



Sunday, October 8, 2023 & October 15, 2023

Monday, October 9, 2023

Wednesday, October 18, 2023 at 10:00 AM CST

Thursday, November 2, 2023 at 5:00 PM

CST

Friday, November 3, 2023 at 5:00 PM CST

Friday, November 10, 2023 at 2:00 PM CST



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14TIMEZONE

900AMCST on Monday, October 9, 2023

TEXAS USERS

DEPARTMENT	NUMBER OF USERS

REPORTING CAPABILITIES:

W X D B B 7 D F B v @ b n K

Any exception to the Buy American Provision must be explicitly stated on the deviations of this proposal and include the country of origin, and percent (%) of U.S. content for each item

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ATTACHMENT "A"

CERTIFICATION OF RESPONDENT

ATTACHMENT "E"

CERTIFICATION REGARDING DRUG-FREE WORKPLACE

This certification is required by the Federal Regulations Implementing Sections 5151-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

ATTACHMENT "F" - CONFLICT OF INTEREST QUESTIONNAIRE

Instruction to respondent

CONFIDENTIAL

FORM 610

1. Name of local government officer or family member providing the information to be reported:
[Redacted]

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 or family member providing the information to be reported:

[Redacted]

4. Is the local government officer or a family member of the officer receiving or likely to receive substantial business or financial benefits from the vendor doing business with the local government?

Table with 4 columns: Name of local government officer or family member, Title, Relationship to local government officer or family member, and Yes/No. Rows include names like [Redacted] and [Redacted].

5. Signature of vendor doing business with the local government: [Redacted]

6. Signature of local government officer or family member: [Redacted]

ATTACHMENT "G"

EQUAL OPPORTUNITY AND NONDISCRIMINATION

EEO Laws, Rules, Guidelines, Regulations

ATTACHMENT "H"

Felony Conviction Disclosure Statement
Instruction to respondent:

Definitions:

Covered Employees

DEAR Mr. Schrock

ATTACHMENT 'T'
CERTIFICATION REGARDING LOBBYING

ATTACHMENT "M" – Price Submittal

Description

Price

ATTACHMENT "N" – Vendor Packet



We appreciate your interest in becoming a vendor with IDEA Public Schools. Prior to processing the vendor request for future business transactions, please ensure this packet is completed in its entirety, signed, and dated. Once complete, please email the packet to the email notated below.

A vendor seeking to do business with IDEA Public Schools must adhere to the following policies and processes:

- Accept Purchase Orders
- Services/goods shall **not** be rendered **without** an approved purchase order in place.
- IDEA Public Schools is not responsible for services, materials, supplies and/or equipment rendered without an approved purchase order.
- IDEA Public Schools has a 30-day net payment policy.
- IDEA Public Schools does not pre-pay vendors for goods or services.
- Goods or services provided must adhere to the original approved Purchase Order. Over shipment and/or product substitutions are not permitted unless pre-approved by Purchasing or Accounts Payable Supervisor.
- Invoices must be submitted on the date all approved services/goods are rendered. Separate billing for partial shipments/services are not allowed unless other arrangements have been made with the Accounts Payable Manager or Director of Procurement.
- IDEA Public Schools will not procure goods/services if your business has been debarred or suspended. IDEA Public Schools will verify this information on www.sam.gov
- IDEA Public Schools will verify information on your W9 with the IRS website for TIN matching.
- All invoices should be sent to payable@ideapublicschools.org for processing.

For questions, please contact:

vendorinquiry@ideapublicschools.org

IDEA Public Schools VENDOR MAINTENANCE FILE

New Vendor
Revision to Vendor File *(check one)*

Name: _____
Attention: _____

Remit to Address *(if different)*

Form 1099: Box 1
Form 1099: Box 6
Form 1099: Box 7

ACH Vendor Payment Enrollment Form

(Only for use with banks within the United States)

This form authorizes IDEA Public Schools to make payments to a business or individual electronically. It is the responsibility of the vendor to notify IDEA Public Schools of pertinent payee or company information and/or bank account changes verbally and in writing. IDEA Public Schools shall be entitled to rely on the authorization herein until it receives 45 days written notice of any change from the vendor. This form is required as IDEA Public Schools is going paperless. **Please type or print.**

Vendor Name: _____

Social Security Number or Employer Identification Number: _____

Phone Number: _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____
d9.460. .1 232 -0.012 0Td 0Td uN1.66 -6Td[N1.6d (t)-0.ts

(Email is mandatory to send payment notification to vendor when payments are initiated by IDEA Accounts Payable Department via Tyler Muni's ERP system.)

Personal Account

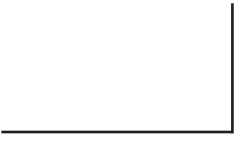
Business Account

Bank Name: _____

Bank Address: _____ City _____ State _____ Zip _____

Bank Routing Number: _____ (must be 9 digits)

Vendor Ban A0137 (o)-7.9 (u)0.6 er:





CONFLICT OF INTEREST

Before IDEA Public Schools can set you or your business up as one of our approved vendors, we require a Conflict of Interest form to be completed. Fill out the attached form and return it as part of your completed vendor packet. This form is required in order to comply with Chapter 176 of the Texas local government code.

- If not related to an IDEA Public Schools employee, Officer (Board Member) or are related to a family member of the Officer – Write your name or business name and N/A in box 1.
- If related to an IDEA Public Schools employee Officer (Board Member) or are related to a family member of the Officer – Fill out the form entirely. List the name of the IDEA Public Schools employee you are related to in box 3 and your relationship to that person in Section D.
- Be sure to sign and date the form.

For questions, please contact:
vendorinquiry@ideapublicschools.org

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wag

\$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Vendor agrees to comply with all federal, state, and local laws, rules, regulations, and ordinances, as applicable. It is further acknowledged that vendor certifies compliance with all provisions, laws, acts, regulations, etc. as specifically noted above.

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The Texas Health and Human Services Commission Form 1903, Child Support Certification must be completed legibly, either handwritten or typed. A duly authorized representative, preferably the duly authorized representative identified, must sign this form. Failure to complete this form pursuant to this and other instruction shall disqualify the Proposal. The child support certification form can be found at: <https://www.hhs.texas.gov/regulations/forms/1000-1999/form-1903-child-support-certification>.

FELONY CONVICTION NOTICE

Required under Board Purchasing Policy § 8.9

Sec. 8.9. Notification of Contractor's Criminal History.

CONTRACTOR FORMS

TEXAS VENDOR BACKGROUND CHECK INSTRUCTIONS:

Please Note

Option 2:

IDEA's Risk

Cri

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Subcontractor

Employees

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Definitions:

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ACCEPTED AND AGREED TO:

IDEA Public Schools

Contractor Name

D{<"

IDEA Public Schools Risk Management Department Vendor Active Employee List & Campus Assignment

Complete ALL requested information

Attach additional page(s), if needed

Submit form with the completing vendor packet to the IDEA Purchasing Department at vendorinquiry@ideapublicschools.org

Please complete the form legibly as information is needed to accurately be processed (If we are unable to read information provided form will be sent back and will create a delay in processing)

Vendor/Provider Name: _____

Vendor/Provider Contact Person(s): _____

Vendor/Provider Phone Number: _____

Vendor/Provider Email Address: _____

Type of Service(s) to be Provided: _____

Please indicate if these services include a contract/agreement? Yes or No

Section I. Vendor Active Employee List & Campus Assignment:

Last Name

First Name

(or Last

*Name used if you have been previously
fingerprinted)*

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CONSULTANT, CONTRACTOR, VENDOR, PRIVATE DUTY NURSE, ETC...

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CAMPUS/DEPARTMENT ONLY

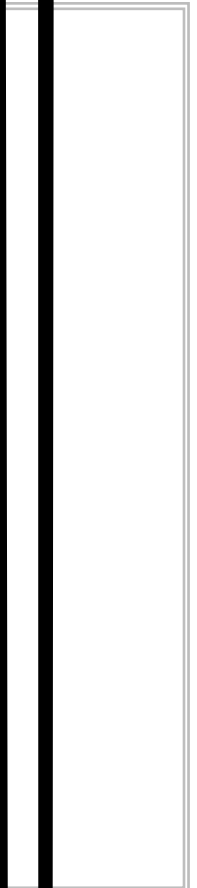
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INTERNAL USE ONLY



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**Notice to Vendor
No P.O. No Pay Policy
(No Purchase Order No Payment)**