

Carrizo Springs Consolidated Independent School District

INDEPENDENT CONTRACTOR/CONSULTANT PACKET



NAME OF BUSINESS: _____

Following is the **CONTRACT SERVICES AGREEMENT BETWEEN CARRIZO SPRINGS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT (the District) AND INDEPENDENT CONTRACTOR/CONSULTANT (the IC)** and all related forms and questionnaires which are required for the District to enter into an agreement with independent contractors/consultants. This Agreement and all related forms must be filled out completely and approved prior to services being performed. Incomplete documents will be returned and processing of the Agreement will be delayed.

The District has a specific process for validating contracts that must be followed to ensure payment. All contracted Services Agreements must be approved by all Executive Directors and the Superintendent, be signed by both parties, have an approved purchase order in place with invoices received and processed for services rendered before payments can be remitted. Failure to do so may significantly delay payments(s) or invalidate the contract.

NOTICE TO CONTRACTOR: Pursuant to Education Code 44.034, before entering into a contract with the District, a person or business must give notice to the district if the person or an owner or operator of the business has been convicted of a felony. The district may terminate a contract with a person or business if the District determines that the person or business failed to give such notice or misrepresented the conduct resulting in the conviction. The district must compensate the person for services performed before the contract is terminated.

CHECKLIST:

- Contractor Status Questionnaire (*Is this service eligible for contract services?*)
- Contract Services Agreement (*Terms of agreement, determination of fingerprinting requirements*)
- Fingerprinting Questionnaire (*Required for each IC employee visiting District campuses*)
- Conflict of Interest Questionnaire (CIQ) Form (*HB 1491 requirement*)
- W-9 Form (*Required for IC Payment*)

APPROVAL PROCESS: Upon receipt of signed and approved Contract Services Agreement, the authorized CSCISD employee will submit a requisition through TxEIS, the District's accounting system, and a Purchase Order (PO) will be generated. The PO and approved Agreement will be sent to you indicating that Services may begin.

If you have any question, please contact the Business Office at (830) 876-3869.

**Carrizo Springs Consolidated Independent School District
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CONTRACTOR STATUS QUESTIONNAIRE
To be completed by the Individual/Company providing the service

Complete this form and submit to the Office of Human Resources (HR). The original will be retained at HR; a copy will be returned to the CSCISD Administrator to attach to the Contract Services Agreement. Please contact HR with any questions at (830) 876-3503 ext. 1302.

Part I: Individual/Company Information

Individual/Company Name (Printed): _____ FEIN / SSN: _____

Description of Services (Be Specific): _____

NOTICE: Independent Contractor/Consultant must comply with all District policies and regulations.

Part II: Questions

1. Have you performed substantially the same services for the District as an employee in the past 12 months? Yes No
2. Is it currently expected that the District will hire you as an employee immediately following completion of your services? Yes No
3. Does the District give specific instruction as to when (set hours), and how to work? Yes No
4. Is it expected that the District will provide you with specific training on how to accomplish the project for which you are being retained? Keep in mind this excludes instructions given to you regarding the type of project needed by the District? Yes No
5. Will the District rely upon your particular expertise in accomplishing the services? Yes No
6. Are your services available for hire to other public or private individuals, entities or available to the general public? Please provide an advertisement sample, business card, etc. Yes No
7. Do you have the discretion to hire and fire your own assistants should you determine if assistants are necessary in the course of providing your services? Yes No
8. Will you provide services to the District using primarily your own equipment, materials, tools and supplies? Yes No
9. Are you responsible for paying any business expenses associated with providing your services to the District? Yes No

Part III: Signature

Contractor Signature: _____ Date: _____

Printed Name: _____ Title: _____

For Human Resource Office Use ONLY	
Approved: _____	Denied: _____
Reason for Denial: _____ _____	
Human Resources Representative: _____	Date: _____

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CONTRACT SERVICES AGREEMENT

NOTICE: Contract may be cancelled or terminated by either party with 10 business day written notice.

GENERAL INFORMATION

Name of Business: _____

Vendor Number: _____

Company Rep.: _____

E-mail: _____

Address: _____

Phone: _____

City, State, Zip: _____

FEIN / SSN: _____

GENERAL TERMS

Effective Date of Contract (Start Date): _____

End Date: _____

Scope of Work: _____

a) Does the independent contractor/consultant work in close proximity to students? Yes No
If NO, skip question b) and continue to complete this Agreement.
If YES, go to the next question.

b) Will a CSCISD employee be with the independent contractor/consultant at all times? Yes No
If NO, continue to complete this Agreement and have the IC complete the **Fingerprinting Questionnaire**.
If YES, fingerprinting is not required; continue to complete this Agreement.

Rate of Pay: \$ _____ Hourly Daily Per Event

Total Cost of Service: \$ _____

Contractor's Signature: _____

Authorized CSCISD Signature:
Name/Title: _____ Department: _____
Signature: _____ Date: _____

ACCOUNT CODE(S):

CERTIFICATION OF ELIGIBILITY

Is W-9 form on file? Yes No, please attach
Is Conflict of Interest Questionnaire form on file? Yes No, please attach

CSCISD APPROVAL OF SERVICES

Requestor Signature: _____
Principal/Director Signature: _____
Curriculum Director Signature: _____
HR Director Signature: _____
Finance Director Signature: _____
Superintendent Signature: _____

**Carrizo Springs Consolidated Independent School District
INDEPENDENT CONTRACTOR/CONSULTANT PACKET**

FINGERPRINTING QUESTIONNAIRE

To be completed by the Independent Contractor/Consultant's Employee

Complete one form PER INDIVIDUAL, make copies as needed. All information is required.

Please contact HR with any questions at (830) 876-3503 ext. 1302.

a) Legal name of **business under contract**: _____

Legal name of **individual providing services**: _____

Birthdate: _____ / _____ / _____ Driver's License: _____
Month Day Year Number State

Phone: _____ Cell phone: _____ E-mail: _____

b) Have you ever been fingerprinted by any school district in Texas? Yes No

If NO, refer to the Fingerprinting Information below for instructions on the fingerprinting process.

If YES, sign and date below.

Contractor/Company Representative Signature

Date

FINGERPRINTING INFORMATION

This packet contains the documents required for contractors/vendors to provide services at any CSCISD location in compliance with Senate Bill 9. If your company provides services that require your employees to be in contact with students, it is mandatory that each employee that will visit District campuses/facilities under the Business' name complete the fingerprinting process prior to beginning work for the District.

- ❖ Establish your company account with the Texas Department of Public Safety (DPS) (see next page).
- ❖ After your account with DPS is established, you will receive a SCHOOL CONTRACTOR DOCUMENT PACKET from DPS. Please follow the step-by-step directions.
- ❖ DPS will issue a FAST PASS for each employee in your company requiring fingerprinting. Make 3 copies of the FAST PASS form issued and give a copy to:
 1. your employee,
 2. the CSCISD Department requiring the service, and
 3. your company files.

- ❖ **After your employees have been fingerprinted it is mandatory that you provide the following information to: CSCISD Human Resources, 300 N. 7th Street, Carrizo Springs, TX 78834**
 - Completed and signed CONTRACT SERVICES AGREEMENT
 - Copy of the FINGERPRINTING QUESTIONNAIRE (above) for each employee
 - Copy of the FINGERPRINT RECEIPT for each employee
 - *It is recommended that you keep a copy of the above documents for your records.*

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<p>ESTABLISHING AN ACCOUNT WITH TX DPS Texas Department of Public Safety Crime Records Service</p>

Senate Bill 9 directs school district contractors to obtain state and national criminal history background searches on their employees who will have direct contact with students; and, to receive those results through the DPS criminal history clearinghouse (Fingerprint-based Applicant Clearinghouse of Texas – FACT). In order for contractors to receive the information through FACT, they must first establish an account with the DPS for FACT clearinghouse access. The company owner must sign a user agreement with the DPS.

To obtain the user agreement and more information please contact:

Access and Dissemination Bureau
Texas Department of Public Safety
Crime Records Service
P.O. Box 149322
Austin, TX 78714-9322

Email: FACT@txdps.state.tx.us

Phone: 512-424 2365 (choose option #3 for FAST PASS)

For faster service, please email or call the number listed above and state in the message that you are a school district contractor and need to have an account established for DPS FACT clearinghouse access. Please include:

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- ✓ Company Name
- ✓ Company Address
- ✓ Company Phone
- ✓ Name of Company Point of Contact
- ✓ Phone number for Company Point of Contact
- ✓ Company e-mail to be used for notification of FACT records and messages

The information in the DPS FACT Clearinghouse is confidential, and access must be restricted to the least number of persons needed to review the records. The account must include at least one designated supervisor to make necessary changes and to monitor the site's security and the access to the criminal history date retrieved. Additional users must be limited to those who need to request, retrieve, or evaluate data regarding the individual applicants.

After you sign the DPS User Agreement for FACT, DPS will provide you with a revised FAST Fingerprint Pass that you will have to provide to your employees. Your employees will use that FAST Fingerprint Pass when scheduling their FAST fingerprinting.

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.	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 seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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); and
4. 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 on page 3.

Sign Here	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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.