

NEW VENDOR PACKET

Thank you for inquiring about doing business with Gregory-Portland Independent School District.

Please complete the attached vendor application packet, if you are interested in doing business with G-PISD. All vendor application packets must be typed or neatly printed. Return completed vendor application to G-PISD Purchasing Department for processing.

The Internal Revenue Service (IRS) requires most payments of \$600.00 or more to be reported on Form 1099 Misc., for unincorporated entities. To properly comply with IRS regulations, it is necessary for us to obtain a correct Taxpayer Identification Number (TIN) or Social Security Number (SSN) for all payees, as well as certifying signature. We will not have to file an Annual Information Return, Form 1099 Misc. for you if you are a corporation, government agency or exempt payee. However, the law requires that you provide your TJN in addition to identifying your payee status. (Corporation, Sole Proprietor, or Partnership). If you are a Limited Liability Company~ LLC; please enter the tax classification: Corporation, Partnership or Disregarded Entity. IRS requires a withholding of 28% from payments if an entity fails to furnish its TIN or SSN and signature to us. Your prompt attention to this request is appreciated and will prevent unnecessary delays in processing our payments to you.

DOING BUSINESS WITH Gregory-Portland I.S.D. The Purchasing Department is responsible for the acquisition and contract of all supplies, materials, equipment, and/ or services for the District. Gregory-Portland ISD assumes no liability for payment obligations except those incurred according to its purchasing policies. An official signed purchase order with an authorized purchase order number affixed thereon is the only method for the purchase of supplies, materials, equipment, and/or services obligating Gregory-Portland I.S.D. to payment. A purchase order provides authorization before a purchase is made.

VENDOR RELATIONS

A Vendor Application Packet must be on file with the Purchasing Department before the District will process any purchase requisitions for any vendor. Vendors are encouraged to be a part of any of various purchasing cooperatives prior to doing business with Gregory-Portland I.S.D. Under no circumstances shall such persons be permitted to interrupt classes or conduct personal business with employees.

INVOICING

Vendors are requested to submit invoices for all billings and mail them to Gregory-Portland I.S.D. Accounts Payable, 1200 Broadway Blvd., Portland, TX 78374. The State of Texas requires vendor identification number and/or federal identification number on all invoices sent to the District for payment. Invoices must have: invoice #, purchase order #, date, bill to, and remittance address. Reconciliation of an invoice and purchase order is necessary before payment will be made.

DELIVERY OF GOODS

All purchases are to be delivered to the address on the purchase order. Unless otherwise specifically stated and agreed upon.

Deliveries for Gregory-Portland I.S.D. must be clearly addressed to Gregory-Portland I.S.D. The purchase order number must appear on each package. **All vendor application packets must be typed/Printed neatly. Return completed vendor application to G-PISD Purchasing Department for processing.

Office Use Only: Date Rec'd: _____	Requested by: _____
_____ New _____ Update	Date Approved: _____ TX ID#: _____

All data must be typed or neatly printed into this form:

Company Name:

Address: Must be physical address

City:

State:

Zip:

DUNS #:

Remit to:

City:

State:

Zip:

Phone Number:

Fax Number:

Email Address:

Website:

Contact Name:

Title:

Organization type: Individual Partnership Non-Profit Organization

Business type:

Age of Business:

Include a W-9 form with this submittal: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Requesting Campus/Department:

Requesting Campus/Department Contact:

Are you interested in Direct Deposit for payment?

Are you part of a co-op? If yes, check below and contract number:

TASB Buyboard _____

ESC Region 2 _____

ESC 8 Tips-USA _____

ESC 20 (PACE) _____

Choice Partners (HCDE) _____

ESC 4 Omnia Partners (TCPN) _____

Allied States Region 20 _____

ESC 19 (ASPC) _____

Tx Smartbuy (Comptroller) _____

Texas DIR (Department of Information Resources) _____

1 Gov Procurement Alliance (1GPA) _____

National Cooperative Purchasing Alliance (NCPA) _____

ESC 3 (NCPA) _____ Other _____

References Name Address Phone Number

Please indicate what category or categories will be provided:

- | | | |
|---|--|---|
| <input type="checkbox"/> Athletics or PE | <input type="checkbox"/> Custodial Supplies | <input type="checkbox"/> Maintenance Supplies |
| <input type="checkbox"/> Food Service Items | <input type="checkbox"/> Instructional Supplies | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Printing (promo items, ribbons, shirts, etc.) | <input type="checkbox"/> Contract Services |
| <input type="checkbox"/> Official/Officers | <input type="checkbox"/> Technology Related | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Videos, Videodiscs | <input type="checkbox"/> Instruments | <input type="checkbox"/> Maps/Globes |
| <input type="checkbox"/> Vocational Supplies | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Janitorial Supplies |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Equipment Rental or Lease | <input type="checkbox"/> Lawn Maintenance Equipment |
| <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Plumbing Supplies | <input type="checkbox"/> Machinery and Hardware |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Library and Research Services | <input type="checkbox"/> Communication and Media |
| <input type="checkbox"/> Agricultural Equipment | <input type="checkbox"/> Clothing, Apparel, Uniforms | <input type="checkbox"/> Other: _____ |

Terms and Conditions:

The Gregory-Portland Independent School District will issue Purchase orders as the only method for all business transactions. Payment will be generated within 30 days after the items or service is received along with an original invoice. PURCHASE ORDER NUMBER MUST BE INDICATED ON ALL INVOICES. NO BACKORDERS OR COD SHIPMENTS ARE ALLOWED! THE PURCHASE ORDER IS INVALID WITHOUT AN ELECTRONIC SIGNATURE.

All Original invoices must be mailed to: Gregory-Portland Independent School District
NO FAXED INVOICES WILL BE ACCEPTED Accounts Payable Department
1200 Broadway Blvd. Portland, Texas 78374

All vendor application packets must be typed or neatly printed. Return completed vendor application to G-PISD Purchasing Department for processing. Contact the Purchasing Department for additional assistance at (361) 777-1091 x-1001.

*Please also include your [W-9](#).

*Signature: _____ Date: _____

GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Sections 3017.510, Participant's responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733).

1. The prospective bidder certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective bidder is unable to certify to any of the statements in this certification, such prospective bidder shall attach an explanation to this proposal.

Organization Name

Name and Title of Authorized Representative

Signature

Date

FELONY CONVICTION NOTIFICATION

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 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 a felony."

Subsection (b) states "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 the conviction. The district must 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

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

FIRM NAME:

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED):

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

Signature of Company Official: _____

B. My firm is neither owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: _____

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

Name of Felon(s):

Details of Conviction(s):

Signature of Company Official: _____

Date: _____

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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).</p> <p>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.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p>
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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

NON-COLLUSION STATEMENT

STATE OF TEXAS §

COUNTY OF SAN PATRICIO §

BEFORE ME, the undersigned authority, on this day personally appeared _____
_____ known to me to be the person whose name is subscribed to
the following, who, upon oath, says:

I am the manager, secretary or other agent or officer of the principal of the Bidder or Proposer ("Bidder") in the matter of the bids or proposals to which this affidavit is attached, and I have full knowledge of the relations of the Bidder with the other firms in this same line of business, and the Bidder is not a member of any trust, pool, or combination to control the price of supplies, materials and/or services bid on, or to influence any person to propose or not to bid thereon.

I further affirm that the Bidder has not given, offered to give, nor intends to give at a any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted bid/proposal.

Affiant (Contractor)

Printed Name

Title

Company

Subscribed and sworn to before me,
this, _____ day of _____, 2017

Notary Public

My Commission Expires _____

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

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.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

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	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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.