Date Received Stamp:

MAGNOLIA INDEPENDENT SCHOOL DISTRICT Vendor Application and Authorization Agreement

Company/Vendor Name:					
Authorized Representative & Contact Phone:					
Contact Email Address:					
Physical Mailing Address:					
City/State/Zip:	/ /				
Website:					
Email Address for Sending of PO:					
Payment Remittance Address:					
City/State/Zip:	//				
Description of Goods/Services you wish to provide the District:					
Are your products sole source? If so, please refer to sole source affidavit form attached. Complete and return with vendor application.	YES NO TYPE:				
If your company headquarters are outside of	the Houston metropolitan area, please give name, address, and telephone of local representative:				
Contact and Phone Number	·				
Headquarter Address	:				
City/State/Zip:	/				
Co-op Memberships you are affiliated with (check all that apply):	BuyBoard HCDE/Choice HGACBuy 2013 Co-op (ESC-20) TCPN Other				
RETURN COMPLETED APPLICATION TO: MAGNOLIA ISD - PURCHASING DEPT., PO BOX 138, MAGNOLIA, TX 77353					
MISD INTERNAL DATE: USE ONLY VENDOR NUMBER:	COMMODITY CODE 1: COMMODITY CODE 3: COMMODITY CODE 2: COMMODITY CODE 4:				
	uarantee any level of business expenditure or award by the District. Inched required forms can be found on our district website under purchasing.				

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
page 2.	2 Business name/disregarded entity name, if different from above				
Print or type Specific Instructions on particular	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)			
	 Limited llability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners) Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box is the tax classification of the single-member owner. Other (see instructions) 		Exemption from FATCA reporting code (if any) (Applies to accounts mainteined outside the U.S.)		
P e Specific	Solid (see instantion) S Address (number, street, and apt. or suite no.) G City, state, and ZIP code	Requester's name and address (optional)			
See	7 List account number(s) here (optional)				
Par	t I Taxpayer Identification Number (TIN)		·····		
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 <i>How to get a TIN</i> on page 3.					
guidel	If the account is in more than one name, see the instructions for line 1 and the chart on page lines on whose number to enter.		-		
Par	t I 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 🕨
· · · · · · · · · · · · · · · · · · ·		

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.

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

House Bill 89 Verification Form

Prohibition on Contracts with Companies Boycotting Israel

The 85th Texas Legislature approved new legislation, effective Sept. 1, 2017, which amends Texas Local Government Code Section 1. Subtitle F, Title 10, Government Code by adding Chapter 2270 which states that a governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that it:

- 1) does not boycott Israel; and
- 2) will not boycott Israel during the term of the contract

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

I, (authorized official) ______, do hereby depose and verify the truthfulness and accuracy of the contents of the statements submitted on this certification under the provisions of Subtitle F, Title 10, Government Code Chapter 2270 and that the company named below:

- 1) does not boycott Israel currently; and
- 2) will not boycott Israel during the term of the contract; and
- 3) is not currently listed on the State of Texas Comptroller's Companies that Boycott Israel List located at https://comptroller.texas.gov/purchasing/publications/divestment.php

Company Name

Signature of Authorized Official

Title of Authorized Official

Date

PROHIBITION ON CONTRACTS WITH ABORTION PROVIDERS (SB 22)

Pursuant to Texas Government Code Chapter 2272, the District is prohibited from contracting with any abortion provider or an affiliate of an abortion provider whereby the provider or affiliate receives something of value derived from state or local tax revenue. Any contract entered into by the District is void if the prospective vendor has such a prohibited affiliation or contractual relationship. By submitting a proposal in response to the request for proposals, you are certifying to the District that you do not have such an affiliation or contractual relationship.

The undersigned acknowledges that if awarded this contract they will comply with the requirements on Senate Bill 22 above stated.

Firm's Name:	
Name of Authorized Company Official:	
	(Typed or printed)
Title of Authorized Company Official:	
	(Typed or printed)
Signature of Authorized Company Official:	
Date Signed:	