

VENDOR APPLICATION AND INFORMATION

This vendor's information form is intended for use in setting up an eligible vendor's profile in Frisco ISD's financial system. Vendors desiring to receive Requests for Proposals, Request for Qualifications or information about other Frisco ISD bidding opportunities should register in Ion Wave, the Districts' supplier portal at: <https://fisd.ionwave.net/Login.aspx>.

Submittal of this vendor's information is for the convenience of the Compliance Department. It is the responsibility of each vendor to keep the Compliance Department informed of any change of address.

In the event Vendor requires access to information from education records maintained by Frisco Independent School District ("the District"), Vendor understands and agrees that it is designated as a "school official" in order to perform an institutional service or function for which the District would otherwise use employees. Information from education records may only be disclosed to Vendor for the limited, legitimate educational purpose related to that service or function. Vendor understands and agrees that it is under the direct control of the District with respect to the use and maintenance of education records and that such records are privileged and subject to State and Federal laws, including the Family Educational Rights and Privacy Act ("FERPA"). Vendor agrees that it will not use education records for any unauthorized purpose and that it will not re-disclose, divulge, or discuss any information from education records to any other person without specific authorization from the District, or under obligation of State or Federal law.

Company Name: _____

Doing Business As: _____

Mailing Address: _____
Street/P.O. Box

City, State ZIP

Remit Address: *Check if same as above*

Street/P.O. Box

City, State ZIP

Phone # _____

Web Page _____

Contact Person _____
Name Email

Name Email

Do you accept purchase orders? Yes No _____
PO Email Address

Is your company an awarded vendor of a "coop" contract such as BuyBoard, TCPN, TIPS/TAPS, etc.? Yes No

Cooperative Name (s): _____

Bid/Contract Number(s): _____

Is your company a sole source vendor? Yes No *If yes, please attach supporting documentation.*

Types of goods/services provided:

Applicant Signature:

Date:



FRISCO ISD SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM

Substitute Form W-9: (IRS Rev. December 2014)

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; check only **one** of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
 Non-Profit Entity Government (Local, State or Federal)
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) ____
 Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions: Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: _____ Remit Address (if different): _____

6 City, State, and ZIP code

City, State, and ZIP code

7 Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____

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 due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____

Date: _____

Printed Name: _____

Contact Phone: _____

ACH Enrollment: (Rev. January 2017) Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *
Address:	Depositor Account Number:	Prior Account Number: *
City, State and ZIP code:	Type of Account: Checking Savings	*Prior ACH instructions are required to be completed if changing/updating your ACH instructions

This account will be used for all payments by Frisco ISD unless specified here: _____

E-mail: _____

(Used for ACH payment notification)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	
Title:	
Date	

This authority is to remain in full force and effect until Frisco ISD has received written notification from the vendor of the termination in such time and in such manner as to afford Frisco ISD and the Depository a reasonable opportunity to act on it.)



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 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 in 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

Please mark appropriate choice.

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

___ My firm is not owned nor operated by anyone who has been convicted of a felony.

___ 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 Convictions(s): _____

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.

Vendor's Name

Printed Authorized Company Official's Name

Signature Authorized Company Official's Name

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