



EDCOUCH ELSA INDEPENDENT SCHOOL DISTRICT

P.O. Box 127 / 920 West Santa Rosa Ave., Edcouch, Tx 78538

Vendor Information

Vendor Name: _____ EIN/S.S. #: _____

Vendor Address: _____ Phone # _____

Vendor Email: _____ EEISD Requester: _____

Description of Services: _____

Will you be working with students: _____ Name of Direct Contact: _____

If yes, please sign Addendum A or B AND DPS Computerized Criminal History (CCH) Verification.

Contract Start Date: _____ Contract End Date: _____

The District shall pay to the consultant a fee of \$

All expenses incurred during the contract period are the responsibility of the consultant. Reimbursements will occur with original receipts for expenses noted above. Vendor must attach a detailed proposal or schedule of their costs as they relate to the services being provided.

Does Vendor Agree: Yes No Initials: _____

This contract and agreement is made and entered into and between the Edcouch Elsa Independent School District referred to herein as "District", and _____ referred to herein as "Consultant". The parties have severally and collectively agreed and by the executive hereof are bound to the mutual obligations and to the performance and accomplishments of the tasks hereinafter described. Consultant shall provide professional services, consultations, and expertise to the district for use and benefit of public education in Texas.

This contract in all its particulars is subject to all Federal and Texas State Laws, rules, and regulations pertaining to the contract project, and funding source(s), and contract packet forms. The vendor signature below affirms that the vendor understands these requirements.

Vendor Certification

Vendor Signature: _____ Date: _____

Print Name: _____

	<u>Approved</u>	<u>Signature</u>	<u>Date</u>
Administrator	_____	_____	_____
Chief Financial Officer	_____	_____	_____
T & L Executive Director	_____	_____	_____
Superintendent	_____	_____	_____

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

FORM CIQ

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

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor 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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY	
Date Received	

1 Name of vendor 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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

 Signature of vendor doing business with the governmental entity

 Date



EDCOUCH ELSA INDEPENDENT SCHOOL DISTRICT

P.O. Box 127 / 920 West Santa Rosa Ave., Edcouch, Tx 78538

To be completed by consultant/contractor/visitor/volunteer:

State law allows a school district to obtain a criminal history record on all applicants that are to be considered. School districts may obtain this information from any law enforcement agency.
{Texas Education Code, 22.0834 (Senate Bill 9)}

I hereby authorize the Edcouch Elsa Independent School District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine my acceptability. I understand that the information I am providing about age, sex and ethnicity will not be used to determine eligibility, but will be used solely for the purpose of obtaining criminal history information.

I understand that if I am approved to work for Edcouch Elsa Independent School District, I may be discharged if the district obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the District.

Vendor/Applicant Information:

Full name:

Date of birth (mm/dd/yyyy):

Texas driver's license number:

Social security number:

Sex: Male Female Race:

Signature

Date

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS PACKET.

Criminal record history is privileged information and is for the use of the District and the Texas Education Agency.



EDCOUCH ELSA INDEPENDENT SCHOOL DISTRICT

P.O. Box 127 / 920 West Santa Rosa Ave., Edeouch, Tx 78538

ADDENDUM A

Notification to Independent Consultant for Contracted Services

Introduction: Texas Education Code Chapter 22 requires an independent consultant who provides services to a school district to submit to a criminal history review if the independent consultant will have continuing duties related to the contracted services and direct student contact. Each independent consultant must certify with the District that the consultant has complied.

A covered independent consultant with a disqualifying criminal history is prohibited from serving at the District. The following offenses are disqualifying if, at the time of the offense, the victim was under 18 or enrolled in a public school:

- a) A felony offense under Title 5, Texas Penal Code;
- b) An offense for which a defendant is required to register as a sex offender under Chapter 62. Texas Code of Criminal procedure; or
- c) An equivalent offense under federal law or the laws of another state.

The District reserves the right to designate other convictions or other criminal history information as disqualifying.

I certify that I have obtained all required criminal history record information regarding myself through the Texas Department of Public Safety’s Fingerprint-based Applicant Clearinghouse of Texas (FACT). I further certify that I do not have a disqualifying criminal history. I agree to notify the District in writing within three (3) business days if I am arrested or adjudicated for a disqualifying reason during the contract term.

I agree to provide the district, upon request, my full name and any other requested information so that the District may obtain my criminal history record information. I understand that the District may terminate my services at any time if the District determines, at its sole discretion, that my criminal history is not acceptable.

Noncompliance or misrepresentations regarding this certification may be grounds for contract termination.

Print Name _____

Date of Birth _____

Signature _____

Date _____



EDCOUCH ELSA INDEPENDENT SCHOOL DISTRICT

P.O. Box 127 / 920 West Santa Rosa Ave., Edcouch, Tx 78538

ADDENDUM B

Notification for Consultant with Employees

Introduction: Texas Education Code Chapter 22 requires an independent consultant who provides services to a school district to submit to a criminal history review if the independent consultant will have continuing duties related to the contracted services and direct student contact. Each independent consultant must certify with the District that the consultant has complied.

Definitions:

Covered employees: Employees of a consultant who have or will have continuing duties related to the service to be performed at the District and have or will have direct contact with students. The District will be the final arbiter of what constitutes direct contact with students.

Disqualifying criminal history: Any conviction or other criminal history information designated by the Center, or one of the following offenses, if at the time of the offense, the victim was under 18 or enrolled in a public school:

- a) A felony offense under Title 5, Texas Penal Code;
- b) An offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal procedure; or
- c) An equivalent offense under federal law or the laws of another state

On behalf of ("Consultant"), I certify that [check one]:

None of the employees of Consultant are *covered employees*, as defined above. If this box is checked, I further certify that Consultant has taken precautions or imposed conditions to ensure that the employees of Consultant will not become *covered employees*. Consultant will maintain these precautions or conditions throughout the time the contracted services are provide.

OR

Some or all of the employees of Consultant are covered employees, If this box is checked, I further certify that:

- 1) Consultant has obtained all required criminal history record information regarding its covered employee. None of the covered employees has a disqualifying criminal history.
- 2) If consultant received information that a covered employee subsequently has a reported criminal history, Consultant will immediately remove the covered employee from contract duties and notify the District in writing within three (3) business days.
- 3) Upon request, Consultant will provide the District with the name and any other requested information of covered employees so that the District may obtain criminal history record information on the covered employees.
- 4) If the District objects to the assignment of a covered employee on the basis of the covered employee's criminal history record information, Consultant agrees to discontinue using that covered employee to provide services at the District.

Noncompliance or misrepresentations regarding this certification may be grounds for contract termination.

Print Name _____

Date of Birth _____

Signature _____

Date _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	