

New Caney ISD

Fundraiser Registration Packet

Fundraiser: A fundraiser is an activity used to assist schools or organizations with the raising of funds by the sale of items.

Demographics of the District: New Caney Independent School District is located approximately 30 miles north of Houston, TX on US Highway 59/Interstate 69. The district has experienced rapid growth over the past several years and is currently one of the fastest growing districts in the Houston area. The student enrollment for the upcoming school year is expected to reach 13,000 students. The district currently has the following campuses:

- 2 High Schools
- 1 Early College High School
- 4 Middle Schools
- 10 Elementary Campuses

Required Documents: Fundraiser packets submitted to the District shall include:

1. The Fundraiser Permit Application (pages 2 and 3)
2. The additional forms in this packet
3. Brochures or documents outlining your product

Review Process: The NCISD Purchasing Department shall evaluate all fundraiser packets. All documents from this packet must be completed and included in your returned registration packet. District personnel shall review the packet to ensure that it meets the requirements of the district for a fundraiser activity. If requirements are met the district will notify you of your approval. At that time you may contact our campuses to discuss your fundraiser activity. It is the decision of the campus or department as to what fundraiser company that is used.

Award: Awards will be made over a 5 year basis.

Gifts and Contributions: No personal gifts (of any kind) from the Company (or the Company's Representative) shall be promised to or given to any member of NCISD at any time prior to, during, or after the award period of this solicitation or campus fundraiser activity. Failure to adhere to this statement may result in the termination of the contract and the Company may be removed from the Approved Vendor's list for a period of five (5) years.

General Terms and Conditions can be viewed by going to www.newcaneyisd.org (select Departments and go to Purchasing). Submission of a fundraiser registration packet signifies the company's acceptance of the New Caney ISD General Terms and Conditions.

Return Packets To:

New Caney ISD (Purchasing Department)
21580 Loop 494
New Caney, TX 77357

FUNDRAISER PERMIT APPLICATION

The following information must be provided for an application to be reviewed by the NCISD Purchasing Department. Incomplete applications will be returned to the applicant.

Firm Name:

Address: (Street, City, State & Zip)

Sales Representative Name:

Phone Number:

Cell:

Fax:

Email Address:

Company Website:

The following information shall provide the District a basic understanding of the product or service being offered. All information must be completed for the application to be considered.

1. Basic description of company and the types of products or services offered. (Attach copies of product descriptions, promotional literature, sales instructions, etc.):

2. The range of unit cost and suggested retail prices of the products or services.

3. Anticipated profit percentage for the product or services.

4. How is the product or service marketed?

Permit Application (cont.)

5. Product of service guarantee.

6. Support services provided by the fundraising sales representative above.

7. Can unsold merchandise be returned to the company and credit issued? Yes No

8. If yes, will it be full credit? Yes No

9. If no, what percentage will be credited? _____ %

10. Check the appropriate school level(s) for the product or service.

Elementary Middle School High School All Levels

I, as a representative of the company listed above, have reviewed and understand the requirements for the Fundraiser Permit Application listed above and the RFP terms and conditions and will conduct my business with the District in accordance with the requirements as stated.

Signature

Date

References

Please provide a list of five (5) references. Texas School Districts that you have preformed similar services are preferred. References will include contact name and telephone number. Proposals submitted without five references may be disqualified from consideration.

1. School _____ Phone Number (____) _____

Contact Name _____ Title _____

2. School _____ Phone Number (____) _____

Contact Name _____ Title _____

3. School _____ Phone Number (____) _____

Contact Name _____ Title _____

4. School _____ Phone Number (____) _____

Contact Name _____ Title _____

5. School _____ Phone Number (____) _____

Contact Name _____ Title _____

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Name (as shown on YOUR income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other • Exempt from backup withholding

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:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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**

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, interest or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. persons. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,

Conflict of Interest Disclosure

The following is issued in accordance with State Law and NCISD Board Policy BBFA (LEGAL). Failure to make disclosure shall be grounds for termination of any contract entered into with said vendor or bidder.

1. The undersigned states that he/she nor the company listed herein has never had nor currently has a business relationship with a Board Member, member of the Administration, or a member of the Staff at New Caney Independent School District, regardless of the nature or amount.

Signed: _____ Printed Name: _____

OR

2. The undersigned states that he/she and/or the company listed herein has had or does currently have a business relationship with a Board Member, member of the Administration, or a member of the Staff at New Caney Independent School District, regardless of the nature or amount.

Singed: _____ Printed Name: _____

3. If you answered "**YES**" to (2), has that relationship been disclosed in writing as required by Board Policies BBFA (LEGAL) and BBFA (EXHIBIT)? Yes No

4. If you answered "**NO**" to (3), please complete the Form CIQ on the next page.

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

Deviation/Compliance Signature Form

Company Name

Address

City

State

Phone Number

Fax Number

If the undersigned Fundraiser Company intends to deviate from the General Terms and Conditions or Specifications listed in this proposal invitation, all such deviations must be listed on this page, with complete and detailed conditions and information included or attached. The program will consider any deviations in its proposal award decisions, and the program reserves the right to accept or reject any proposal based upon any deviations indicated below or in any attachments or inclusions.

In the absence of any deviation entry on this form, the proposer assures the program of their full compliance with the General Terms and Conditions, items Specifications, and all other information contained in this proposal invitation.

No Deviations

Yes Deviations

List any deviations your company is submitting below:

Signature of Authorized Representative

Date

**NEW CANEY INDEPENDENT SCHOOL DISTRICT
NO PROPOSAL NOTIFICATION**

If you will not be submitting a proposal, please complete and return this form by mail or by fax

In order to remain on our proposal list

Proposal Name: _____

Proposal Opening: _____

Reason for "no Proposal": _____

Signature of Authorized Company

Name of Firm

Address

City, State, ZIP

Authorized Company Representative

Printed Title

Telephone Number

Date