

# Carrizo Springs Consolidated Independent School District

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## 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  
INDEPENDENT CONTRACTOR/CONSULTANT PACKET**

**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): \_\_\_\_\_

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**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: \_\_\_\_\_

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

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

**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. 7<sup>th</sup> 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.*

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

<p><b>ESTABLISHING AN ACCOUNT WITH TX DPS</b> <b>Texas Department of Public Safety</b> <b>Crime Records Service</b></p>
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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](mailto: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

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

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.