



REQUEST FOR PROPOSALS RFP# 2425-09

GREGORY-PORTLAND ISD

OCCUPATIONAL THERAPY  
SERVICES

1200 BROADWAY BLVD.

PORTLAND, TEXAS 78374

Issue date: May 29, 2025

Proposal Submission to:

Gregory-Portland ISD Attention:  
Chris Casarez  
1200 Broadway Ave. Portland,  
TX 78374

Deadline for Proposals and Technical Assistance:

Thursday, July 12, 2025 @ 2:00 PM

*The District is an Equal Opportunity employer/program. Historically Underutilized Businesses (HUB's) are encouraged to apply.*

**REQUEST FOR PROPOSALS (RFP)  
FOR  
OCCUPATIONAL  
SERVICES**

**BACKGROUND INFORMATION**

Gregory-Portland Independent School District herein referred to as 'the District' is a tax-exempt educational organization which is a public-school district located in Portland, Texas. The District has approximately 5,000 students and operates five elementary schools, a junior high, and a high school. The school's board is composed of seven active members, including board members with private sector experience. The District is responsible for the planning, evaluation and oversight of educational programs in this area. The District receives funding from the Texas Education Agency (TEA), the Department of Education (DOE), and the Department of Agriculture.

**PURPOSE**

The District is seeking qualified vendor (“Vendor” or “Consultant”) to provide Nursing Services for Gregory-Portland ISD, on an independent contractor basis.

**GENERAL INFORMATION**

RFP Requestor: Gregory-Portland ISD

Contact Person: Chris Casarez

Issue Date: May 29, 2025

Deadline for Receipt of Proposals: Thursday, July 12, 2025 @ 2:00 PM

Submission of Proposals: An ORIGINAL signed proposal and two (2) copies should be delivered or mailed in a sealed envelope (labeled “ RFP# 2425-09 Occupational Services”) to: Gregory-Portland ISD, Attention: Chris Casarez, 1200 Broadway Ave., Portland, TX, 78374.

When submitting a proposal, it is required that proposers have the necessary professional experience, prior training, and applicable professional judgment to perform the activities proposed to supply the services requested by this RFP. GPISD will only accept on-site services for this RFP.

Proposals received will become part of the District’s official files without further obligation to the proposer.

**The District reserves the right to:**

accept or reject any and all proposals, request additional information from proposers, extend the deadline for submission, reissue the Request for Proposals, waive any defect, irregularity, for informality in any proposal or bidding procedure, retain negotiation right to clarify, or verify any aspect of a submitted proposal in response to the RFP, negotiate a resulting non-exclusive contract for services with one or more of the qualified proposers responding to this RFP, require the submission of any price, technical, or other revision to the proposal which results from negotiations conducted.

The District is under no legal obligation to execute a contract resulting from this RFP and intends the materials provided herein only as a means of identifying and considering various contractor alternatives and the general cost of services derived.

The District reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract. This RFP does not commit the District to pay for any costs incurred prior to the execution of the contract.

The District reserves the right to negotiate the final terms of any and all contracts with successful proposers. Items that may be negotiated include, but are not limited to, type and scope of activities, implementation schedule, and cost. Contracts negotiated as a result of this RFP may be extended, modified, or de-obligated in the manner set forth in the contract in order to attain the objectives of the District. The negotiated contract shall be a non-exclusive contract for an initial term of one (1) year, which may be extended for up to two additional one-year terms, upon mutual written agreement of the parties prior to expiration of the initial or renewal term. Gregory-Portland ISD reserves the right to rescind the contract at the end of the fiscal year pending the availability of funds.

For consideration, proposals must be submitted according to format requirements.

Vendors certify that:

1. Continuing non-performance of the services by the proposer in accordance with the specifications and requirements of the District, or applicable requirements of State or federal laws and regulations relating to such services, shall be a basis for the termination of the contract by the school district. Cancellation by Gregory-Portland ISD may be made upon (30) days' written notice to the successful vendor. Gregory-Portland ISD shall not pay for services, work, supplies, or equipment which are unsatisfactory. Vendors shall be given a reasonable opportunity before termination to correct the deficiencies. This, however, shall in no way be construed as negating the basis for termination for non-performance.
2. All prices, fees, and Labor Rates must be guaranteed through completion of the contract.
3. The proposal award shall be based on the following factors:

Price: The monetary proposal amount- 50 points

Ability to Meet the District's Needs: Past experience and reputation of the vendor with school Districts- 20 points

Reputation of Vendors Services: Overall experience and reputation of the vendor with similar-sized customers- 20 points

Quality of Vendor's Response: Response to the Proposer Certification questionnaire (Attachment A)- 10 points

4. Proposals that do not meet or exceed the specifications and submittal requirements of the RFP may be rejected as non-conforming to the RFP specifications/requirements.
5. It is understood and agreed that the school district reserves the right to modify conditions and specifications by mutual agreement with the selected vendor both at the time of acceptance of this proposal offer as modified, and subsequent thereto by 25% or less of the total value of the award.
7. All contracts, agreements, and purchases between a vendor and Gregory-Portland ISD shall strictly adhere to the laws set forth in the Texas School Law Bulletin and other applicable laws and regulations.
8. Proposals will be opened and evaluated after the proposal submittal deadline, with follow-up on references, proposal tabulation, and, thereafter, possible interview and negotiation of final contract terms with selected vendors.
9. During the performance of this contract, the vendor agrees not to discriminate against any employee or applicant for employment because of race, color, national origin, age, religion, gender, marital or veteran status, or disability.
10. All contracts and agreements between vendors and Gregory-Portland ISD shall strictly adhere to applicable laws.

## SCOPE OF THE REQUESTED SERVICES

To meet the special needs of a segment of the student population at Gregory-Portland ISD, it will be necessary for the District to retain the services of occupational therapists on an independent contractor basis. These services will be provided to those students in need of additional support to enhance their educational experience.

The District is seeking qualified vendors to provide occupational therapy services to designated GPISD students by licensed, registered, and/or certified occupational therapy personnel. The qualifications and services requested will include, but not be limited to:

### Qualifications:

- Bachelor's degree required, Master's preferred
- Occupational Therapy licensure by the Texas Board of Occupational Therapy Examiners
- School-based experience preferred

### Responsibilities:

1. In service training for school personnel serving students approved for services;
2. Assessment of students referred for the services by the date requested;
3. Setting and implementing individual education plans, goals, and objectives for students approved for services;
4. Progress notes on students receiving services;
5. Comply with District billing requirements for detailed itemized billing for services, and complete any SHARS billings as requested or required;'
6. Service on admission, review, and dismissal committees, as needed.
7. Maintain records documenting the provision of services outlined in the IEP.
8. Maintain confidentiality according to FERPA guidelines
9. Other duties as assigned by the LEA

Contractor will comply with all rules and regulations of the District relating to the provision of services to students, as well as with all State and federal requirements and regulations applicable to the provision of nursing services. This includes written evaluations, progress reports and other required documentation.

## PROPOSAL FORMAT AND PREPARATION

Each proposer must submit one (1) ORIGINAL and two (2) copies of their proposal (for a total of three (3)). One of the copies must be marked "ORIGINAL" and contain original signatures. Proposal packages should be organized in the manner specified below:

Proposals should be prepared in a concise manner. Clarity of content and completeness are essential. All proposals must be typed and completed on 8- 1/ 2 x 11 paper.

Use the Certification by Proposer form (Attachment A) of this RFP as the cover sheet.

Each proposal must include a written narrative which reflects the proposer's planned schedule or Statement of Work response (Attachment B) of this RFP.

## ATTACHMENTS TO BE COMPLETED AND RETURNED WITH EACH PROPOSAL

*Important Note: Please submit the Original and two (2) copies of the proposal (a total of 3)*

Attachment A.	Certification by Proposer
Attachment B.	Statement of Work· Proposal
Attachment C.	Lobbying, Debarment, Suspension, Drug Free Workplace
Attachment D.	Disclosure of Interest (Form 1295) (Vendor must complete online at <a href="http://www.ethics.state.tx.us">www.ethics.state.tx.us</a> )
Attachment E.	References
Attachment F.	Certificate of Liability Insurance
Attachment G.	W-9
Attachment H.	Form CIQ: Conflict of Interest Questionnaire
Attachment I.	Felony Conviction Notice
Attachment J.	Non-Collusion Statement
Attachment K.	Suspension or Debarment Certificate
Attachment L.	State Assessment

**ATTACHMENT A**

**CERTIFICATION BY PROPOSER  
for  
ORIENTATION &  
MOBILITY SERVICES**

**I. IDENTIFICATION OF RESPONDENT**

Name of Individual Responding: \_\_\_\_\_

Name of Firm (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How many years has your firm been providing similar services. \_\_\_\_\_

What are your qualifications, and experience providing these services?

\_\_\_\_\_  
\_\_\_\_\_

How many years of experience do you have working with non-profits. \_\_\_\_\_

Is your firm registered with the state General Services Commission as a HUB. \_\_\_\_\_

Provide copy of your State Certificate.

Provide a brief description of your organizations, legal status, size, and whether it is local regional, or national in operation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENT A  
CERTIFICATION BY PROPOSER

II. DESCRIPTION OF SERVICES PROVIDED

Gregory-Portland ISD is seeking qualified vendors to deliver Occupational Services.

*Provide scope of work or proposal which your firm would make available to the District.*

Within \_\_\_\_\_ days of notice to proceed you will be able to begin the delivery of services.

What capacity or expertise does your organization have in the delivery of these services? (Attach any documentation deemed necessary).

---

---

---

III. SIGNATURE

Signature of Respondent: \_\_\_\_\_

Date Proposal Form Submitted: \_\_\_\_\_

Incomplete responses received after the deadline will not be considered.

Responses should be mailed or delivered to:

Gregory-Portland Independent School  
District Attention: Chris Casarez  
1200 Broadway Ave.  
Portland, TX, 78374

Phone# (361) 777-1091 x-1039

**ATTACHMENT B**

**Services Proposal Form**

We propose to enter into contract with Gregory-Portland ISD for the delivery of requested Occupational Services at designated District facilities in accordance with the specifications in this proposal, for the prices set forth below.

We have carefully reviewed, and understand, the terms, conditions, and specifications, of the requested services. We understand that Gregory-Portland ISD reserves the right to reject any or all proposals and to waive any informalities in the proposal, and to award the contract in the best interests of Gregory-Portland ISD.

Indicate any additional services your organization is able to provide to the District. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**By:** \_\_\_\_\_  
(signature) (Title) (date)

Attach any other documents required detailing the proposed Scope of Work or your service offerings. Please feel free to attach any brochures or literature which you feel best represents the capacities and capabilities of your organization to the deliver the requested services.

---

Drug-Free Workplace: This certification is required by the Federal Regulations, implementing Sections 5151- 5160 of the Drug-Free Workplace Act, 41 U.S.C. 701; for the Department of Agriculture (7 CFR Part 30 17), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), and Department of Health and Human Services (45 CFR Part 76).

---

The undersigned contractor certifies that it shall provide a drug-free workplace by:

- (a) Publishing a policy statement notifying employees that the unlawful manufacture , distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
  - (b) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Contractor 's policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs , and the penalties that may be inlposed on employees for drug abuse violations in the workplace;
  - (c) Providing each employee with a copy of the Contractor 's policy statement;
  - (d) Notifying the employees in the Contractor's policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Contractor in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
  - (e) Notifying the District within ten days of Contractor's receipt of a notice of a conviction of an employee; and,
  - (f) Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or require such employee to participate in a drug abuse assistance or rehabilitation program.
- 

#### Further Certifications:

---

The undersigned contractor further certifies that contractor will abide by all State and federal laws applicable to the provision of its services, activities or programs to the District, including but not limited to, the Americans with Disabilities Act, 42 USC §12111, *et seq.*, 29 CFR §1630, *et seq.*; Section 504 of the 1973 Rehabilitation Act, 34 CFR §104.1, *et seq.*; the Family Educational Rights and Privacy Act, 20 USC §1232g, *et. seq.*, 34 CFR §99.1, *et seq.*; Title IX of the Education Amendments of 1972, 20 USC §1681 *et seq.*, 34 CFR §106.1 *et seq.*; Copeland Anti-Kickback Act, 18 USC §874 as supplemented in 29 CFR Part 3; 34 CFR Part 76 (State-Administered Grant Programs); 34 CFR Part 75 (Direct Grant Programs); and any applicable federal, State, local and private grant requirements.

All of the above certifications in this Attachment C are a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

## ATTACHMENT C

### CERTIFICATONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS, AND DRUG-FREE WORKPLACE REQUIREMENTS

---

Lobbying: This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

---

The undersigned contractor certifies that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form- LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

---

Debarment, Suspension, and Other Responsibility Matters: This certification is required by the Federal Regulations, implementing, Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 30 17), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

---

The undersigned contractor certifies that neither it nor its principals:

- (1) Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,
- (4) Have not, within a three-year period preceding this contract, had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

# ATTACHMENT E

## REFERENCES

*Please indicate all required Point of Contact information requested*

Name of Company: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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 <b>one</b> of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td style="text-align: center;"><input type="checkbox"/> C Corporation</td> <td style="text-align: center;"><input type="checkbox"/> S Corporation</td> <td style="text-align: center;"><input type="checkbox"/> Partnership</td> <td style="text-align: center;"><input type="checkbox"/> Trust/estate</td> </tr> </table> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	<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	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<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		
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)

### 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.

<b>Social security number</b>											
- -											
<b>or</b>											
<b>Employer identification number</b>											

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## 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](http://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)

## **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 conflict-of-interest 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 the 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 the vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.00G(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.

**FELONY CONVICTION NOTICE**

Texas Education Code, 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 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 in the conviction." The District must compensate the person or business entity for services performed before the termination of the contract.

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

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

Authorized Company  
Official's Name (please print) \_\_\_\_\_

A. My firm is not owned or operated by anyone who has been convicted of a felony.

Signature of Company Official \_\_\_\_\_ Date: \_\_\_\_\_

B. 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: \_\_\_\_\_

C. My firm is a publicly owned, Stock-exchange Corporation; therefore, this reporting requirement is not required.

Signature of Company Official \_\_\_\_\_ Date: \_\_\_\_\_



## Suspension or Debarment Certificate

Non-Federal entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement for goods or services equal to or in excess of \$100,000.00. Contractors receiving individual awards for \$100,000.00 or more and all subrecipients must certify that the organization and its principals are not suspended or debarred.

By submitting this offer and signing this certificate, the bidder:

Certifies that the owner/operator has not been convicted of a felony except as indicated on a separate attachment to this offer, in accordance with Section 44.034, Texas Education Code, and  
Certifies that no suspension or disbarment is in place, which would preclude receiving a federally funded contract under the Federal 0 MB, A-102, Common Rule ( \_ .36)

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

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

Signature of Company Official \_\_\_\_\_ Date \_\_\_\_\_

Vendor E-mail Address .....

Vendor Telephone Number \_\_\_\_\_

**ATTACHMENT L**

**STATE ASSESSMENT CERTIFICATION**

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands that making a false statement is a material breach of contract and is grounds for contract cancellation.

The corporation certifies that:

It is current in Unemployment Insurance taxes, Payday and Child Labor law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas.

It has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

---

Name and Title of Authorized Representative

---

Signature

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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><b>Note:</b> 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 <b>not</b> 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><b>4</b> 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><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> 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.

**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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## 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](http://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

**For vendor doing business with local governmental entity**

## FORM CIQ

<p><b>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</b></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><b>OFFICE USE ONLY</b></p> <p>Date Received</p>
--	--

**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

**FELONY CONVICTION NOTICE**

Texas Education Code, 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 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 in the conviction." The District must compensate the person or business entity for services performed before the termination of the contact.

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

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

Authorized Company  
Official's Name (please print) \_\_\_\_\_

A. My firm is not owned or operated by anyone who has been convicted of a felony.

Signature of Company Official \_\_\_\_\_ Date: \_\_\_\_\_

B. 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: \_\_\_\_\_

C. My firm is a publicly owned, Stock-exchange Corporation; therefore, this reporting requirement is not required.

Signature of Company Official \_\_\_\_\_ Date: \_\_\_\_\_



## Suspension or Debarment Certificate

Non-Federal entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement for goods or services equal to or in excess of \$100,000.00. Contractors receiving individual awards for \$100,000.00 or more and all subrecipients must certify that the organization and its principals are not suspended or debarred.

By submitting this offer and signing this certificate, the bidder:

- Certifies that the owner/operator has not been convicted of a felony except as indicated on separate attachment to this offer, in accordance with Section 44.034, Texas Education Code, and
- Certifies that no suspension or disbarment is in place, which would preclude receiving a federally funded contract under the Federal OMB, A-102, Common Rule ( \_36)

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

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

Signature of Company Official \_\_\_\_\_ Date \_\_\_\_\_

Vendor E-mail Address \_\_\_\_\_

Vendor Telephone Number \_\_\_\_\_