



REQUEST TO BE ADDED TO BIDDER/ VENDOR LIST

AACOG is an equal opportunity agency within the meaning and spirit of the law and does not discriminate on the basis of race, age, color, sex (including sexual orientation and gender identity), disability, national origin, or religion. All contractors and vendors are required to comply with AACOG’s EEO policies and/or provide adequate notification that they comply with applicable EEO laws

AACOG requires all vendors interested in conducting business with the agency to complete a “Request to be added to Bidder/ Vender List” packet prior to being eligible to receive opportunities to bid for agency projects.

In addition, AACOG has a centralized purchasing function and requires that a purchase order number be issued and authorized before any order is processed. The contact for Purchase Order numbers is the Procurement Department, (210)362-5200, [procurement@aacog.com](mailto:procurement@aacog.com).

NOTE: AACOG programs are on a cost reimbursement from the funding sources. AACOG will bill the funding source for purchases subsequent to receipt of goods or services and invoices. Invoices are required for all purchases. Payment will be forwarded to the vendor upon reimbursement from the funding source. Vendors should note that this process may take sixty (60) to ninety (90) days for payment to be processed. Contact for the status of payments is Accounts Payable at (210)362-5280.



RETURN THIS FORM TO:

Alamo Area Council of Governments  
8700 Tesoro Drive, Suite  
San Antonio, TX 78217  
ATTN: Procurement Department  
Phone: (210)362-5200  
Email: [procurement@aacog.com](mailto:procurement@aacog.com)

I, \_\_\_\_\_, hereby attest that I have read and understand the above terms for conducting business with the Alamo Area Council of Governments.

Company Name:
Send Payment(s) to- Address:
City/ State/ ZIP code:
Telephone Number:
Fax Number:
Website Address:
Email Address:
Representative:



**REQUEST TO BE ADDED TO BIDDER/ VENDOR LIST**

Please list the type of products/ services you provide and attach any catalogs/ brochures/ samples.

Use this list below to describe your products/ services \*required\*:

- |   |  |
|---|--|
| <input type="checkbox"/> Office Supplies                | <input type="checkbox"/> General Contractor        |
| <input type="checkbox"/> Office Furniture               | <input type="checkbox"/> Weatherization Contractor |
| <input type="checkbox"/> Copier Paper/ Specialty Paper  | <input type="checkbox"/> Aging Contractor          |
| <input type="checkbox"/> Computers                      | <input type="checkbox"/> Psychological Services    |
| <input type="checkbox"/> Computer Supplies              | <input type="checkbox"/> Outreach Items            |
| <input type="checkbox"/> Computer Software              | <input type="checkbox"/> Printing Services         |
| <input type="checkbox"/> Copier Machines (and supplies) | <input type="checkbox"/> Security Detail           |
| <input type="checkbox"/> Audio/ Visual Duplication      | <input type="checkbox"/> Criminal Justice Supplies |
| <input type="checkbox"/> Audio/ Visual Equipment        | <input type="checkbox"/> Consultant (_____)        |
| <input type="checkbox"/> Data & Phone Cabling           | <input type="checkbox"/> Vehicle Repairs           |
| <input type="checkbox"/> Other:                         |  |

**Please assist us by completing the following:**

- Type of Request:
 

<input type="checkbox"/> New Vendor	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Updated Information
-------------------------------------	--	--
- Ownership:
 

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> *Non- Profit	<input type="checkbox"/> Other
- Tax Identification Number: \_\_\_\_\_  
 Attach completed W-9 form unless tax exempt. <http://www.irs.gov/pub/irs-pdf/fw9.pdf>  
 DUNS Number, if applicable: \_\_\_\_\_
- Have you done business with AACOG in the past?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Is your business currently certified with the Stat of Texas Centralized Master Bidder's List?  
<https://comptroller.texas.gov/purchasing/vendor/cmb/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

**\*\*Please return confirmation of your CMBL certification with this vendor application\*\***

- Is your business currently certified as a HUB with the State of Texas?  
<https://comptroller.texas.gov/purchasing/vendor/hub/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
------------------------------	-----------------------------	------------------------------
- Is your business currently certified as a HUB outside the State of Texas?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is the name of the State? _____
------------------------------	-----------------------------	--



REQUEST TO BE ADDED TO BIDDER/ VENDOR LIST

8. If YES to either question 6 or 7, enter Historically Underutilized Business (HUB), ethnicity, and gender status, if applicable:

- Asian Pacific American (AS) Hispanic Americans (HI) American Woman (WO)
Black American (BL) Native American (AI) Male (M)/ Female (F): \_\_\_

9. If applicable, please note if your Texas- based Small, Minority, and/or Women- Owned Business Enterprise (SMWBE) is certified with any of the organizations listed below:

- City of Austin
City of Houston
Dallas/ Fort Worth Minority Supplier Development Council
El Paso Hispanic Chamber of Commerce
South Central Texas Regional Certification agency (SCTRCA)
Southwest Minority Supplier Development Council
Texas Department of Transportation (TXDOT)
Women's Business Council- Southwest
Women's Business Enterprise Alliance

\*\*Please return confirmation of this certification with this vendor application\*\*

\*If you hold certification with any of the entities noted above, you may qualify to automatically receive HUB Certification with the State of Texas. Please contact TPASS's Statewide HUB Program at (888)863-5881 for further information.

10. Is your principal place of business in the State of Texas?

- Yes No

11. Is your organization delinquent on State of Texas Franchise taxes?

- Yes No

12. Are you or anyone in your organization related to an AACOG employee or a member of AACOG's governing board?

- Yes No

If YES, list AACOG employee or Board member's name and relationship:

Name: [ ] Relationship: [ ]

13. Are you or anyone in your organization a former Workforce Solutions- Alamo employee and/ or board member?

- Yes No



**Alamo Area Council of Governments  
Accounts Payable Direct Deposit (ACH) Request**

Supplier/ Vendor Name:

Address, City, State, & Zip:

Day- Time Contact Phone:

E-Mail Address:

Financial Institution:

Bank Account Number:

Routing Number:

Must provide all numbers required for ACH deposit

**PLEASE NOTE THE FOLLOWING**

- The first payment after requesting direct deposit **will not** be deposited into your account. To ensure accuracy of the first deposit a pre-note will be implemented and an actual check will be mailed to you.
- Once a successful pre-note has been established all future payments will be directly deposited into your account.
- Only one bank account may be used per Supplier/ Vendor
- Please contact Accounting Department at (210) 362-5200 with any questions.

I hereby authorize Alamo Area of Governments to initiate credit entries and, if necessary, debit entries, and adjustments for any credits entries in error to our account as shown above with the listed financial institution, and credit and/ or debit the same to the accounted indicated above. I certify that the depository information listed above is accurate.

Signature:



Date:

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> <small>FOR VENDOR OR OTHER PERSON DOING BUSINESS WITH LOCAL GOVERNMENTAL ENTITY</small>		<b>FORM CIQ</b>
<p><b>This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.</b></p> <p>This questionnaire is being filed in accordance with chapter 176, Local Government Code by a person who has the meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be file.</p> <p>A person commits an offense if the person violated Section 176.006. Local Government Code. An offensive under this section is a Class C misdemeanor.</p>	<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p>	
<p><b>1. Name of person who has a business relationship with local governmental entity:</b></p>		
<p><b>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</b></p> <p style="text-align: center;">(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p><b>3. Name of local government office with whom filer has employment or business relationship.</b></p> <p>This section (item 3 including subparts A, B, C, &amp; 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.</p> <p>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?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive or likely to receive taxable income, other that investment income, from the filer of the questionnaire?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>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?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government office named in this section.</p> <p style="padding-left: 20px;">○</p> <p style="padding-left: 20px;">○</p> <p style="padding-left: 20px;">○</p> <p style="padding-left: 20px;">○</p> <p style="padding-left: 20px;">○</p> <p style="padding-left: 20px;">○</p>		
<p><b>4.</b> <input style="width: 300px; height: 20px;" type="text"/></p>	<p><input style="width: 250px; height: 20px;" type="text"/></p>	
<p>Signature of person doing business with governmental entity</p>	<p>Date</p>	



(Control + Click to fill out digitally)

Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b>	<b>Give Form to the          requester. Do not          send to the IRS.</b>
---	--	--

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

<b>Part I Taxpayer Identification Number (TIN)</b> 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 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.  <i>Note.</i> If the account is in more than one name, see the Instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> </tr> <tr> <td colspan="9" style="text-align: center;">OR</td> </tr> <tr> <th colspan="9" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> <td style="width:10%; text-align: center;"> </td> </tr> </table>	Social security number													-					OR									Employer identification number													-				
Social security number																																														
				-																																										
OR																																														
Employer identification number																																														
				-																																										

<b>Part II Certification</b> 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.	
<b>Certification instructions.</b> 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.	

<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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**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?* on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.



(Control + Click to fill out digitally; clear any pre-filled boxes)

01-229 (Back)  
(Rev. 9-078)

SAVE A COPY

CLEAR SIDE

### TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_, City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased or on the attached order or invoice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchaser claims this exemption for the following reason:

\_\_\_\_\_

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here	Purchaser	Title	Date
	_____	_____	_____

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.  
 THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.  
 Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.





## **DBE/ Minority/ Small Business, Certification Disclosures**

**Alamo Area Council of Governments (AACOG)** is committed to the healthy and responsible growth of our Disadvantaged, Small & Minority Business Enterprises in and around the Alamo City. These service providers are a major driving force for the Alamo, South and Central Texas Region economy. We are unified in our requirement to identifying, and in utilizing these Agency approved organizations.

For more information regarding DBE certification, please visit DBE link provided:

<https://sctrcadotorg.wordpress.com/small-minority-woman-and-veteran-owned-business-enterprise/>

We also would like to provide information regarding a partner Agency within the Alamo Area that can certify your organization in and around the South Central Texas Region (SCTRCA). Please visit their SCTRCA link provided regarding certification:

<https://sctrcadotorg.wordpress.com/small-minority-woman-and-veteran-owned-business-enterprise/>

**For AACOG's certification disclosure within our federal guidelines, please identify any of the applicable certifications your organization falls under, and provide us with a copy of your Agency certificate:**

### **African American Business Enterprise (AABE) Certification- Complete Certification Application**

A business structure owned, operated, managed, and controlled by an African American minority group member(s) who has at least 51% ownership.

### **Asian American Business Enterprise (ABE) Certification- Complete Certification Application**

A business structure owned, operated, managed, and controlled by an Asian American minority group member(s) who has at least 51% ownership.

### **Disabled Individual Business Enterprise (DIBE) Certification- Complete Certification Application**

A business structure that is at least 51% owned, operated and controlled by a disabled individual Disabled individual means a person (a) with one or more disabilities as defined by the Americans with Disabilities Act (ADA) and amendments thereto (for purposes of applicability under the certification statutes, ordinances, rules and regulations governing the State of Texas).

### **Emerging Small Business Enterprise (ESBE) Certification- Complete Certification Application**

An SBE eligible business structure for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories, whose annual revenues and numbers of employees are no greater than 25% of the small business size standards for its industry as established by the U.S. Small Business Administration.





**Hispanic Business Enterprise (HABE) Certification- Complete Certification Application**

A business structure owned, operated, managed and controlled by a Hispanic American minority group member(s) who has at least 51%.

**Minority Business Enterprise (MBE) Certification- Complete Certification Application**

A business structure that is owned, operated, managed and controlled by an ethnic minority group member(s) who has at least 51%.

**Native American Business Enterprise (NABE) Certification- Complete Certification Application**

A business structure owned, operated, managed and controlled by a Native American minority group member(s) who has at least 51 percent ownership. The Native American group member(s) must have operational and managerial control, interest in capital, expertise and earning commensurate with the percentage of ownership and legally residing in or are citizens of the United States or its territories; or (2) A business structure owned, operated and controlled by a Native American minority group member(s) who has at least 51% ownership and satisfies the Native American member status.

**Small Business Enterprise (SBE) Certification- Complete Certification Application**

A business structure that is formed with the purpose of making a profit, which is independently owned and operated and which meets the United States Small Business Administration (SBA) size standard for a small business (See <http://sba.gov/size> click "table".)

**Veteran-Owned Business Enterprise (VBE) Certification- Complete Certification Application**

A business structure owned, operated, managed and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable.  
*Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration.*

**Woman-Owned Business Enterprise (WBE) Certification- Complete Certification Application**

A business structure that is owned, operated and controlled by one or more women who have a total of at least 51% or more ownership.

Sincerely,  
Gregory

**Gregory H. Galloway II**  
**Alamo Area Council of Governments**  
**Contracts & Procurement Manager**