



## **VENDOR APPLICATION PACKET**

Texans Can Academies  
Purchasing Office 2<sup>nd</sup> Floor  
325 W 12<sup>th</sup> Street  
Dallas, TX 75208  
Phone: 214-944-1985 Fax: 214-946-3995  
[purchasing@texanscan.org](mailto:purchasing@texanscan.org)

Vendor/Company Name: \_\_\_\_\_

Submission Date: \_\_\_\_\_

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Submission of the vendor application is used to establish a database of interested vendors and **does not guarantee approval** to provide goods and/or service. Please ensure your completed application documents include the vendor information form, the completed product categories list, the W-9 form and the Conflict of Interest form. Incomplete packets will not be included in the district vendor database.

It is the responsibility of each vendor to notify Texans Can Academies Purchasing Department regarding any change of address.

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Purchasing Cooperative:   
LexisNexis Accurint attached:   
SAM – System Award Management attached:

# VENDOR APPLICATION FORM

**Vendor/Company Name:** \_\_\_\_\_

Contact: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bid Department:** (if different from above)

Contact: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Purchase Order Address:** (if different from above)

Contact: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment information:** (if different from above)

Contact: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Social Class Designation:**

Small

Woman Owned

Other

Supplier Fair-Invitation

Minority Owned

CMBL Certified

### **Are you a member of any of these Co-ops?**

US Communities Government Purchasing Alliance

Texas Buy Board Vendors

National Cooperative Purchasing Alliance (NCPA)

Harris County Department of Education (HCDE)

Educational Purchasing Cooperative of North Texas (EPCNT)

Department of Information Resources (DIR)

Purchasing Association of Cooperatives Entities (PACE)

Cooperative TIPS/TAPS Purchasing System

State Purchasing – Texas Comptroller of Public Accounts

The Cooperative Purchasing Network (TCPN)

All Education Services Centers Texas Regions 1-20

Prospective vendors must complete and return this application along with W-9 and Conflict of Interest Forms in order to be added to the district database of vendors and does not guarantee approval to provide goods or services.

**Please complete and return this form along with the Vendor Product Categories form and the completed W-9 and Conflict of Interest form to:**

**Texans Can Academies**  
Purchasing Office, 2<sup>nd</sup> Floor  
325 W. 12<sup>th</sup> Street  
Dallas, TX 75208  
[www.texanscan.org](http://www.texanscan.org)

PLEASE FEEL FREE TO ADD PRODUCTS AND/OR SERVICES YOU PROVIDE IF NOT INCLUDED IN THE LIST BELOW

## VENDOR PRODUCT CATEGORIES

(Please check ALL that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Asbestos abatement                            | <input type="checkbox"/> Printing services                  |
| <input type="checkbox"/> Athletic supplies & equipment                 | <input type="checkbox"/> Printed business forms             |
| <input type="checkbox"/> Athletic uniforms                             | <input type="checkbox"/> Promotional materials              |
| <input type="checkbox"/> Audio/Visual supplies, equipment, services    | <input type="checkbox"/> Safety equipment and supplies      |
| <input type="checkbox"/> Automotive repair parts and equipment         | <input type="checkbox"/> Security system equipment          |
| <input type="checkbox"/> Automotive services                           | <input type="checkbox"/> Security services                  |
| <input type="checkbox"/> Award items                                   | <input type="checkbox"/> Sound system equipment             |
| <input type="checkbox"/> Books and workbooks                           | <input type="checkbox"/> Sound system repair parts          |
| <input type="checkbox"/> Building materials, supplies                  | <input type="checkbox"/> Sound system services              |
| <input type="checkbox"/> Catering services                             | <input type="checkbox"/> Telephone systems and equipment    |
| <input type="checkbox"/> Chartered transportation                      | <input type="checkbox"/> Telephone repair services          |
| <input type="checkbox"/> Classroom instructional supplies              | <input type="checkbox"/> Uniforms (staff and student)       |
| <input type="checkbox"/> Classroom furniture                           | <input type="checkbox"/> Vehicles                           |
| <input type="checkbox"/> Computer equipment, supplies, furniture       | <input type="checkbox"/> Vending equipment and products     |
| <input type="checkbox"/> Computer software                             | <input type="checkbox"/> Wall coverings                     |
| <input type="checkbox"/> Computer repair parts and services            | <input type="checkbox"/> Yard/landscape equipment           |
| <input type="checkbox"/> Concrete work                                 | <input type="checkbox"/> Yard/landscape supplies, materials |
| <input type="checkbox"/> Counseling and guidance materials             | <input type="checkbox"/> Yard/landscape services            |
| <input type="checkbox"/> Electrical parts and supplies                 | _____   |
| <input type="checkbox"/> Electrical services                           | _____   |
| <input type="checkbox"/> Floor care equipment and supplies             | _____   |
| <input type="checkbox"/> Graduation materials and supplies             | _____   |
| <input type="checkbox"/> HVAC repair parts, supplies, equipment        | _____   |
| <input type="checkbox"/> HVAC services                                 | _____   |
| <input type="checkbox"/> Industrial equipment, tools, supplies         | _____   |
| <input type="checkbox"/> Library books and supplies                    | _____   |
| <input type="checkbox"/> Library furniture and equipment               | _____   |
| <input type="checkbox"/> Locks   | _____   |
| <input type="checkbox"/> Lockers                                       | _____   |
| <input type="checkbox"/> Maintenance supplies and equipment            | _____   |
| <input type="checkbox"/> Maintenance services                          | _____   |
| <input type="checkbox"/> Magazines                                     | _____   |
| <input type="checkbox"/> Maps and globes                               | _____   |
| <input type="checkbox"/> Medical equipment and supplies                | _____   |
| <input type="checkbox"/> Office equipment and supplies                 | _____   |
| <input type="checkbox"/> Office furniture                              |   |
| <input type="checkbox"/> Painting, painting equipment and supplies     |   |
| <input type="checkbox"/> Painting services                             |   |
| <input type="checkbox"/> Pest control services and supplies            |   |
| <input type="checkbox"/> Plumbing repair parts, supplies and equipment |   |
| <input type="checkbox"/> Plumbing services                             |   |



**Conflict of Interest Local Disclosure**

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

Address: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

1. Are you or an immediate family member, now or were formerly, employed by the Texans Can Academies?  
 Yes  No If yes, please explain below.

2. Are you or an immediate family member, now or were formerly, related to an employee or trustees of the Texans Can Academies?  
 Yes  No If yes, please explain below.

3. Do you or an immediate family member have a financial, business, or personal interest in a business or organization with which the Texans Can Academies does business or expects to do business or with a business or organization receiving payments from the Texans Can Academies for property, goods or services?  
 Yes  No If yes, please explain below.

4. Have you or an immediate family member been a party to or involved in contractual transactions with the Texans Can Academies within the past three years?  
 Yes  No If yes, please explain below.

5. During the past five years, have you been convicted in a criminal proceeding or are you now or have been the named subject of a criminal proceeding, lawsuit, or other offenses that might be deemed material to evaluating your ability, your integrity or interests with respect to Texans Can Academies?  
 Yes  No If yes, please explain below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name: \_\_\_\_\_, Position: \_\_\_\_\_

## 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) ▶ _____  <small>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 <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.</small> </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><small>(Applies to accounts maintained outside the U.S.)</small></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>	<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> <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>													
	<b>or</b> <b>Employer identification number</b> <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>													

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ _____
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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](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

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  
Rudy Oeftering  
Michael T. Casey  
Regina M. Thompson  
Gloria Delgado  
Richard Evans  
John Hernandez  
Robert Nelson, MD  
Penny Rayfield  
Linda K. von Quintus  
James Ponce  
Marian P. Hamlett  
Norma Allen  
Scott Barrow  
Daniel Cahalen

**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

## **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 conflicts disclosure statement with respect to a vendor if:

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(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 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 vendor has been executed; or  
(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(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.