

CONTRACTED SERVICES FORMS



NAME: _____
VENDOR#: _____
For Office Use Only

ROUTING SLIP

- All forms must be attached to the routing slip and be sent to the following departments starting with the department that is requesting the agreement.
- Completed paperwork from the vendor must be sent by inter-office mail by the department requesting the vendor with the routing slip. DO NOT ask the vendor to mail the paperwork to Purchasing or Human Resources.
- ALL paperwork must go through Human Resources. **Even if the vendor will have no contact with students.**

1. Department Level _____ / _____
(Signature) (Print Name)

2. Email Vendor # to: _____

The vendor will be presenting to: _____STAFF ONLY _____STUDENTS

If the vendor is presenting to STAFF ONLY, do not complete Addendum to Application and do not send to HR. Send directly to Purchasing.

3. Human Resources _____
(Janie Franke) (Date)

4. Purchasing _____
(JoAnn Tinney/Kathy Sewell) (Date)

5. Finance _____
(JoAnn Tinney)

• Budget Code _____

VENDOR NUMBER:

The vendor number will be issued by the purchasing department and the number will be sent to you by email. Once you have received the vendor number, process the direct pay for these contracted services and then forward to Susan Hill/Finance Office.

Forms must be submitted 30 days prior to services rendered for prompt payment.



Contract/Agreement

This agreement is made this _____ day of _____, 20____, between Frisco Independent School District (FISD) and _____ (please print) (hereinafter referred to as the Contracted Service Agent). The FISD and the Contracted Service Agent for the Consideration stated herein, hereby agree as follows:

The FISD shall hereby retain _____ in his/her capacity as an independent contractor for a period of _____, commencing _____, 20____, and ending no later than _____, 20____(ending date may not exceed June 30th of the current school year). Contracted Service Agent is not an employee of FISD and is not entitled to benefits and /or withholdings. Agent agrees to hold District harmless from any and all liability incurred by District by reason of Agent’s negligence or breach of contract, including, without limitation, damage of every kind and nature, out-of-pocket costs and legal expenses. The compensation to be rendered to the Contracted Service Agent shall be no greater than \$_____ (**circle one:** a) hourly b) daily c) annually d) one time payment) and payments shall be made to the Contracted Service Agent upon submission of invoices to the FISD for approval by _____(please print).
If payment different than above please attach payment agreement.

Is Contracted Service Agent an employee of FISD? ____YES ____NO

If yes, please call the Purchasing Department ASAP – 469-633-6380

Has Contracted Services Agent previously been contracted by FISD? ____YES ____NO

If yes, when and in what capacity?_____

The Contracted Service Agent will perform the following specific services for FISD:

List Services

List single or multiple locations

The Contracted Service Agent further agrees to serve and perform such duties at such times and places, and in such manner as directed by the FISD.

Mileage & Hotel if applicable:_____

Contracted Service Agent Telephone Number:_____

Email address:_____

Both parties furthermore agree mutually that if the Contracted Service Agent shall without the consent of the FISD terminate his/her services, the Contracted Service Agent forfeits all rights to any compensation not at the time paid to him/her. The FISD may cancel this agreement, revoking the Contracted Service Agent relationship created if at anytime said Contracted Service Agent fails to perform his or her duties and obligations under the agreement. The terms and conditions of the agreement shall be exclusive and binding upon both parties.

FISD Representative (signature/print)

Date

Contracted Service Agent (signature/print)

Date

CRIMINAL BACKGROUND CHECK NOTIFICATION

If an employee of a contractor is covered under SB-9 the contractor must bear the burden of obtaining a national fingerprint-based criminal history check. Under Section 22.0834 of the Education Code, the contractor is then required to certify to the district that the criminal history check has been performed. The contractor, not the district, is responsible for contacting DPS directly to set up an account for the purposes of obtaining criminal history record information.

Under the statute SB-9, a contractor is required to conduct a criminal history review on an employee only when the following criteria have been met:

- The employer has contracted with the district to provide services
- The particular employee will have continuing duties relating to the contract with the district.
- The particular employee will have contact with students.

A contractor or sub-contractor may not work on District property or any location the District deems a place where students are regularly present when:

- They have been convicted of a felony or misdemeanor involving moral turpitude, as defined by Texas law.
- They have charges pending, they have been convicted, received probation or deferred adjudication of any of the following:
 1. Any offense against a child
 2. Any sex offense
 3. Any felony offense involving controlled substances
 4. Any felony offense against property
 5. Any other offense the District believes might compromise the safety of students, staff or property

A Bidder/Proposer's violation of this section shall constitute substantial failure.

If the Bidder/Proposer is the person or owner or operator of the business entity, that individual may not self-certify regarding the criminal history record information and its review, and must submit original evidence acceptable to the district with this Agreement showing compliance.

Possession of fire arms, alcohol and/or drugs, even in vehicles, is strictly prohibited on school property. The use of tobacco products are not allowed on school district property.

I have read and understand the above information _____
(Initial)

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 (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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 3. 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 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 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. citizen or other U.S. person (defined below).

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 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

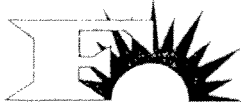
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



FRISCO INDEPENDENT SCHOOL DISTRICT
 6942 Maple Street • Frisco, TX 75034
 An Equal Opportunity Employer

Addendum to Application

The Frisco Independent School
 is required by state law to obtain criminal history
 record information on all applicants for employment
 with the district (Texas Education Code Section #21.917).

(Please print or type)

Full name _____
Last First Middle Initial

Maiden or other names used _____

Address _____

City _____ County _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Sex: Male Female Ethnicity Black White Other _____

Drivers License Number _____ Issuing State _____

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a yes answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) _____ Yes No
 If yes, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? _____ Yes No
 If yes, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? _____ Yes No
 If yes, please provide an explanation below:

(Continued on reverse side)

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes No
 If yes, please provide an explanation below:

.....

5. As of the date of this authorization, do you have any pending criminal charges against you? Yes No
 If yes, please provide an explanation below:

.....

This section is to be used to list all counties and states of residence since age 18 or high school graduation. You must be specific about dates and residence.

Previous City _____ County _____ State _____ Dates: From _____ To _____

Previous City _____ County _____ State _____ Dates: From _____ To _____

Previous City _____ County _____ State _____ Dates: From _____ To _____

Previous City _____ County _____ State _____ Dates: From _____ To _____

Previous City _____ County _____ State _____ Dates: From _____ To _____

Consent to perform criminal history background check and advising of rights under the Fair Credit Reporting Act

I, _____, am an applicant for employment with the Frisco Independent School District. I have been advised that as part of the application process, the district conducts a criminal history background check. I do hereby consent to the district use of any information provided during the application process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to offer employment. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

The district has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I will be provided the name, address, and telephone number of the reporting agency as well as the nature and substance of all information and the source.

Signed this _____ day of _____, year _____

Applicant Signature _____