

Spring Hill ISD  
Administrative Procedures  
Accounts Payable Processes

The goal of accounts payable procedures is to provide transparency to stakeholders in that the policies developed by the board of trustees are followed with regard to each and every financial transaction. Further, the goal is to have the supporting source documents verify or prove that the financial activities of the District were made in accordance with the legal requirements in order for a "clean" audit opinion to be earned each year. A "clean" audit opinion is considered in both the bond rating which further influences the interest rates on bonds as well as the School FIRST rating.

Effective April 2014, the monthly check registers are posted on the SHISD website under the Financial Transparency button. These postings are completed after the monthly board meeting.

With these goals in mind, there are five main methods of securing an accounts payable check from SHISD. These are through the use of 1) Travel Expense Advancement Request 2) Request for Meal Money for Co Extra-Curricular Activities-NO overnight stay, 3) Check Request for other expenditures, 4) Requisition Leading to Purchase Order, 5) Other-Recurring Expenditures. All of these methods are described in detail in this section. Please see the State and Federal program section for instructions on for State and Federal funding sources as these funding sources have more rigorous requirements.

**1) Travel Expense Advancement Request**

**This form is used for Overnight Travel & Related Costs for Staff and/or Students**

**2) Request for Meal Money for Co Extra-Curricular Activities-No overnight stay**

**This form is used for Student Trips that do not require an overnight stay**

**3) Check Request for other expenditures**

**4) Requisition Leading to Purchase Order**

**See Sections on Requisition and Purchase Orders**

**5) Other-Recurring Expenditures**

## Travel Expense Advancement Request

School Board Policy DEE Local explains the general requirements for travel. The superintendent has authorized the advancement of travel expenditures in an effort to keep from placing a hardship on employees to fund staff development even for short periods of time. Providing false or misleading information is grounds for discipline up to and including termination. By accepting these travel advance funds, employees are certifying that they did in fact attend the training/staff development/event. If attendance was not accomplished, all funds advanced will be reimbursed to SHISD within three days. A failure to submit the required documentation within three days will result in the amounts being deducted from the employee's payroll check.

This form is to be used for overnight travel & related costs for both staff and students. It allows the information necessary to document the use of travel funds to be collected in one central location. It is used for registration, lodging, meal, miles, airfare, etc. and all related costs.

Principals/Directors are responsible for securing superintendent approval for all overnight student trips while board approval is required for all student out of state trips in keeping with board policy. These approvals should be secured before a request is submitted to accounts payable.

Receipts are required for all lodging, parking, etc. The receipts must be detailed in nature. A copy of a charge to a credit card will not be sufficient in the case of meals. Alcohol and tips will not be reimbursed with state or federal funds.

### **PREPARATION/BEFORE THE TRIP**

- \*Verify that funds exist in your campus and/or department budget.
- \*Obtain permission from principal/director.
- \*Reserve a school vehicle
- \*Complete this Travel Expense Advancement Request form as described.

### **REGISTRATION FEE**

- \*Attach a copy of the training/conference brochure with registration fee to verify dates and costs.
- \*Attach a copy of the **completed** registration form. A copy will be mailed with the check.
- \*If the registration needs to be mailed by a particular date, please note that date next to the amount.

**REGISTRATION COSTS WILL BE PAID DIRECTLY TO THE VENDOR PROVIDING THE SERVICE.**

## **LODGING**

- \*Rates for lodging for travel paid from federal and state funds are limited to the rates set by the Texas Comptroller for lodging in that particular area. Attach a copy of the information from the comptroller's website as proof of acceptable maximum rates. Information is provided in this section for how to use the comptroller's website.
- \*Contact the hotel and inform them of tax exempt status to obtain the details of all taxes, surcharge fees and verification of state tax exemption.
- \*Attach documentation of all taxes, surcharges and fees.
- \*Attach documentation of any parking fees.
- \*Be sure hotel does not charge tax on parking.
- \*Attach a copy of the Hotel Confirmation that includes dates, number of rooms, rates and total costs.
- \*Attach documentation of possibility of free breakfast.
- \*It is the employee's responsibility to present a hotel occupancy certificate to the hotel at check in.
- \*It is the employee's responsibility to present a sales tax exemption form to the hotel upon check in if parking fees will be incurred.
- \*SHISD does not reimburse or advance funds for sales taxes or state occupancy taxes.
- \*Lodging checks will be made out to the person traveling.

## **Meals**

- \*Approved meals are based on departure/return times, the possibility of meals being provided by the event, the possibility of free acceptable breakfast at hotel, and if student meals will be paid.
- \*The parameters for meals are generally that breakfast is paid if leaving before 7am and dinner is paid if returning after 7pm
- \*Indicate the number of days for meals along with departure/return times to/from departing location.
- \*Meals are not provided for staff when there is not an overnight stay unless staff is travelling with students and student's meal are provided by SHISD.
- \*Breakfast is not provided on the first day of travel for staff unless student breakfast is provided.
- \*Breakfast is provided for students on first day of travel if they are not able to eat at school due to time of departure.
- \*SHISD does not pay for meals that are provided at no cost to the employee
- \*Student meal allowance is \$6 per meal.
- \*Staff meal allowance is \$6 for breakfast; \$12 for lunch; \$18 for dinner.
- \* For student events that advance to the regional level or beyond, the evening meal will be allowed to increase to \$15 per student. This is due to the fact that events at these levels are often held in large cities where the meal costs are greater.
- \*Signatures of both students and staff members are required for meals to be paid.
- \*Signatures must be returned to central office accounts payable in three days after the travel.
- \*If you need to document the details that you calculated to determine the amount to put on the face of the Travel Expense Advancement Form, please see the attached Meal Chart which is optional.

#### **MILEAGE**

- \*Rate is based on school board policy and subject to change.
- \*Attach copy on MapQuest (or similar site) mileage report.
- \*Departure must be from the school and return to school unless you are leaving from your home.
- \*If leaving from your home, and your home is closer to the destination than the school is, then the departure must be from your home.
- \*If a school car is not available, attach proof from transportation department in order to be reimbursed.
- \*If a school car is available, and you wish to take your own vehicle, then you must get written approval for the trip from the superintendent before the trip.
- \*If travelling in your personal car, attach copy of insurance card highlighting the car and the dates.

#### **PLANE FARE OR OTHER EXPENSES**

- \*Attach flight information and total charges.
- \*List other estimated expenses along with documentation.
- \*Advance approval required from the superintendent for air travel.

#### **BUDGET CODING**

Enter the budget code numbers

Traveler and supervisors should sign the form and forward to the business office for final approval.

**ALL REQUIRED TRAVEL DOCUMENTATION FOR LODGING, MEALS AND MILEAGE MUST BE ATTACHED BEFORE ANY FUNDS WILL BE ADVANCED FOR THESE COSTS. THESE COSTS WILL BE ADVANCED DIRECTLY TO THE SCHOOL EMPLOYEE.**

Please plan ahead to ensure that all deadlines are met. Allow time for processing.

#### **AFTER THE TRIP**

Return hotel receipt, student signatures, receipts for meals plus any funds that were not used to your campus secretary and they will forward to accounts payable. Obtain a receipt for returned funds. This information is due immediately upon return to the district. Failure to turn in proper documentation will result in the questioned expenses being deducted from the employee's payroll check as authorized on the Travel Expense Advancement Request Form.

## TRAVEL EXPENSE ADVANCEMENT REQUEST

Providing false or misleading information is grounds for discipline up to and including termination. By accepting these travel advance funds, employees are certifying that they did in fact attend the training/staff development/event. If attendance was not accomplished, all funds advanced must be reimbursed to SHISD within three days.

Name of Traveler(s) \_\_\_\_\_ Campus/Dept: \_\_\_\_\_

Name of Conference, Workshop, or Other: \_\_\_\_\_ Destination \_\_\_\_\_

Departure: Date: \_\_\_\_\_ Time: \_\_\_\_\_ / Return: Date: \_\_\_\_\_ Time: \_\_\_\_\_

|  |
|--|
| Registration Fee: Payable To: _____ \$ _____                                 |
| Mail by date: _____ (Attach copy of registration, including mailing address) |

|   |
|---|
| Lodging: No. of nights _____ x No. Of rooms _____ @\$ _____ /per night+ _____ % of tax= _____ |
| Parking: No. of nights _____ @\$ _____ /per night _____                                       |
| Hotel Name: _____   |
| Dose Hotel offer free Breakfast? Y ___ N ___  |
| <b>Attach documentation of all amounts. State sales Taxes cannot be paid.</b>                 |

|  |
|--|
| Meals: _____ Breakfast @ \$6.00 + _____ Lunches @ \$12.00+ _____ Dinners @ \$18.00= _____                        |
| Allowable Meals: Departure time before 7am & Return after 7pm  |
| Employees are allowed breakfast on the first day of travel only if supervising students who will have breakfast. |
| If Federal or state funds are used receipts are required.  |
| Meal money cannot be used for tips or alcohol.   |

|  |
|--|
| Mileage: Personal Auto: _____ miles @ BOARD APPROVED RATE OF .54c per mile (Local Policy%) _____       |
| Attach proof of no school car available, Attach copy of personal auto insurance if using personal car. |
| Attach copy of electronic mapping to document miles.   |

**EDGAR Requirements:** The EDGAR requirements apply to funds 200-400 as these are federal or state grants. The EDGAR requirements also apply to all program intent codes except for 11, 91, 99, and 00 in fund 199.

For lodging paid with federal or state funds, please attach the per diem rates. You can get this information at [www.gsa.gov](http://www.gsa.gov). Click on Per Diem Rates under the making travel easier section on the GSA homepage. Enter State and City and click, look up rates by fiscal year. The amount listed is the allowable cost plus taxes to be charged to the federal or state program. Print a copy to document allowable costs per EDGAR. Receipts are required.

Budget Code : \_\_\_\_\_ ( Federal/State) \$ \_\_\_\_\_

Budget Code: \_\_\_\_\_ (Local) \$ \_\_\_\_\_

**Lodging, meals, mileage, parking, etc. costs will be advanced and paid directly to the employee**

CK to Mail \_\_\_ CK to Campus \_\_\_ Need By \_\_\_\_\_

TOTAL ESTIMATED COST OF TRIP \$ \_\_\_\_\_

I authorize SHISD to deduct any advanced travel expenses from my payroll check if I fail to provide the correct documentation and receipts with three days. No alcohol was purchased & no tips were paid from these funds.

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Approval \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager Approval \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Students-out of State employee

## **Request for Meal Money form for Co/Extra-Curricular Activities No overnight stay**

This form is used to collect the information necessary to allow student and coaches' meals when overnight stay is NOT needed. This form is used for Athletics, Band, UIL, Robotics and all Non-overnight student meals.

### **Meal Money check List**

**\*Completely fill out the form**

\*Attach a list of students and their signatures

\*Attach a list of staff and their signatures

\*Attach a copy of the receipt

\*Meals are not provided for staff members unless they are accompanying students and student's meals are purchased.

\*If the meals purchased exceed the maximum allowable amount, please obtain an activity fund check for the excess amount and attach the activity fund check to the form.

\*In the event that the activity requires that students/staff do not eat at the same time or that receipts are not available, then the lead sponsor may sign this form to verify the 100% of the funds requested were used to provide meals to student/staff and that no alcohol was purchased. In this situation, these meals will be paid only from local funds. State and federal funds will not be used to cover the cost of meals in this case.

\*If an overnight stay is necessary, please use the Travel Expense Advancement Request form.

\* Please see the State and Federal program section for instructions on all requirement for State and Federal funding sources as these funding sources have more rigorous requirements.

## **CHECK REQUEST FOR OTHER EXPENDITURES**

This form contains the information necessary to allow funds for limited instances where non-standard goods or services that did not have a purchase order and need to be purchased.

### **General check request checklist**

\*Purchase must be made from an approved vendor. See purchasing section of this manual.

\*Attach W-9 Form. We must have taxpayer ID # before a check can be issued.

\*Attach invoice or receipts.

\*Sales taxes cannot be paid through the general budget.

\* Additional requirements apply for items paid form State and Federal Funds. Please see that section for more details.

SPRING HILL INDEPENDENT SCHOOL DISTRICT  
 REQUEST FOR MEAL MONEY FOR CO EXTRA-CURRICULAR ACTIVITIES-NO OVERNIGHT STAY

Make check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

DATE OF MEAL: \_\_\_\_\_ SPORT/STUDENTS/LEVEL: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Destination: \_\_\_\_\_ Event Name: \_\_\_\_\_

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

ROSTER: Attach a roster/list of students with signatures/initials verifying their receipt of funds/ meal.  
 NO exceptions are allowable.

RECEIPTS: **Are required if using State or Federal Funds**

# Of STUDENTS \_\_\_\_\_ \$6 EACH STUDENT TOTALS \$ \_\_\_\_\_  
 Attach Roster/list

# Of COACHES/DIRECTOR: \_\_\_\_\_ @ \$6 Breakfast  
 @ \$12 Lunch  
 @ \$18 Dinner  
 Please Circle Meal Coaches Total \$ \_\_\_\_\_  
 MAXIMUM ALLOWABLE COSTS \$ \_\_\_\_\_

Amount Due to Vendor from Attached Receipts \$ \_\_\_\_\_

Excess Amount Paid from Activity Fund: \$ \_\_\_\_\_

If an excess amount applies, please attach activity fund check to this request payable to vendor.

AMOUNT TO BE PAID BY THIS REQUEST FOR MEALS PER BUDGET CODE BELOW: \$ \_\_\_\_\_

BUDGET CODES: FILL IN FISCAL YEAR AND CIRCLE APPROPRIATE CODE

Athletics=161 36 6412 02 001- \_\_\_\_-91 000 Band=199 36 6412 05 001- \_\_-99 000

High School UIL=199 36 6412 89 001- \_\_-99 000 Jr. High UIL=199 36 6412 89 042- \_\_-99 000

Other Student Travel: (Code) \_\_\_\_\_

100% of the funds requested on this form were used to provide meals to students/staff as detracted above. No Alcohol was purchased and no tips were paid.

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Paid/Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Business Mgr. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

SPRING HILL INDEPENDENT SCHOOL DISTRICT  
CHECK REQUEST FOR OTHER EXPENDITURES

RECEIPTS ARE REQUIRED

Date Rec'd in Business Office \_\_\_\_\_

USE OF CHECK REQUEST FORM:

Use this form to request reimbursement for items other than travel related expenditures. With limited exceptions all purchases are to flow through the requisition system. Use this for ONLY when an exception is met. Do not include SALES TAXES: State regulations do not allow the reimbursement of sales taxes.

RECEIPTS ARE REQUIRED ATTACH RECEIPTS BEFORE SUBMITTING FOR PAYMENT.

Make Check Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Need by: \_\_\_\_\_

Description of Services Provided or Reason for Check Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Delivery Method: \_\_\_\_\_ Mark Selected Method.

Mail to Vendor: \_\_\_\_\_ GRAND TOTAL CHECK REQUEST \_\_\_\_\_

Forward to Campus: \_\_\_\_\_

Co-Op Approved Vendor Code: \_\_\_\_\_

Budget Codes: \_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date \_\_\_\_\_

Paid/Processed by: \_\_\_\_\_ Date \_\_\_\_\_

Business Manager Approval: \_\_\_\_\_ Date \_\_\_\_\_



## **REQUISITION LEADING TO PURCHASE ORDER**

See Sections on Requisition and Purchase Orders

## **OTHER-RECURRING EXPENDITURES**

Standard recurring expenditures such as utilities, internet fees, copy machine rental, etc. are approved by director responsible for related services. Director is responsible for approving services performed, cost, location, amount, account code, tax exemption and date performed. After director approves, business manager approves for final payment in consideration of availability of budgeted funds.

**FOR MORE INFORMATION** please contact Stephanie Pleasant at extension 1175 or e-mail at [spleasant@shisd.net](mailto:spleasant@shisd.net)

Please see the State and Federal program section for instructions on all requirements for State and Federal funding sources as these funding sources have more rigorous requirements.

# Spring Hill ISD

## Procedures: Adding New Vendor

**Goal:** To ensure a systematic process for adding new vendors. The process is designed to meet local guidelines related to vendor relations and procurement by a school district.

### **Vendor Application**

1. The requestor shall forward the Vendor Application Packet to the prospective vendor. A new vendor must complete a new Vendor Application Packet.
2. The Vendor Application Packet shall include the following:
  - a. Form W-9
  - b. Conflict of Interest Questionnaire for vendors
  - c. Felony Conviction Form
  - d. Criminal History Verification (if opportunity for direct contact with students)
  - e. Certificate of Insurance
    - \*Workers compensation (per board policy CV for building or construction)
    - \*General Liability \$1,000,000.00 (per board policy CVC for construction management)
3. The completed Vendor Application Packet should be forwarded by the requestor to the accounts payable clerk.

These forms are also required for vendors who have an in-active status in the skyward system.

After all requirements have been met the new vendor can be entered into Skyward.

## Request for Taxpayer Identification Number and Certification

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

|   |  |   |
|---|--|---|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)  |   |
|   | Business name/disregarded entity name, if different from above   |   |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |
|   | <input type="checkbox"/> Exempt payee  |   |
|   | 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 the "Name" line 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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| Social security number   |   |   |   |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table> |   | - |   | - |  |
|  | - |   | - |   |  |
| Employer identification number   |   |   |   |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>   |   | - |   |   |  |
|  | - |   |   |   |  |

**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. citizen or other U.S. person (defined below).

**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.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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

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. 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**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.

# 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:

\*\*\*  
(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.

**FELONY CONVICTION NOTIFICATION**

The Texas Education Code, Section 44.034(a) states that 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 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 the felony.

Furthermore, Section 44.034(b) states that 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.

Lastly, Section 44.034(c) states that this section does not apply to a publicly held corporation.

- ( ) My firm is a publicly held corporation, therefore this requirement is not applicable.
- ( ) My firm is not owned no operated by anyone who has been convicted of a felony.
- ( ) My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name: \_\_\_\_\_

Description of conduct resulting in a felony: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Description of conduct resulting in a felony: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

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

Vendor's Name: \_\_\_\_\_

Authorized Company Official's Name: \_\_\_\_\_

Authorized Company Official's Title: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your 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

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

## Spring Hill Independent School District Criminal History Authorization

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the School District. Therefore, as a part of your application process, you need to complete the following questions:

***(Please Print)***

|   |   |   |                |
|---|---|---|----------------|
| Last Name                               | First Name  | MI  | Jr., Sr., Etc. |
| Social Security Number                  | Driver's License Number   | State Issued  |                |
| ____/____/____<br>Birth Date (mm/dd/yy) | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female<br>(Check one) | RACE: <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other<br>(Check one) |                |

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

| For each resident in the last five years, list the city, state, applicable dates, and applicable last names |       |              |            |                                    |
|---|-------|--------------|------------|------------------------------------|
| City  | State | From (mm/yy) | To (mm/yy) | Last Name (at time of date listed) |
|   |       |              |            |                                    |
|   |       |              |            |                                    |
|   |       |              |            |                                    |
|   |       |              |            |                                    |
|   |       |              |            |                                    |

**Volunteers Only – List campuses or programs of interest to you:**

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Have you ever been convicted of or received deferred adjudication for a criminal offense?  Yes  No

If yes, please indicate the year, location, and type of each offense. More facts may need to be discussed later.

| Location (City/State) | Offense | Last Name | Year |
|-----------------------|---------|-----------|------|
|                       |         |           |      |
|                       |         |           |      |
|                       |         |           |      |



I here authorize SHISD and SHISD's agent(s) to obtain a consumer report on me. SHISD is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information to me to SHISD or SHISD's agent(s). I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable Federal or State equal employment opportunity laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This form will be removed from the application and filed separately in the personnel office.**

**FOR OFFICE USE ONLY: (Check Only One)**

Employment, Applicant

Substitute Teacher

Volunteer

Student Teacher

Teacher Assistant

Main/Tran/Food Service

**FOR OFFICE USE ONLY:**

National/NCTC Expanded

State/NCTC in file

School District \_\_\_\_\_

REQUIRED WORKERS' COMPENSATION COVERAGES  
28 TAC 110.110(c)(7), adopted to implement Texas Labor Code 406.096

The District shall use the following language for bid specifications and contracts for building or construction, without any additional words or changes, except those required to accommodate the specific document in which they are contained or to impose stricter standards of documentation.

A copy of a certificate of insurance, a certificate of authority to self-insure issued by the Texas Department of Insurance (TDI), or a coverage agreement (DWC-81, DWC-82, DWC-83, or DWC-84), showing statutory workers' compensation insurance coverage for the person's or entity's employees providing services on a project is required for the duration of the project.

Duration of the project includes the time from the beginning of the work on the project until the contractor's/person's work on the project has been completed and accepted by the governmental entity.

Persons providing services on the project ("subcontractor" in Texas Labor Code 406.096) include all persons or entities performing all or part of the services the contractor has undertaken to perform on the project, regardless of whether that person contracted directly with the contractor and regardless of whether that person has employees. This includes, without limitation, independent contractors, subcontractors, leasing companies, motor carriers, owner-operators, employees of any such entity, or employees of any entity that furnishes persons to provide services on the project.

Services include, without limitation, providing, hauling, or delivering equipment or materials, or providing labor, transportation, or other service related to a project. Services do not include activities unrelated to the project, such as food/beverage vendors, office supply deliveries, and delivery of portable toilets.

The contractor shall provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, which meets the statutory requirements of Texas Labor Code 401.011(44) for all employees of the contractor providing services on the project for the duration of the project.

The contractor must provide a certificate of coverage to the governmental entity prior to being awarded the contract.

If the coverage period shown on the contractor's current certificate of coverage ends during the duration of the project, the contractor must, prior to the end of the coverage period, file a new certificate of coverage with the governmental entity showing that coverage has been extended.

The contractor shall obtain from each person providing services on a project, and provide to the governmental entity:

1. A certificate of coverage, prior to that person beginning work on the project, so the governmental entity will have on file certificates of coverage showing coverage for all persons providing services on the project; and

FACILITIES CONSTRUCTION

CV  
(EXHIBIT)

2. No later than seven days after receipt by the contractor, a new certificate of coverage showing extension of coverage, if the coverage period shown on the current certificate of coverage ends during the duration of the project.

The contractor shall retain all required certificates of coverage for the duration of the project and for one year thereafter.

The contractor shall notify the governmental entity in writing by certified mail or personal delivery, within ten days after the contractor knew or should have known, of any change that materially affects the provision of coverage of any person providing services on the project.

The contractor shall post on each project site a notice, in the text, form, and manner prescribed by the TDI, informing all persons providing services on the project that they are required to be covered, and stating how a person may verify coverage and report lack of coverage.

The contractor shall contractually require each person with whom it contracts to provide services on a project, to:

1. Provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, which meets the statutory requirements of Texas Labor Code 401.011(44) for all of its employees providing services on the project for the duration of the project;
2. Provide to the contractor, prior to that person beginning work on the project, a certificate of coverage showing that coverage is being provided for all employees of the person providing services on the project for the duration of the project;
3. Provide the contractor, prior to the end of the coverage period, a new certificate of coverage showing extension of coverage, if the coverage period shown on the current certificate of coverage ends during the duration of the project.
4. Obtain from each other person with whom it contracts, and provide to the contractor:
  - a. A certificate of coverage, prior to the other person beginning work on the project; and
  - b. A new certificate of coverage showing extension of coverage, prior to the end of the coverage period, if the coverage period shown on the current certificate of coverage ends during the duration of the project;
5. Retain all required certificates of coverage on file for the duration of the project and for one year thereafter;
6. Notify the governmental entity in writing by certified mail or personal delivery, within ten days after the person knew or should have known, of any change that materially affects the provision of coverage of any person providing services on the project; and
7. Contractually require each person with whom it contracts to perform as required by items 1–6, with the certificates of coverage to be provided to the person for whom they are providing services.

Spring Hill ISD  
092907

FACILITIES CONSTRUCTION

CV  
(EXHIBIT)

By signing this contract or providing or causing to be provided a certificate of coverage, the contractor is representing to the governmental entity that all employees of the contractor who will provide services on the project will be covered by workers' compensation coverage for the duration of the project, that the coverage will be based on proper reporting of classification codes and payroll amounts, and that all coverage agreements will be filed with the appropriate insurance carrier or, in the case of a self-insured, with the TDI's Division of Self-Insurance Regulation. Providing false or misleading information may subject the contractor to administrative penalties, criminal penalties, civil penalties, or other civil actions.

The contractor's failure to comply with any of these provisions is a breach of contract by the contractor that entitles the governmental entity to declare the contract void if the contractor does not remedy the breach within ten days after receipt of notice of breach from the governmental entity.

The coverage requirement recited above does not apply to sole proprietors, partners, and corporate officers who are excluded from coverage in an insurance policy or certificate of authority to self-insure that is delivered, issued for delivery, or renewed on or after January 1, 1996.

*28 TAC 110.110(i)*

A "construction manager-agent" is a sole proprietorship, partnership, corporation, or other legal entity that serves as the agent for the District by providing consultation or administrative services during the design and construction phase and managing multiple contracts with various construction prime contractors for construction, rehabilitation, alteration, or repair of a facility. The District may retain a construction manager-agent only as provided by Government Code Chapter 2269, Subchapter E. The contract between the District and the construction manager-agent may require the construction manager-agent to provide administrative personnel, equipment necessary to perform duties under this policy, on-site management, and other services specified in the contract. *Gov't Code 2269.201–.202*

A construction manager-agent may not:

1. Self-perform any aspect of the construction, rehabilitation, alteration, or repair of the facility.
2. Be a party to a construction subcontract for the construction, rehabilitation, alteration, or repair of the facility.
3. Provide or be required to provide performance and payment bonds for the construction, rehabilitation, alteration, or repair of the facility.

*Gov't Code 2269.203*

A construction manager-agent represents the District in a fiduciary capacity. *Gov't Code 2269.204*

The District may use the construction manager-agent method for the construction, rehabilitation, alteration, or repair of a facility. In using this method, the District must comply with applicable legal requirements in this policy as well as other applicable legal requirements [see CV(LEGAL)], which include the following steps:

1. SELECTING A CONTRACTING METHOD;
2. Giving PUBLIC NOTICE of the project;
3. Publishing CONTRACT SELECTION CRITERIA;
4. MAKING EVALUATIONS PUBLIC after the contract is awarded; and
5. Providing for INSPECTION, VERIFICATION, AND TESTING necessary for acceptance of the facility by the District.

*Education Code 44.031(g); Gov't Code 2269.052, .055, .056(a), (c), .058, .201(c)*

FACILITIES CONSTRUCTION  
CONSTRUCTION MANAGER-AGENT

CVC  
(LEGAL)

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**Note:** Terms in all capital letters, above, point to margin notes in the referenced policy.

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ARCHITECT/  
ENGINEER

On or before the selection of a construction manager-agent, the District shall select or designate an architect or engineer in accordance with Occupations Code Chapter 1051 or 1001, as applicable, to prepare the construction documents for the project. *Gov't Code 2269.205(a)* [See CV]

The District's architect or engineer may not serve, alone or in combination with another person, as the construction manager-agent unless the architect or engineer is hired to serve as the construction manager-agent under a separate or concurrent selection process conducted in accordance with this policy. The District's architect or engineer is not prohibited by this policy from providing customary construction-phase services under the architect's or engineer's original professional service agreement in accordance with applicable licensing laws. *Gov't Code 2269.205(b)*

To the extent that the construction manager-agent's services are defined as part of the practice of architecture or engineering under Occupations Code Chapter 1051 or 1001 those services must be conducted by a person licensed under the applicable chapter. *Gov't Code 2269.205(c)*

SELECTION OF  
CONSTRUCTION  
MANAGER-AGENT

The District shall select a construction manager-agent on the basis of demonstrated competence and qualifications in the same manner that an architect or engineer is selected under Government Code 2254.004. *Gov't Code 2269.207* [See CV]

INSURANCE

The construction manager-agent shall maintain professional liability or errors and omissions insurance in the amount of at least \$1 million for each occurrence. *Gov't Code 2269.208*

SELECTION OF  
CONTRACTORS

If the District is using the construction manager-agent method, the District shall procure, in accordance with applicable law and in any manner authorized by Government Code Chapter 2269, a general contractor or trade contractors who will serve as the prime contractor for their specific portion of the work and provide performance and payment bonds to the District in accordance with applicable laws. *Gov't Code 2269.206*

## Allowability/Allocability of Costs Worksheet

### Reasonable

1. Is the cost a fair price for the goods and/or services in the general market?
2. Is the quantity purchased based on the actual minimum need?
3. Will the goods and/or services be consumed or received during the grant period for specific grant activities?
4. Are there other related costs of implementation that make this cost unreasonable?

**If the answer is "no" to questions 1 - 4.....STOP HERE.....THE COST IS NOT ALLOWABLE**

5. Are there substantial repair and maintenance costs (equipment)?

**If the answer is "yes" to question 5.....STOP HERE.....THE COST IS NOT ALLOWABLE**

### Necessary

1. Is there an identified grant activity(ies) that the goods or services will support? [List the specific goal, strategy and/or activity.]
2. Are these goods and/or services necessary to carry out grant activities? [List the potential impact of not obtaining the goods and/or services.]

**If the answer is "no" to any question.....STOP HERE.....THE COST IS NOT ALLOWABLE**

### Allocable

1. What is the percentage of time that the goods and/or services will be used for a grant activity?
2. Will the goods and/or services benefit another federal, state or local program?
3. Is the charge to the federal grant aligned with the percentage of use of the goods and/or services?

**If the answer is "no" to question #3.....STOP HERE.....THE ENTIRE COST IS NOT ALLOWABLE**

### Allowability

1. Are the costs of the goods and/or services reasonable and necessary?
2. Are the costs of the goods and/or services allowable by the Federal Cost Principles or program-specific cost principles?
3. Are the costs of the goods and/or services in alignment with the typical costs paid by the district with non-federal grant funds?
4. Are the costs of the goods and/or services consistently treated as direct or indirect costs?
5. Are the costs of the goods and/or services determined in accordance with GAAP?
6. Are the costs of the goods and/or services adequately documented with supporting cost proposals, quotations, competitive procurement, invoice, etc.?
7. Are the costs of the goods and/or services not required by the state law or local policy procedure?

**If the answer is "no" to questions 1 - 7.....STOP HERE.....THE COST IS NOT ALLOWABLE**

8. Are the costs of the goods and/or services excluded as a cost or used to meet cost sharing or matching requirements of any other federal grant in either the current or a prior period?

**If the answer is "yes" to questions 8.....STOP HERE.....THE COST IS NOT ALLOWABLE**