

**El Paso Independent School District**

**Vendor Information Form**

*Purchasing Department*

*Email Address: purchasing@episd.org*

**ADDRESS INFORMATION**

**REMIT TO ADDRESS:**

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

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

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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Age of Business: \_\_\_\_\_ Background \_\_\_\_\_

Type of Business: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Fundraiser: \_\_\_\_\_ Items: \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Locations \_\_\_\_\_

Financial Rating \_\_\_\_\_

Name of Bank \_\_\_\_\_

Do you pay State Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_ City Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

El Paso School Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_ Federal ID#  
(Not State, Sales &  
Use Tax Permit) \_\_\_\_\_

Service: Do you stock items you sell? \_\_\_\_\_

Delivery - Self Operated \_\_\_\_\_ Commercial \_\_\_\_\_

Terms of payment on regular orders (other than bid or quotation) \_\_\_\_\_

References: Specify if an Educational Institution. \_\_\_\_\_

NAME

ADDRESS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Requested by: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fax or mail to:  
4900 Woodrow Bean, El Paso, Texas 79924  
Phone: (915) 759-2700 Fax: (915) 759-2701*

MAIL BID INQUIRIES TO:

Company		
Address		
City	State	Zip Code
Date	Fax No.	Phone Number

**BID LIST CATEGORY**

(Check items for which you would like to receive bid invitations)

**ADMINISTRATION**

**General**

- |       |          |  |
|-------|----------|--|
| _____ | 01-01-01 | Armored Car Services                                 |
| _____ | 01-01-02 | Jackets, Letters, Sweaters                           |
| _____ | 01-01-03 | Service Award Pins                                   |
| _____ | 01-01-04 | Senior Graduation Items                              |
| _____ | 01-01-05 | School Pictures                                      |
| _____ | 01-01-06 | Yearbooks  |
| _____ | 01-01-07 | Audit/Accounting Services                            |
| _____ | 01-01-08 | Plaques, Trophies, Medals, Pins                      |
| _____ | 01-01-09 | Blinds   |
| _____ | 01-01-10 | Travel Service/Student Trips                         |
| _____ | 01-01-11 | Drug Ed/Deterrent Service                            |
| _____ | 01-01-12 | Special Services                                     |
| _____ | 01-01-14 | Insurance (Do not use - Use categories listed below) |
| _____ | 01-01-15 | Employee Personnel                                   |
| _____ | 01-01-16 | Leasing  |
| _____ | 01-01-17 | Flags  |
| _____ | 01-01-18 | Recognition/Promotional/Incentives                   |
| _____ | 01-01-19 | Insurance/Medical                                    |
| _____ | 01-01-20 | Insurance/Supplemental                               |
| _____ | 01-01-21 | Insurance/Workers' Compensation                      |
| _____ | 01-01-22 | Insurance/Student                                    |
| _____ | 01-01-23 | Insurance/Property Casualty                          |
| _____ | 01-01-24 | Insurance/Vehicles                                   |
| _____ | 01-01-25 | Insurance/Financial Services                         |
| _____ | 01-01-26 | Tax Deferred Programs                                |

**General**

- |       |          |                             |
|-------|----------|-----------------------------|
| _____ | 02-01-01 | Equipment/Supplies/Uniforms |
| _____ | 02-01-02 | Medical Supplies            |
| _____ | 02-01-03 | Training Equipment          |
| _____ | 02-01-04 | Uniforms                    |
| _____ | 03-01-05 | Audio Systems & Recorders   |

**AUDIO VISUAL****General**

_____	03-01-01	Audio Visual Equipment/Electronics/Lamps
_____	03-01-02	Radio, TV Materials
_____	03-01-03	LCD Projection Panels
_____	03-01-04	2-Way Radio
_____	03-01-05	Audio Systems & Recorders

**COSMETOLOGY****General**

_____	04-01-01	Supplies/Furniture/Shampoo Machine
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**General****TECHNOLOGY**

_____	05-01-01	Checks/Envelopes
_____	05-01-02	Computer Hardware
_____	05-01-03	Computer Software
_____	05-01-04	Computer Maintenance
_____	05-01-05	Laser/Scanners
_____	05-01-06	Imaging
_____	05-01-07	Telecommunications

**OPERATIONAL SERVICES****General**

_____	06-01-01	Furniture
_____	06-01-02	Compressors, Refrigerator Replacement Parts
_____	06-01-03	Annual Maintenance Supplies
_____	06-01-06	Bilingual Books/Materials

**HOMEMAKING****General**

_____	07-01-01	Appliances
_____	07-01-02	Sewing Machines/Repairs

**CURRICULUM****All Levels - General**

_____	08-01-01	Ed Childhood/Playground Equipment
_____	08-01-02	Elementary Instruction
_____	08-01-03	High School Instruction
_____	08-01-04	Math: Calculators/Manipulatives
_____	08-01-05	Curriculum - Dictionaries
_____	08-01-06	Bilingual Ed. Books/Materials
_____	08-01-07	Special Education Materials
_____	08-01-08	Miscellaneous Instructional Materials/Training
_____	08-01-09	Assessment Materials/TAKS

**LIBRARY****General**

_____	09-01-01	Book Security System
_____	09-01-02	Encyclopedias Books/Periodicals
_____	09-01-03	Furniture/Shelving
_____	09-01-04	Warehouse Misc. Supplies
_____	09-01-05	Videos, Videodiscs, CD-ROMS

**LUNCHROOM**

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

10-01-01  
10-01-02

**LR Services**

Linen Supply  
Cold Storage

**LR Equipment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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10-02-01  
10-02-02  
10-02-03  
10-02-04  
10-02-05  
10-02-06

Large Equipment  
Ice Machines  
Kitchen Utensils  
Flatware  
Cash Registers  
Compressors Refrigerator & Freezer Replacement Parts

**Food**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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10-03-01  
10-03-02  
10-03-03  
10-03-04  
10-03-05  
10-03-06  
10-03-07

Bakery Products  
Cereals/Breakfast  
Purchases-Food  
Dairy Products/Juice  
Snack Bar Supplies  
Tortillas  
Frozen Chicken

**Misc.**

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

10-04-01  
10-04-02  
10-04-03  
10-04-04

Food Service Paper  
Dishwasher Detergent/Cleansers  
Uniforms  
Miscellaneous Food Service Items

**MACHINES**

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11-01-01  
11-01-02  
11-01-03  
11-01-04  
11-01-06  
11-01-07  
11-01-08  
11-01-09

**General**

Copiers  
Dictation/Cassette Transcriber  
Duplicator/Ditto/Mimeo  
Printers, Laser & Materials  
Typewriters  
Video Equipment  
Calculators  
Facsimiles

**MAINTENANCE**

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12-01-01  
12-01-02  
12-01-03  
12-01-04  
12-01-05  
12-01-06  
12-01-07  
12-01-08  
12-01-09  
12-01-10  
12-01-11  
12-01-12  
12-01-13

**Auto**

Vehicles: Police/Vans/Trucks  
Parts/Equipment/Anti-Freeze  
Gasoline  
Propane Fuel  
Brakes/Suspension/Chassis  
Body Parts/Supplies  
Batteries/Electrical Parts  
Engines/Transmissions/Clutches  
Tractor/Miscellaneous Parts  
Rebuild/Machine Shop  
Small Engine/Miscellaneous Parts  
Belt/Filters/Miscellaneous  
Towing/Roadside Service

_____	12-01-14	Lubricants/Oil
_____	12-01-15	Tires/Wheels
_____	12-01-16	Diagnostic Equip/Tools
_____	12-01-17	Auto Part Accessories
_____	12-01-18	Buses/Accessories/Services.
_____	12-01-19	Anti-Freeze
_____	12-01-20	Transmissions/Rebuild
_____	12-01-21	Heavy Truck Parts

**Custodial**

_____	12-02-01	Floor Machines/Vacuum Cleaners
_____	12-02-02	Dispensers
_____	12-02-03	Dumpster Collection
_____	12-02-04	Sanitary Napkins
_____	12-02-05	Toilet Tissue/Paper Towels
_____	12-02-06	Cleaning Supplies
_____	12-02-07	Floor Care Products

**Supplies**

_____	12-03-01	Hardware Supplies
_____	12-03-02	Electrical Supplies/Motors
_____	12-03-03	Lamps-Fluorescent/Parts
_____	12-03-04	Plumbing Tools/Materials
_____	12-03-05	Building Products
_____	12-03-06	Metal Materials
_____	12-03-07	Power Tools/Hand Tools
_____	12-03-08	Concrete
_____	12-03-09	Motor Repair & Service
_____	12-03-10	Bleacher/Boards/Millwork
_____	12-03-11	Ceiling Tile
_____	12-03-12	Hollow Metal Doors
_____	12-03-13	Hardwood Products
_____	12-03-14	Nuts/Bolts/Screws
_____	12-03-15	Roofing Materials
_____	12-03-16	Toilet Partitions

**Grounds/Buildings**

_____	12-04-01	Air Compressors
_____	12-04-02	Fence Materials
_____	12-04-03	Fire Extinguishers
_____	12-04-04	Glass, Windows & Plastics
_____	12-04-05	Locks & Padlocks
_____	12-04-06	Wall Lockers
_____	12-04-07	Lumber
_____	12-04-08	Paint/Shellac/Turpentine
_____	12-04-09	Security/Safety/Emergency Equipment
_____	12-04-10	Vaults
_____	12-04-11	Chemicals
_____	12-04-12	Landscaping & Sprinklers
_____	12-04-13	Miscellaneous
_____	12-04-14	Rentals
_____	12-04-15	Ceramic/Vinyl Tile/Supplies
_____	12-04-16	Storage Buildings
_____	12-04-17	Welding Equipment/Supplies
_____	12-04-18	Roofing Materials/Miscellaneous

### Heating/Air Conditioning

_____	12-05-01	Air Conditioner Equipment/Supplies
_____	12-05-02	Boilers, Expansion Tanks & Pumps
_____	12-05-03	Cooler Pads & Media
_____	12-05-04	Evaporated Coolers/Accessories
_____	12-05-05	Pumps & Motors
_____	12-05-06	Storage Tanks & Accessories

### Misc.

_____	12-06-01	Kitchen Exhaust Ventilation
_____	12-06-02	Water Treatment Maintenance
_____	12-06-03	Elevator Maintenance
_____	12-06-04	Kitchen Equipment
_____	12-06-05	Ice Machines
_____	12-06-06	Washer/Dryer Laundry
_____	12-06-07	Catalog Vendor List
_____	12-06-08	Topsoil
_____	12-06-09	Gravel
_____	12-06-10	Rental Equipment

### MUSIC

#### General

_____	13-01-01	Choir Risers
_____	13-01-02	Instruments: Band/Orchestra
_____	13-01-03	Band Uniforms/Vocal Music

### PRINT SHOP

#### General

_____	14-01-01	Paper-Carbonless/Index/Offset
_____	14-01-02	Equipment-Binding/Plates/Etc.
_____	14-01-03	Laminating Press & Film

### SOCIAL STUDIES

#### General

_____	15-01-01	Maps/Globes
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### SCIENCE

#### General

_____	16-01-01	Warehouse Science Supplies
_____	16-01-02	Microscopes
_____	16-01-03	Lab Balances



# CONFLICT OF INTEREST QUESTIONNAIRE

# FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person 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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

## OFFICE USE ONLY

Date Received

**1** Name of person 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 the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes       No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes       No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 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. person (including a U.S. resident alien).

**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 on page 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

**Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*





Business Services  
Purchasing

**RE: Senate Bill 9 Requirements**

Dear EPISD Vendor:

On behalf of El Paso Independent School District, enclosed please find a copy of a Contractor Certification for your review, completion and return to the District. Under Senate Bill 9 from last year's session of the Texas Legislature, Section 22.0834 of the Texas Education Code was adopted, and since then, Section 153.1117 of Title 19 of the Texas Administration Code has been enacted, which together require the District to obtain a certification from its contractors under certain circumstances. The Contractor Certification Form, prepared pursuant to such laws, should be self-explanatory. If you have any further questions, do not hesitate to contact me. The Contractor Certification Form should be accurately completed, signed and then returned to me as soon as possible and no later than 15 work days from the date of this letter. For reference, the District's ORI number is TX922534Z.

For additional information, please go to:

[http://www.tasb.org/services/legal/documents/sb9\\_employee\\_volunte1.pdf](http://www.tasb.org/services/legal/documents/sb9_employee_volunte1.pdf)

Thank you for your anticipated cooperation. Please do not hesitate to contact me if you have any questions or comments regarding the foregoing.

Juan E. Pulido  
Director of Procurement

Enclosure

**CONTRACTOR CERTIFICATION**

Under Section 22.0834 of the Texas Education Code and Section 153.1117 of Title 19 of the Texas Administrative Code, as may be amended (the "Applicable Law"), any entity that contracts with El Paso Independent School District (the "District") to provide services (each, a "Contractor") must obtain criminal history record information regarding its covered employees, and must ensure that each of its subcontractors, if any (each, a "Subcontractor"), obtain criminal history record information regarding the covered employees of such subcontractor. The Contractor must certify its compliance with the Applicable Law to the District, and any covered employees of the Contractor or of any Subcontractor with disqualifying criminal histories are prohibited from serving at the District. If the Contractor is a natural person acting as an independent contractor, the Contractor shall also be considered his/her own employee for purposes of this Certification. For these purposes, "covered employees" means employees who have or will have continuing duties related to the service to be performed at the District and have or will have "direct contact with students" meaning contact that results from activities that provide substantial opportunity for verbal or physical interaction with students that is not supervised by a certified educator or other professional district employee, and "disqualifying criminal history" means any conviction or other criminal history information designated by the District, or one of the following offenses, if at the time of the offense, the victim was under 18 or enrolled in a public school: (a) a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure; or (c) an equivalent offense under federal law or the laws of another state. Contractor is encouraged to review its obligations under the Applicable Law.

On behalf of \_\_\_\_\_ (the "Contractor"), I certify, acknowledge, and agree that [check each box as applicable]:

- Contractor does not currently provide any services to the District, and is not under any existing or pending contract to provide services to the District. If this box is checked, no further boxes need be checked.
- Any contract of Contractor with the District does not involve the provision of any services whatsoever to the District, including without limitation installation services. If this box is checked, no further boxes need be checked.
- If the Contractor is a natural person or a proprietorship, then I certify that I am such person and/or the owner of such proprietorship, that I have obtained all required criminal history record information regarding myself through the Texas Department of Public Safety's Fingerprint-based Applicant Clearinghouse of Texas (FACT), and that I do not have a disqualifying criminal history. I further agree to notify the District in writing within 3 business days if I am arrested or adjudicated for a disqualifying reason during the contract term. I agree to provide the District, upon request, my full name and any other requested information so that the District may obtain my criminal history record information. I understand that the District may terminate my contract at any time if the District determines, at its sole discretion, that my criminal history is not acceptable.
- None of Contractor's employees are covered employees, as defined above. If this box is checked, I further certify on Contractor's behalf that Contractor has taken precautions or imposed conditions to ensure that Contractor's employees will not become covered employees. Contractor will maintain these precautions or conditions throughout the time the contracted services are provided.
- Some or all of Contractor's employees are covered employees. If this box is checked, I further certify and agree that: (a) Contractor has obtained all required criminal history record information regarding its covered employees and that none of the covered employees has a disqualifying criminal history; (b) if Contractor receives information that a covered employee subsequently has a reported criminal history, Contractor will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days thereafter; (c) upon request, Contractor will provide the District with the name and any other requested information of covered employees so that the District may obtain criminal history record information on the covered employees; (d) if the District objects to the assignment of a person which the District believes to be a covered employee on the basis of the such person's criminal history record information, Contractor agrees to discontinue using that covered employee to provide services at or for the District.
- Contractor will not use any Subcontractors to provide the contracted services. If this box is checked, the remaining boxes should not be checked.

Contractor will use one or more Subcontractors to provide the contracted services, but none of the Subcontractors, or their employees, is a covered employee. If this box is checked, I further certify that Contractor and its subcontractors have taken precautions or imposed conditions to ensure that the subcontractors and their employees will not become covered employees. Contractor and its subcontractors will maintain these precautions or conditions throughout the time the contracted services are provided.

Contractor will use Subcontractors to provide the contracted services, but some of the subcontractors, or their employees, are covered employees, as defined above. If this box is checked, I further certify that: (a) each Subcontractor has certified to Contractor that such Subcontractor has obtained all required criminal history record information regarding its covered employees; (b) none of the covered employees has a disqualifying criminal history; (c) if Contractor receives information that a covered employee of a subcontractor subsequently has a reported criminal history, Contractor will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days thereafter; (d) upon request, Contractor will provide the District with the name and any other requested information of the covered employees of each of its Subcontractors so that the District may obtain criminal history record information on such covered employees; (d) if the District objects to the assignment of a person whom the District believes to be covered employee of a Subcontractor on the basis of such person's criminal history record information, Contractor agrees to discontinue, and cause such Subcontractor to discontinue, using that covered employee to provide services at or for the District.

By my signature below, Contractor further agrees as follows: (a) it is and will remain in compliance with the Applicable Law and with any District policies relating thereto or arising therefrom; (b) it will ensure that no covered employee of Contractor or any Subcontractor with a disqualifying criminal history provides service at or for the District; (c) it will defer to any belief or contention of the District that a particular person is a covered employee or has a disqualifying criminal history and to the District's interpretation of Applicable Law; and (d) it understands that any noncompliance with, any misrepresentation or inaccuracy within, or any other breach, of this Certification may be grounds for contract termination or other legal action by the District at its option.

\_\_\_\_\_  
Name of Contractor

By: \_\_\_\_\_

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Title: \_\_\_\_\_