



Snyder ISD Vendor Packet

The business office serves as a liaison between vendor sales and District personnel in the acquisition of operations supplies, school supplies and services.

Governed by state and federal law, as well as local policy, our department is committed to supporting the staff and students of Snyder ISD by procuring the needed resources through prudent purchasing practices. At the same time, the expenditure of public funds requires ethical standards to be incorporated into every aspect of the District procurement function.

Texas public school are governed by the State of Texas (TEC 44.031).

Vendors interested in doing business with Snyder ISD should submit information of services and products offered. Any memberships in purchasing cooperatives, such as the TASB Buy Board, should be listed.

Vendors that are selected for use will be required to submit pricing dependent upon the purchasing method selected by the District as well as a W-9. For contracted services vendors are required to submit the following:

- proposed contract
- certificate of insurance
- W-9

The District utilizes several “methods” of procurement under TEC 44.031 including, but not limited to:

- Request for proposal
- Competitive sealed proposals
- Competitive bidding
- Interlocal agreement

It is important to note that each fiscal year a new W-9 and, if applicable, an insurance certificate and contract, must be received, reviewed and approved by the District before business in the new fiscal year may occur.

SYNDER INDEPENDENT SCHOOL DISTRICT
Vendor Application and Authorization
Agreement

Date Received Stamp: _____

Company/Vendor Name: _____

Authorized Representative & Contact

Phone: _____

Contact Email Address: _____

Physical Mailing Address: _____

City/State/Zip: _____

Website: _____

Email Address for PO Submission: _____

Payment Remittance Address: _____

City/State/Zip: _____

Description of Goods/Services
you wish to provide the District:



If your company headquarters are outside of the Scurry County area, please give name, address, and telephone of local representative:

Contact and Phone Number: _____

Headquarter Address: _____

City/State/Zip: _____

Purchasing Co-op Membership(s) you are affiliated with:
(check all that apply)

BuyBoard
DIR
PACE
TxSmartBuy

Choice Partners
E&I
PCA

CTPA
Omnia
TIPS-USA

RETURN COMPLETED APPLICATION TO:

**SNYDER ISD, Attn: Purchasing, 2901 37th Street, Snyder, TX 79549 or via email to
reynaldo.boone@snyderisd.net**

SID INTERNAL
USE ONLY

DATE: _____

VENDOR CODE/NUMBER: _____

This application does not guarantee any level of business expenditure or award by the District.

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor or other person doing business with local governmental entity

FORM CIQ

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 no 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

FELONY CONVICTION DISCLOSURE & DEBARMENT CERTIFICATION

1. FELONY CONVICTION DISCLOSURE

Subsection (a) of Section 44.034 of the Texas Education Code (Notification of Criminal History of Contractor) 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 has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Section 44.034 further states in Subsection (b): "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."

Please check one of the following:

- My company is a publicly-held corporation. (Advance notice requirement does not apply to publicly-held corporation.)
- My company is not owned or operated by anyone who has been convicted of a felony.
- My company 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): _____

By signature below, I certify that the above information is true, complete and accurate and that I am authorized by my company to make this certification.

Company Name

Signature of Authorized Company Official

Printed Name

2. DEBARMENT CERTIFICATION

Neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations.

By signature below, I certify that the above is true, complete and accurate and that I am authorized by my company to make this certification.

Company Name

Signature of Authorized Company Official

Printed Name



Snyder Independent School District
2901 37th St.
Snyder, Texas 79549

(325)574-8900
kwarren@snyderisd.net

Snyder ISD is now offering payment by ACH direct deposit to all Accounts Payable vendors. Payments by ACH are deposited directly into your bank account.

To elect your payment to be made by Electronic Funds Transfer through ACH, please complete Sections 1-3 of the form below, sign in Section 3, and return to the Accounts Payable department by email at kwarren@snyderisd.net, by fax at (325) 574-8900, or by mail at 2901 37th Street, Snyder, TX 79549.

Accounts Payable Electronic Fund Transfer Agreement (EFT)

(PAYMENT BY ACH)

Section 1- Vendor Information

Name:	
Address:	
City/State/Zip:	Phone:
Last 3 digits of Fed ID or SSN (to verify vendor identification):	
Email Address for Notification of Deposit (required):	

Section 2 – Bank Account Information (contact bank ACH department for correct routing number)

Financial Institution Name:		
Financial Institution Address:		
Routing Number for ACH:		
Depositor Account Number:		
Type of Account:	Checking	Savings

Section 3 – Authorization

I authorize Snyder ISD to credit my account with the depository named above. If the District should erroneously deposit funds into my account, upon notification by the District I will authorize the necessary debit entries to correct the error, not to exceed the amount deposited in error.

This authorization will remain in effect until the district has received written notification from me that it is to be terminated.

Signature: _____ **Date:** _____

Snyder ISD Internal Use Only	Date Entered: _____	Entered By: _____
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