

## **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.

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Organization Name

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Name and Title of Authorized Representative

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Signature

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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

**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



