



Vendor Certification Program

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We appreciate your interest in conducting business with the City of Southlake!

To become a certified vendor with the City, please e-mail, fax or mail required documents to:

vendors@ci.southlake.tx.us

Fax: (817) 748-8048, Attn: Purchasing

1400 Main Street, Suite 440, Southlake, TX 76092

- City of Southlake Vendor Application
- Vendor Statement of Agreement
- IRS Form W-9
- Texas State Form CIQ



Vendor Commodity Codes

The National Institute of Governmental Purchasing Codes makes up the numbering system commonly used by state and local governments to categorize the products and services they buy. If you do not see a code that fits your business product or service, please write a brief description of your product or service and we will assign a code to your organization.

- 003 AWARDS AND PROMOTIONAL ITEMS
- 008 COMPUTER AND COMMUNICATION SUPPLIES
- 012 DUES AND LICENSES
- 025 EVENT AND SPORT SUPPLIES
- 040 FACILITY SUPPLIES AND EQUIPMENT
- 048 FIRE DEPARTMENT PRODUCTS AND EQUIPMENT
- 055 FLEET AND RELATED SUPPLIES AND EQUIPMENT
- 058 FLEET HEAVY EQUIPMENT PRODUCTS AND SUPPLIES
- 059 FLEET LIGHT EQUIPMENT PRODUCTS AND SUPPLIES
- 085 JANITORIAL SUPPLIES
- 100 K9 RELATED SUPPLIES
- 125 LANDSCAPE AND SPORTSFIELD SUPPLIES AND EQUIPMENT
- 135 LIBRARY RESOURCE MATERIALS
- 145 MEALS AND FOOD
- 148 MEDICAL EQUIPMENT AND PRODUCTS
- 155 OFFICE SUPPLIES
- 200 POLICE PRODUCTS AND EQUIPMENT
- 225 PUBLIC SAFETY PRODUCTS AND EQUIPMENT
- 245 PUBLICATIONS
- 260 SEWER, STREET, AND WATER SUPPLIES AND EQUIPMENT
- 325 UNIFORMS ALL TYPES
- 400 BACKGROUND RESEARCH SERVICES
- 425 COMPUTERS AND COMMUNICATION SERVICES
- 438 DESIGN SERVICES
- 455 ENGINEERING SERVICES
- 458 ENVIRONMENTAL SERVICES
- 462 EVENT AND ENTERTAINMENT FEES AND SERVICES
- 485 FACILITY SERVICES
- 525 FINANCIAL SERVICES
- 545 FLEET AND RELATED EQUIPMENT SERVICES
- 600 GENERAL SERVICES NOT OTHERWISE CATEGORIZED
- 645 GROUP BENEFITS AND INSURANCE SERVICES
- 648 HEALTHCARE SERVICES
- 680 K9 RELATED SERVICES
- 695 LABORATORY TESTING SERVICES
- 715 LANDSCAPE SERVICES
- 745 LEGAL SERVICES
- 785 MEDICAL EQUIPMENT REPAIR SERVICES
- 865 PUBLIC SAFETY AND EQUIPMENT REPAIR SERVICES
- 900 RENTAL SERVICES
- 945 SPECIALIZED SERVICES
- 958 SEWER, STREET AND WATER SERVICES
- 965 TRAVEL SERVICES
- 972 UTILITY, PRINTING, AND POSTAL SERVICES

Vendor Application



Requesting City Department

Company Name _____

Authorized Representative & Title _____

Website _____

Contact e-mail _____

Send POs via e-mail to _____

Phone _____ Fax _____

Physical Address _____

Remit Address _____

Same as physical address

General Commodity Code(s)

TIN # or SSN # _____ TX HUB or Other # _____

Business Type Corporation Sole-Proprietorship Partnership Other

Do you accept credit cards for point-of-sale purchases? Yes No

Please complete the section below if your company would like to receive payment of invoices via an Electronic Funds Transfer.

EFT Payment Information Checking Savings

Account Name _____ Bank Name _____

Account # _____ Routing # _____

Send EFT advice via e-mail to _____

E-mail, fax or mail application to:
vendors@ci.southlake.tx.us
Fax: (817) 748-8048, Attn: Purchasing
1400 Main Street, Suite 440, Southlake, TX 76092

Vendor Statement of Agreement

The City of Southlake requires all vendors who desire to conduct business with the City to complete the required documents. In addition, the following City of Southlake Purchasing Policy items must be agreed to by an authorized representative of the vendor organization.

All invoices, statements, and other correspondence must be sent to:

accountspayable@ci.southlake.tx.us

- or -

City of Southlake
ATTN: Accounts Payable
1400 Main Street, Suite 440
Southlake, Texas 76092

All invoices are paid no later than 30 days past the later of the invoice date or date of acceptance of the product or service by an authorized city representative, provided the invoice is emailed or mailed to the above address, in compliance with the Prompt Payment Act.

Invoices for product purchases must include a Purchase Order #. The City of Southlake Purchase Order is not valid unless it contains the signatures of the City Manager and Finance Director. Purchase Orders by phone are permitted only by the City's Purchasing Manager.

The City's Terms and Conditions are on the City website. Deviations from this document must be agreed to in writing by an authorized City representative.

My signature below certifies that I am an authorized representative of the business named on the IRS Form W-9, and that my company agrees to abide by the above policy statements and the terms and conditions found on the City of Southlake website unless otherwise agreed to in writing.

Printed Name

Title

Signature

Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person 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 the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

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

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Request for Taxpayer Identification Number and Certification

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

Print or type 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: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	City of Southlake 1400 Main Street, Suite 440 Southlake, Texas 76092
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 <i>How to get a TIN</i> on page 3.																			
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																	
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																	
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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 on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.