

TULOSO MIDWAY INDEPENDENT SCHOOL DISTRICT

Corpus Christi, Texas

CONTRACTUAL AGREEMENT

TIME SENSITIVE SERVICES IN SUPPORT TO TULOSO MIDWAY EVENT

This AGREEMENT is made by and between the Tuloso Midway Independent School District, a political subdivision of the State of Texas (hereinafter referred to by name or as the "District"). And _____ (hereinafter referred to by name or as the "Provider"). The term of the Agreement begins on _____ and ends on _____.

The parties hereto contemplate that the Provider will, from time to time, be requested by various organizations within the District to perform _____ services in support of Tuloso Midway Independent School District on and independent contractor basis. Provider will not have access to student information.

Provider will be paid _____ per event for a total amount not to exceed _____ including all expenses such as lodging, travel, mileage, meals, telephone, and supplies must be included in the contract amount.

PROVIDER: _____ Requisition Number: _____

Name: _____
Address: _____

Provider's Signature

Date

Campus/Department Administrator

Date

Title

School/Organization

Note: Send copy of Contractual Agreement and Original invoice to Accounts Payable
Send one copy to the Materials Management Office

FELONY CONVICTION NOTICE

Senate Bill 1 passed by the State of Texas Legislators, Section 44.034, Notification of Criminal History, Subsection (a) 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 owner or operator of the business entity has been convicted of a felony." The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states "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.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name _____

Authorized Company

Official's Name (please print) _____

A. My firm is not owned nor operated by anyone who has been convicted of a felony.
Signature of Company Official _____

B. My firm 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) _____

Signature of Company Official _____ Date _____

C. My firm is a publicly owned, stock-exchange corporation; therefore, this reporting requirement is not required.
Signature of Company Official _____

Vendor Address: _____

Vendor Telephone: _____

Authorized Company Official's Name: _____

(Print)

Signature of Company Official: _____

Date: _____

CONFLICT OF INTEREST QUESTIONNAIRE

In accordance with Local Government Code Section 176.006, the vendor is responsible for completing Form CIQ in its entirety if vendor has a business relationship with a local government entity, and has employment or other business relationship with an officer of that local government entity (District). A listing of government officers for the District is available at www.tmysd.us under Purchasing and Distribution.

CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
For vendor or other person doing business with local governmental entity		
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>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).</p> <p>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.</p> <p>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.</p>	OFFICE USE ONLY Date Received	
1	Name of person who has a business relationship with local governmental entity.	
2	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

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5. Name of local governmental officer with who filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with who the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer names in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer names in this section AND the taxable income is not from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local governmental officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

D. Describe each affiliation or business relationship.

6. Describe any other affiliation or business relationship that might cause a conflict of Interest.

7.

Signature of person doing business with the governmental entity

Date

This must be signed