



VENDOR INFORMATION PACKET

General Reminders:

Disclaimer: No payments will be made for work performed or goods delivered before a **PURCHASE ORDER** is issued by Uplift Education. Vendors who commence work before they have received a valid purchase order do so at their own risk.

Awarded vendors are notified by the Procurement Dept. prior to orders being placed by departments and or campuses.

Prospective vendors:

Must complete and return this packet in order to be added to the district database of vendors along with: *(Completion does not guarantee approval to provide goods or services to Uplift Education.)*

1. Vendor Product / Service Categories
2. Completed W-9
3. Conflict of Interest forms
4. Background Checks are required for Independent Contractors / Consultant

**If applicable, during the term of this Agreement, [Partner] shall maintain records to verify that each employee, contracted personnel or volunteer who is engaged or utilized by [Partner] to provide Program pursuant to this Agreement will undergo yearly Criminal Background Checks ("Criminal Checks") in compliance with Texas Education Code Sections 12.1059 and 22.0832. Prior to the initiation of services under this Agreement, [Partner] shall certify to Uplift in writing that all [Partner] employees, contracted personnel or volunteers have passed such required Criminal Background Checks.*

Payment Terms: Uplift Education's standard payment terms are NET 30 upon receipt of invoice.

Note: Traffic Officers and Referees will be paid based on the 1st and 15th based on time / game sheets signed off by the Campus Operations Director.

Invoicing or Payment Inquiries: If you have a question or discrepancies regarding invoices or payments, please contact: accountspayable@uplifteducation.org

Account Payable department at (469) 621-8500 or accountspayable@uplifteducation.org

Escalations for non-payment should include "Escalation of Non-payment" in the subject line.

Procurement Services Gifts Guidelines: Uplift Education employees are not allowed to accept gifts from vendors. This includes (but not limited to) trinkets, tickets, electronics and meals. Your cooperation is appreciated.

Change of Address is the responsibility of each vendor to notify Uplift Education's Procurement Department at procurement@uplifteducation.org

VENDOR APPLICATION PACKET

UPLIFT EDUCATION PROCUREMENT DEPARTMENT

1825 Market Center Blvd. Suite 500

Dallas, TX 75207

Phone: 469-621-8500 Fax: 469-621-8545

www.uplifteducation.org

Submission Date: _____

Submission of the vendor application is used to establish a database of interested vendors and does not guarantee approval to provide goods and/or services. Please ensure your completed application documents include the vendor information form, the completed product categories list, the W-9 form and the Conflict of Interest form. Incomplete packets will not be included in the Uplift Education vendor database.

OUR MODEL • *Each Uplift Education school provides free, college-preparatory education in a community that has limited high quality public education options. Our goal is to completely CLOSE the achievement gap between scholars, regardless of their ethnic or socio-economic background, while ensuring that 100% of our scholars graduate and enroll in college. Uplift's big goal is for 70% of its graduates to earn a college degree within six years.*

PLEASE FEEL FREE TO ADD PRODUCTS AND/OR SERVICES YOU PROVIDE IF NOT INCLUDED IN THE LIST BELOW VENDOR PRODUCT CATEGORIES (Please check ALL that apply)

	Advertising		Nurses Supplies
	Alarms		Office Supplies
	Athletics		Officers
	Books		Officials / Referees
	Buses		PE Equip & Supplies
	Child Nutrition Program - Consumable		Permit/Inspection Fee
	Child Nutrition Program - Non-Consumable		Playground
	Child Nutrition Program (CNP)		Printing - Campus
	Classroom Supplies / Instructional Materials		Printing - Promotional
	Coffee		Professional Development
	Computer - Software		Professional Services
	Computer Equipment/Supplies		Raptor Ware Supplies
	Construction		Recruitment
	Consulting Services		Registration and Fees
	Contracted/Outside Services		Rent
	Contractor Services		Rentals
	Copier		Repairs and Maintenance
	Donation		RTC Trips
	Enrichment		Security
	Field Trips		Signage / Plaques
	Financial Services		Software
	Fundraisers		Special Ed Supplies
	Graduation Caps, Gowns for Staff & Students, Diplomas		Special Events
	Insurance		Subscriptions
	Intern		Survey
	Kitchen Supplies		Teacher's Resources
	Library Supplies		Telecommunication / Internet
	Maintenance - Supplies		Testing
	Meals / Food		Transportation
	Membership Fees		T-Shirts
	Music		Uniforms
	Novelties		Utilities - Electricity
	Other:		Water Coolers & Water Bottles

VENDOR APPLICATION FORM

Vendor/Company Name: _____

Contact: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Bid Department: (if different from above)

Contact: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Purchase Order Address: (if different from above)

Contact: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Payment information: (if different from above)

Contact: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Are you a member of any of a Purchasing Cooperative?

- Texas Buy Board Vendors
 - Purchasing Association of Cooperatives Entities (PACE)
 - The Cooperative Purchasing Network (TCPN)
 - Department of Information Resources (DIR)
 - Cooperative TIPS/TAPS Purchasing System
 - Harris County Department of Education
 - Educational Purchasing Cooperative of North Texas (EPCNT)
 - US Communities Government Purchasing Alliance
 - State Purchasing - Texas Comptroller of Public Accounts
 - All Education Service Centers Texas Region 1-20
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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



uplifteducation

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We welcome your application with Uplift Education. We're proud that our success is the result of quality and high-caliber employees. You are applying for a position that acceptance of will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of background information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause of possible dismissal.

This release and authorization acknowledges that this Uplift Education and its schools may now or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, obtain motor vehicle records, and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, or Local criminal justice agency in any state and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under Uplift's employment policies. All results will be proprietary and will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated School Personnel.

I authorize Trak-1 and any of its agents/designated School personnel, as well as the Texas Department of Public Safety (DPS) to disclose orally and in writing the result of the verification process and/or interview to the designated authorized representatives of Uplift.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, Schools, current and former employers, and other organizations and Agencies to provide Trak-1 and DPS with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the School, our agent, Trak-1, DPS, and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

Applicant:

Name Typed or Printed

Social Security Number

Signature

Date

Other Name(s) of Record

Driver License Number

Address

Date of Birth

City, State and Zip Code

Phone Number

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

I, _____, have been notified that a Computerized Criminal History (CCH) verification 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.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(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

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

