

**Consultant Approval Form**

Contract with: \_\_\_\_\_

Term: \_\_\_\_\_ # of days: \_\_\_\_\_

Initial Session:  Yes  No If no, please include date(s) of prior approval below: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Funding Source \_\_\_\_\_

Purpose: \_\_\_\_\_

District-Wide or Campus: \_\_\_\_\_

Department: \_\_\_\_\_

1. Provide a copy of District Improvement Plan/Campus Improvement Plan that indicates necessity of this expenditure.
2. Did we receive similar training last year from this company?  Yes  No
  - a. If yes, how many days & how much did we spend?  
 # of Days \_\_\_\_\_ Amount Spent \$ \_\_\_\_\_
  - b. If yes, do we have evidence that this training worked? (Please provide evidence; Compare scores of students that benefited from this training vs scores of students that didn't on all group of students)
3. How many teachers will be trained? # of teachers \_\_\_\_\_
4. What grade level(s)? \_\_\_\_\_
5. What subject (STAAR Test)? \_\_\_\_\_
6. What subgroup or all? \_\_\_\_\_
7. Do we have a plan to be able to provide this training in-house?
  - a. If yes, how? \_\_\_\_\_
8. Who will be at the board meeting to answer questions on this consultant? \_\_\_\_\_

Administrative Approval: \_\_\_\_\_

Chief Financial Officer (CFO) Approval:  Yes  No

CFO Approval Date: \_\_\_\_\_

Needs School Board Approval:  Yes  No

Needs Dr. Arredondo's Signature:  Yes  No

Agreement Attached:  Yes  No

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# CONSULTANT PACKET CHECKLIST



---

**Please Print Consultant Name**

Please use and include this checklist to ensure that all required documents are enclosed in the Consultant Packet in order for it to be approved.

**Completed by the Campus/Dept. requesting the Consultant**

---

- ❖ **Consultant Request Memo submitted to the appropriate Asst. Supt.**
- ❖ **Texas Department of Public Safety Background Check Request**

**Completed by Consultant**

---

- ❖ **Consultant Resume**
- ❖ **Form W-9(Required for Taxpayer Identification Number and Certification)**
- ❖ **Form CIQ (Conflict of Interest Questionnaire)**
- ❖ **DPS Computerized Criminal History Verification Form**
- ❖ **A clear copy of each individual's valid Driver License**
- ❖ **Consultant Payment Form( Must be signed by Principal/Dept. Head)**
- ❖ **Form K (Board Approved Consultants Only)**

Timeliness of the submission of these documents is critical to ensure a prompt turnaround. Email to Complete Packet to [CCHReview@psjaisd.us](mailto:CCHReview@psjaisd.us).

---

Cleared:      Yes \_\_\_\_\_ No \_\_\_\_\_

By: \_\_\_\_\_

Notes:

---

---

---



**CONSULTANT REQUEST MEMO**

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the following consultant for Board approval at the upcoming school board meeting of \_\_\_\_\_ (Date of Board Meeting).

Consultant: \_\_\_\_\_

• Subject \_\_\_\_\_

• Dates Requested \_\_\_\_\_

• Grand Total \_\_\_\_\_

• Total # of Days \_\_\_\_\_

• Funding/Account No. \_\_\_\_\_

• Year-To-Date Expenditures \_\_\_\_\_

• Purpose \_\_\_\_\_

• Expected Outcome \_\_\_\_\_

• Former PSJA Employee  Yes  No

• Related to a PSJA Employee  Yes  No

• Resume Attached  Yes  No



Approved:  Yes  No

Approved by \_\_\_\_\_

CONSULTANT RESUME

Name of consultant: \_\_\_\_\_

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

Business \_\_\_\_\_ Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Highest Degree and date conferred: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Name of University: \_\_\_\_\_

Other related studies associated with topic to be presented:

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

Please provide dates, topic, and location where studies took place:

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

Presentation resources should be scientifically research based. Please cite three scientifically based research studies used to develop your presentation. Only one of these sources may be an internet source. If they are internet sources please provide website.

Citation: \_\_\_\_\_

Citation: \_\_\_\_\_

Citation: \_\_\_\_\_

If research is not your own, please indicate proper documentation and provide copies of sources used.

Please list three (3) References (may not be a relative or present employer)

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

Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Explain personal or professional relationship: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Cellular \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Explain personal or professional relationship: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Cellular \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Explain personal or professional relationship: \_\_\_\_\_

\_\_\_\_\_

Please do not alter this form submit as is.



## CONSULTANT PAYMENT FORM

Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Session \_\_\_\_\_

Dept./School requesting services \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Time of Session (s) \_\_\_\_\_

Budget Account # \_\_\_\_\_ Honorarium/Consultant Fee \$ \_\_\_\_\_

Materials Total \$ \_\_\_\_\_

**(Describe and ATTACH ORIGINAL RECEIPTS WITH ITEMIZATION)**

Total Claim \$ \_\_\_\_\_

I hereby certify that the above figures are true and correct.

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

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

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exemption from FATCA reporting code (if any) _____
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	<i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

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

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# CONFLICT OF INTEREST QUESTIONNAIRE

# FORM CIQ

For vendor doing business with local governmental entity

**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



## **Instructions to School District Contractors Regarding Criminal History Background Searches Under Senate Bill 9**

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, Texas 78714-9322

Email: [FACT@txdps.state.tx.us](mailto:FACT@txdps.state.tx.us)  
Phone: (512) 424-2365

For fastest service, please email or call. 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:

Company Name  
Company Address  
Company Phone  
Name of Company point of contact  
Phone of Company point of contact  
Company email 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 data retrieved. Additional users must be limited to those who need to request, retrieve, or evaluate data regarding the individual applicants.

**PLEASE NOTE:** 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 and applicants. Your employees and applicants will use that ***FAST Fingerprint Pass*** when scheduling their FAST fingerprinting.



# TEXAS DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK REQUEST

## CONSULTANT, CONTRACTOR, VENDOR, PRIVATE DUTY NURSE, ETC...

SUBMIT TO [BELINDA.SOTO@PSJAISD.US](mailto:BELINDA.SOTO@PSJAISD.US)

AT PSJA ISD EMPLOYEE RELATIONS FOR APPROVAL

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

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

Type of Service: \_\_\_\_\_

Event Date(s) or indicate current school year: \_\_\_\_\_

*For Private Duty Nurse* Name of Student: \_\_\_\_\_

Campus/Dept. or indicate 'District-wide': \_\_\_\_\_

Contact Numbers (Cell Preferred): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Last four digits of social security number: \_\_\_\_\_ (Please do not include copy of SS card)

Will individual be on school grounds, which may result in direct contact w/students? \_\_\_\_ Yes \_\_\_\_ No

If individual has been fingerprinted previously in accordance w/Senate Bill 9, please indicate so below:

\_\_\_\_ Yes \_\_\_\_ No SID Number (if known): \_\_\_\_\_

**PLEASE MAKE SURE TO  
INCLUDE THESE ITEMS  
WHEN SUBMITTING  
THIS FORM:**

- ▶ Criminal History information Request
- ▶ DPS Computerized Criminal History (CCH) Verification form
- ▶ A clear copy of individual's Driver License or state-issued ID

### CAMPUS/DEPARTMENT ONLY

Requested by:

Name	Campus/Dept. & Title	Date
------	----------------------	------

### INTERNAL USE ONLY

Name Based (Not fingerprinted or not required)

Fingerprint Search

SID: \_\_\_\_\_

Subscribed till: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_ Yes \_\_\_\_ No

By: \_\_\_\_\_

Jorge M. Medina, Sr.  
Director of Employee Relations

**Confidential**

The Pharr-San Juan-Alamo Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Date of birth \_\_\_\_\_ Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Sex:  Male  Female Ethnicity:  Black  White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

**Pharr-San Juan-Alamo I.S.D.**  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: 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>	

**PLEASE INSERT CLEAR PHOTOCOPY OF VALID  
DRIVER LICENSE OR STATE-ISSUED ID ON THIS PAGE:**  
(Front side only and do not include copy of social security card)

**PHARR-SAN JUAN-ALAMO I.S.D.  
Consultant Services**

**CERTIFICATE OF INTERESTED PARTIES – HOUSE BILL FORM 1295**

**Definitions and Instructions for Completing Form 1295**

Pharr-San Juan-Alamo I.S.D. is required to comply with House Bill 1295, which amended the Texas Government Code by adding Section 2252.908, Disclosure of Interested Parties. Section 2252.908 prohibits Pharr-San Juan-Alamo I.S.D., or its cooperative members, from entering into a contract resulting from this RFP with a business entity unless the business entity submits a Disclosure of Interested Parties – Form 1295 to Pharr-San Juan-Alamo I.S.D. at the time the business entity submits the signed contract. The Texas Ethics Commission has adopted rules requiring the business entity to file Form 1295 electronically with the Texas Ethics Commission.

***As a “business entity,” all vendors must electronically complete, print, sign, notarize and submit Form 1295 with their proposal even if no interested parties exist.***

Proposers must file Certificate of Interested Parties – Form 1295 electronically with the Texas Ethics Commission using the following online filing application:

[https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)

- Proposers must use the filing application on the Texas Ethics Commission’s website (see link above) to enter the required information on Form 1295.
- Proposers must print a copy of the completed form, which will include a certification of filing containing a unique certification number.
- An authorized agent of the business entity must complete the "Unsovrn Dedaration" and sign the printed copy of the form.
- The completed Form 1295 with the certification of filing must be filed with Pharr-San Juan-Alamo I.S.D. by including the completed form with the proposal response.
- Pharr-San Juan-Alamo I.S.D. must acknowledge the receipt of the filed FORM 1295 by notifying the Texas Ethics Commission of the receipt of the filed Form 1295 no later than the 30<sup>th</sup> day after the date the contract binds all parties to the contract.
- After Pharr-San Juan-Alamo I.S.D. acknowledges the Form 1295, the Texas Ethics Commission will post the completed Form 1295 to its website within seven (7) business days after receiving notice from Pharr-San Juan-Alamo I.S.D.

***Definitions:***

- **Interested Party:** a person who:
  - a) has controlling interest in a business entity with whom Pharr-San Juan-Alamo I.S.D. and/or its cooperative members contracts; or
  - b) actively participates in facilitating the contract or negotiating the terms of the contract, including a broker, intermediary, adviser, or attorney for the business entity.
- **Business Entity:** an entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation.