



Devine Independent School District

205 W. College, Devine, Texas 78016

NOTICE TO VENDORS

(830) 851-0795 • Fax (830) 663-6706

Linda McAnelly, Superintendent

linda.mcanelly@devineisd.org

Valuable Vendor:

Re: Vendors List and Qualifications

The State of Texas requires that all state funded agencies maintain current files containing completed vendor information. Prior to approving your firm as a qualified vendor doing commerce with this school district, the following must be on record:

Federal and State Required Forms from Vendors:

1. IRS Form W-9; completed to include:
 - a. Name of business entity
 - b. Employer Identification Number or Social Security Number (ONLY ONE)
2. Felony Conviction Notice
(This must be an original and must be notarized)
3. Affidavit of Non Collusion, Anti-Lobby Statement
4. Non Appropriation Form
5. Conflict of Interest Questionnaire Form (Form CIQ)
6. Vendor Contact Information Form

Federal Regulations 6109 of the Federal Income Tax Law requires the school district to have your Taxpayer Identification (TIN) number on a record. Form 1099 Misc. will be waived only if your firm operates as a corporation, a tax-exempt organization, a government agency, or any other recognized exempt business entity. This must be clearly declared in your correspondence to the District.

If your business operates as a sole proprietorship or partnership, you may substitute your social security number for the TIN number.

Vendors will not be posted to the approved vendors list until our office satisfactorily receives all of the applicable documents cited above. Prompt attention will assure no interruption of payments for goods and services.

Respectfully submitted

A handwritten signature in cursive script that reads "Debbie McCormick".

Debbie McCormick
Business Manager
Devine ISD

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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
or
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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).

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 4.

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.

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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Felony Conviction Notice

State of Texas Legislative Senate Bill No. 1, §Section 44.034, *Notification of Criminal History, Subsection (a)*, states "a person or business entity that enters into a contract with a school district must give advance notice to the said district if the person or owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the nature of and the conduct resulting in the conviction of the felony."

Subsection (b) states "a school 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 prescribed in *Subsections (a)* or misrepresented that conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

The Affidavit Below Is Not Required of a Publicly-Held Corporation

My firm is a publicly-held corporation; therefore, this reporting requirement is **not applicable**.

Signature of Company Official

Affidavit

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

1. Company Name: _____
2. Authorized Company Official's: _____
3. I/We certify that the above said agent(s) operating this firm have not been convicted of a felony or a crime of moral turpitude.

_____	_____	_____	_____
(Signature)	(Title)	(Signature)	(Title)

Subscribed and sworn to me this _____ day of _____, 20__

_____	_____
Notary Public (Signature)	Commission Expiration Date



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**AFFIDAVIT OF NON-COLLUSION, NON-CONFLICT OF INTEREST,
ANTI-LOBBYING STATEMENT**

The Undersigned Certifies That:

Company Name

- 1) Neither the Proposer or the Proposer's Officers, Partners, Owners, Agents, Representatives, Employees, or Parties in Interest, has in any way colluded, conspired, or agreed, directly or indirectly with any person, firm, corporation or other Proposer, or potential Proposer to pay any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposal or the proposal of any Proposer. The undersigned further states that no such money or other reward will be hereinafter paid.
- 2) No attempt has been made or will be made by this company's Officers, Employees, or Agents to lobby, directly or indirectly, with the Somerset Independent School District Board of Trustees between the submission date(s) and date of award by the Somerset ISD Board of Trustees.
- 3) No offer or stockholder of the Proposer is a member of the staff, or related to any employee of the Somerset Independent School District.
- 4) The undersigned certifies, under the penalty of perjury, that he/she if fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the Proposer as well as to any person representing or signing in his/her behalf.

Owner/Agent Signature

Title

Date

Owner/Agent Signature

Title

Date

Owner/Agent Signature

Title

Date



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Non Appropriation Form

If there is not appropriate and sufficient funding/monies in the fiscal year to continue this contract, then a "Non-appropriation" shall be deemed to have occurred.

If a non-appropriation occurs, then the district will give notice of non-appropriation and will be able to cancel this contract with written notice without assessing a fee/penalty or liability to continue with the contract.

Devine ISD Representative

Date

Vendor/Contractor Representative

Date



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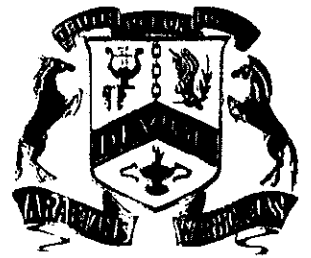
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CONFLICT OF INTEREST QUESTIONNAIRE FORM CIQ

For vendor or other person doing business with local governmental entity	
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person 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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY
	Date Received
<p>1. Name of person who has a business relationship with local governmental entity.</p>	
<p>2. Check this box if you are filing an update to a previously filed questionnaire.</p> <p>(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 the originally filed questionnaire becomes incomplete or inaccurate.)</p>	
<p>3. Name of local government officer with whom filer has employment or business relationship.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p> <p>This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p style="padding-left: 40px;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p style="padding-left: 40px;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="padding-left: 40px;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>D. Describe each employment or business relationship with the local government officer named in this section.</p>	
<p>Signature of Person doing business with the governmental entity _____ Date _____</p>	



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Vendor Contact Information Form

Vendor Name _____

Tax ID Number _____

Vendor Contact _____

Order Address _____

Remittance Address _____

Phone Number _____

Fax Number _____

Email (required) _____

Accounts Payable Contact _____

Phone Number _____

Fax Number _____

Description of goods or services



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INVOICE REQUIREMENTS

Attention All Vendors:

The Devine Independent School District purchase order must appear on **ALL INVOICES** before payment will be issued to your company. No purchases and/or orders should be processed and/or shipped without a valid Purchase Order Number.

Please mail all invoices and related correspondence to the following address:

Devine ISD
Attn: Accounts Payable Dept.
205 W. College
Devine, Texas 78016

Respectfully,

A handwritten signature in cursive script that reads "Debbie McCormick".

Debbie McCormick
Business Manager
Devine ISD