information**
  - g. Certificate of Insurance (as appropriate for on-site professional services)
  - h. Form 1295 (required for Board Elected Contracts)

**Notice to Prospective Vendors:**

3. Vendors must accept purchase orders for all purchases. The district will not be responsible for payment for goods or services that are provided to Paradise ISD staff without an approved purchase order issued by the purchasing department.
4. All invoices must reflect the purchase order number and must be mailed, faxed, or emailed to the Paradise ISD Accounts Payable Department (mailing address, fax number and email address are noted below).
5. All payments are net 30 days after receipt of the goods and/or services.

<b>VENDOR CONTACT INFORMATION</b>	
Vendor Name:	
Vendor Mailing Address:	
Vendor Remit Address: (if different)	
Vendor Phone Number:	
Vendor Fax Number:	
Vendor Website URL:	
Vendor Email Address:	

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

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**Vendor Authorized Representative (print name)      Title**

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**Vendor Authorized Representative (signature)      Date**

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 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.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

<b>Sign Here</b>	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.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release 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 you made 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 Regulations section 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.



## Paradise ISD ACH/Direct Deposit Authorization

Paradise ISD is now offering payment by ACH direct deposit to all Accounts Payable vendors. Payments by ACH are deposited directly into your bank account. A notification of the upcoming deposit is sent by email, with the same memo information that would appear on a check stub. If you would like your payment to be made by Electronic Funds Transfer through ACH, please complete Sections 1-3 of the form below, sign in Section 3, and return to the Accounts Payable department by email at accounts [smathis@pisd.net](mailto:smathis@pisd.net) , by fax at 940-969-5008, or by mail at 338 School House Rd., Paradise, Texas 76073.

### Accounts Payable Electronic Fund Transfer Agreement (EFT) (PAYMENT BY ACH)

#### Section 1- Vendor Information

Name:	
Address:	
City/State/Zip:	Phone:
Last 3 digits of Fed ID or SSN (to verify vendor identification):	
Email Address for Notification of Deposit (required):	

#### Section 2 – Bank Account Information (contact bank ACH department for correct routing number)

Financial Institution Name:
Financial Institution Address:
Routing Number for ACH:
Depositor Account Number:
Type of Account:        _____ Checking        _____ Savings

#### Section 3 – Authorization

I authorize Paradise ISD to credit my account with the depository named above. If the district should erroneously deposit funds into my account, upon notification by the district I will authorize the necessary debit entries to correct the error, not to exceed the amount deposited in error.

**This authorization will remain in effect until the district has received written notification from me that it is to be terminated.**

Signature	Date:
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***PARADISE INDEPENDENT SCHOOL DISTRICT***  
***FELONY CONVICTION NOTIFICATION***

The Texas Education Code, Section 44.034(a) states that 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 the felony.

Furthermore, Section 44.034(b) states that 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.

Lastly, Section 44.034 (c) states that this section does not apply to a publicly held corporation.

( ) My firm is a publicly held corporation, therefore this requirement is not applicable.

( ) My firm is not owned nor operated by anyone who has been convicted of a felony.

( ) My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name: \_\_\_\_\_

Description of conduct resulting in a felony: \_\_\_\_\_

Name: \_\_\_\_\_

Description of conduct resulting in a felony: \_\_\_\_\_

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been received by me and that the information furnished above is true to the best of my knowledge.

Vendor's Name: \_\_\_\_\_

Authorized Company Official's Name: \_\_\_\_\_

Authorized Company Official's Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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

***Paradise Independent School District***  
***CERTIFICATIONS REQUIRED AS OF SEPTEMBER 1, 2017***

***House Bill 89 VERIFICATION***

The undersigned representative of \_\_\_\_\_ Company or Business name (hereafter referred to as company) being an adult over the age of eighteen (18) years of age do hereby depose and verify that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270::

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract the above-named Company, business or individual.

*Pursuant to Section 2270.001, Texas Government Code:*

1. *“Boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *“Company” means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

***Divestment Statute Terrorist Organization***

*“In accordance with Texas Government Code Chapter 2252, Subchapter F, Contractor certifies that it is not a company identified on the Texas Comptroller’s list of companies known to have scrutinized business operations or contracts with, or provide supplies or services to, the Government of Iran, the Government of Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State.”*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

***Paradise Independent School District***

***SUSPENSION AND DEBARMENT CERTIFICATION***

The undersigned certifies on behalf of the company and its key employees that neither the company nor its key employees have been proposed for debarment, debarred or suspended by any Federal Agency.

The undersigned agrees to notify the District in the event that the company or any of its key employees are proposed for debarment, debarred or suspended by any Federal Agency or by any State of Texas agency. Notification shall take place within five (5) business days after the company or employee is notified of either debarment or suspension or possible debarment or suspension. Notification shall be sent to Paradise ISD; 338 School House Rd. Paradise, Texas 76073: Attention Purchasing Department.

I, the undersigned agent for the firm named below, certify that neither this firm nor its principals are suspended or debarred by a federal agency.

Signature of Authorized Official: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Date Signed: \_\_\_\_\_





**PARADISE INDEPENDENT SCHOOL DISTRICT**

**Certification of Criminal History Record Information**

Vendor Name: \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

RFP/CSP/RFCQ/BID Number: \_\_\_\_\_

Answer Y for Yes or N for No:

\_\_\_\_\_ **Will employees, including yourself, have continuing duties related to the proposal named above?**

Until it receives further guidance, the District considers "continuing duties" to mean repetitive work duties rather than a one time appearance or engagement.

\_\_\_\_\_ **Will those employees, including yourself, have direct contact with students?**

Until it receives further guidance, the District considers "direct contact" [defined as providing substantial opportunity for verbal or physical interaction with students that is not supervised by a district employee] shall complete a *Criminal History Check* using form provided by District. If either question is answered "no", vendor should complete section 2 of this form. IF answer to both questions is "yes", vendor should complete section 3 of this form.

**Section 2**

I agree and understand employees of the company or individuals, including myself, who have not received the required criminal background check because the above description does not apply to them/myself will be considered visitors when on school campus and must follow school district and campus policies related to visitors on school campuses.

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date

**Section 3**

I, \_\_\_\_\_, certify that all employees, including myself, of the company that I own, operate, or manage, or myself as an independent contractor who have continuing duties related to the service to be performed on a Paradise Independent School District and who also have direct contact with students have undergone the required criminal history background check or national criminal history record information review which may include fingerprints and photographs and that no prohibited contact as described herein was revealed.

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

**OFFICE USE ONLY**

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

**ADD ADDITIONAL PAGES AS NECESSARY**

***PARADISE INDEPENDENT SCHOOL DISTRICT***  
***Appendix***

A. Appendix A: Conflict of Interest – List of Local Government Officers

**Superintendent: Dr. Paul Uttley**

**Board of Trustees:**

Homer Mundy-President  
Ben Sanders-Vice President  
Shannon Caddell-Secretary  
Susie Burt-Board Member  
Scott Cox-Board Member  
Renea Remmele-Board Member  
Dr. Heath Smith-Board Member

B. Appendix B: Form 1295 Instructions

***CERTIFICATE OF INTERESTED PARTIES (Form 1295)***

The Texas Government Code §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Sections 46.1, 46.3 and 46.5 of the Texas Administrative Code, require a business entity to submit a completed Form 1295 to Paradise ISD before the District may enter into a contract with that business entity. **Form 1295 must be completed online. In Box 3 of the form, provide the solicitation number shown on the cover page of this solicitation (e.g. RFP No. 2016-001).**

The form is available from the Texas Ethics Commission by accessing the following web address:  
[https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)

**Print your completed Form 1295 showing the Certification Number and Date Filed in the Certification of Filing box at the upper right corner. Sign Form 1295 in front of a notary and submit it with your response to this solicitation.**

The following definitions found in the statute and Texas Ethics Commission rules may be helpful in completing Form 1295. “Business entity” includes an entity through which business is conducted with a governmental entity or state agency, regardless of whether the entity is a for-profit or nonprofit entity. The term does not include a governmental entity or state agency.

“**Controlling interest**” means: (1) an ownership interest or participating interest in a business entity by virtue of units, percentage, shares, stock, or otherwise that exceeds 10 percent; (2) membership on the board of directors or other governing body of a business entity of which the board or other governing body is composed of not more than 10 members; or (3) service as an officer of a business entity that has four or fewer officers, or service as one of the four officers most highly compensated by a business entity that has more than four officers.

“**Interested party**” means: (1) a person who has a controlling interest in a business entity with whom a governmental entity or state agency contracts; or (2) a person who actively participates in facilitating a contract or negotiating the terms of a contract with a governmental entity or state agency, including a broker, intermediary, adviser, or attorney for the business entity.

**“Intermediary”**, for purposes of this rule, means a person who actively participates in the facilitation of the contract or negotiating the contract, including a broker, adviser, attorney, or representative of or agent for the business entity who:

1. Receives compensation from the business entity for the person’s participation;
2. Communicates directly with the governmental entity or state agency on behalf of the business entity regarding the contract; and
3. Is not an employee of the business entity.

### **1. Who is required to file Form 1295?**

In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties (Form 1295) to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The Texas Ethics Commission has adopted rules requiring the business entity to file Form 1295 electronically with the Commission.

### **2. What contracts does Form 1295 apply to?**

The law applies only to a contract of a governmental entity or state agency that either:

(1) Requires an action or vote by the governing body of the entity or agency before the contract may be signed; or has a value of at least \$1 million. Gov’t Code § 2252.908. The disclosure requirement applies to a contract entered into on or after January 1, 2016. A contract does not require an action or vote by the governing body of a governmental entity or state agency if:

- (1) The governing body has legal authority to delegate to its staff the authority to execute the contract;
- (2) The governing body has delegated to its staff the authority to execute the contract; and
- (3) The governing body does not participate in the selection of the business entity with which the contract is entered into. 1 T.A.C. § 46.1(c).

### **3. Can I file Form 1295 on paper?**

No. A business entity must file Form 1295 electronically with the Texas Ethics Commission using the online filing application. See Question #4 for information about logging in to the online filing application.

### **4. How do I login to the filing application?**

If this is your first time logging in, you will need to create an account in order to register and receive a password. Once you have registered, you will receive an email containing a password setup link. Click on the link to set your password. After you have established an account, you will use your email address, password, and user type (either “Business Entity” or “Governmental Entity/State Agency”) to log in to the filing application. Watch our short videos on “Logging in the First Time” on the Form 1295 File Reports Electronically web page.

### **5. Do I send a copy of the notarized Form 1295 to the Texas Ethics Commission?**

No. Do not send a paper copy of the notarized Form 1295 to the Texas Ethics Commission. If you are with a state agency or other governmental entity, you will login to the filing application and acknowledge receipt of Form 1295 electronically. See Question #4 for more information about logging into the filing application.

### **6. Why am I not receiving email messages from the Texas Ethics Commission?**

All password reset links will be sent to the email address you provided when you registered. This should be an email address that is current and that you check often. You can verify and update your email

address right after you log in. Also, be sure to “whitelist” or mark as “safe” emails that come from “do-not-reply@ethics.state.tx.us” and be sure to check your Spam or Junk folder for any missing messages.

## C. Certification of Criminal History Record Information

### *Certification of Criminal History Record Information*

SB 9, passed during the 80th Legislative Session, requires that all Texas public school districts receive certification from any entity with which it contracts to provide services that it has obtained a criminal history background check on all employees hired before January 1, 2008 who (1) have continuing duties related to contracted services; and (2) have direct contact with students.

**The required criminal history record information can be obtained from either of the following:**

- A law enforcement or criminal justice agency
- A private entity that is a consumer reporting agency governed by the Fair Credit Reporting Act 15 U.S.C. Section 1681 et seq.)

Although state law provides guidance as to which employees must have a criminal background check, there is no specific definition or description as to what equals an employee who (1) has continuing duties related to contracted services; and (2) has direct contact with students.\* The law states that the Commissioner of Education may adopt rules necessary to implement this requirement; however, at this time none have been adopted. Therefore, all entities and individuals who contract with the District to perform services, must complete the attached PISD Form Certification of Criminal History Record Information, that includes an information sheet related to the services to be performed and the duties related to those services that employees will be performing and the type of contact that those employees might have with students.

Employees who are hired by an entity that contracts with a school district after January 1, 2008 must submit to a national criminal history record information review which may include fingerprints and photographs before serving in the capacity described.

The school district may not allow any employee of the entity or an individual to serve at the district if information is obtained through this review that the employee has been convicted of one of the following:

- A Title 5 felony offense
- An offense requiring the individual to register as a sex offender
- An offense under the laws of another state or federal law that is equivalent to a Title 5 felony in the state of Texas or that would require registration in the Texas sex offender databank.

At any time, a school district administrator, including a campus principal or designee, may request copies of the actual criminal background check or national criminal history record information review which may include fingerprints and photographs from the entity or individual who has contracted with the school district or may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to an individual described above.