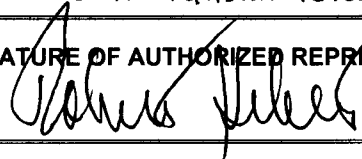


TEXAS  STATE
TEXAS SCHOOL SAFETY CENTER
A member of The Texas State University System

The Contractor Information Form requests basic information about the contractor and project, including the signature of the authorized representative. This form is required to set up a contract for services.

- Submit this form with the signed contract
- Use this form to update changes in contact information

CONTRACTOR INFORMATION	
1) AGENCY NAME: Fort Bend County Constable Pct 2	
1A) AGENCY ORI #: <u>TX 0790800</u>	
2) ADDRESS: (include mailing address, street, city, county, state and zip code): <div style="text-align: center; padding: 10px;">303 TEXAS PARKWAY STE. 124 MISSOURI CITY, TX 77459</div>	
3) PAYEE Mailing Address (if different from above):	
4) Federal Tax ID No. (9 digit): <u>1-74-600-1969-2</u>	
4A) Texas State Vendor #: (for TxSSC use only) <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
5) TYPE OF ENTITY (check appropriate box): <input type="checkbox"/> City <input checked="" type="checkbox"/> County	
6) PROPOSED CONTRACT PERIOD: <div style="display: flex; justify-content: space-around; padding: 10px;">Start Date: September 1, 2014End Date: August 31, 2015</div>	
7) AREA SERVED: Fort Bend County (Refer to Statement of Work for zip codes)	
8) AMOUNT OF CONTRACT: \$ 6,525.00	
9) PROJECT CONTACT PERSON Name: SHARON ARNOLD Phone: 281-403-8015 Fax: 281-403-8012 E-mail: SHARON.ARNOLD@FORTBENDCOUNTYTX.GOV	10) FINANCIAL OFFICER Name: ROBERT STURDIVANT Phone: 281-341-3760 Fax: 281-341-3774 E-mail: ROBERT.STURDIVANT@FORTBENDCOUNTYTX.GOV
11) AUTHORIZED REPRESENTATIVE Name: ROBERT HEBERT Phone: 281-341-8608 Fax: 281-341-8609 E-mail: JENETHA.JONES@FORTBENDCOUNTYTX.GOV	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">12) SIGNATURE OF AUTHORIZED REPRESENTATIVE </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">13) DATE <u>8-26-14</u></div>



DUE DATE: August 29, 2014

**FY2015 Texas Tobacco Enforcement Program
Contractor's Program Work Plan
September 1, 2014 to August 31, 2015**

Contractor: (Agency Name) Fort Bend County Constable Pct 2

Program Contact Person: SHARON ARNOLD

Activity: Controlled Buys/Stings and Follow-ups

Performance Goal:

87

Contractor's Program Work Plan will allow Texas School Safety Center (TxSSC) to accurately measure your progress, identify any potential problem areas, provide technical assistance, and report ongoing enforcement efforts to the Department of State Health Services to ensure compliance with contractual obligations.

Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort
#	#	#	#	#	#	#	#	#	#	#	#	#
10 %	10 %	5 %	5 %	5 %	10 %	10 %	10 %	10 %	10 %	10 %	5 %	100 %

Instructions: Please complete this Work Plan indicating the actual number and percentage of effort of the Controlled Buy/Stings that will be completed each month.

Period 1	Sept 1	Sept 25
Period 2	Sept 26	Oct 25
Period 3	Oct 26	Nov 25
Period 4	Nov 26	Dec 25
Period 5	Dec 26	Jan 25
Period 6	Jan 26	Feb 25

Period 7	Feb 26	March 25
Period 8	March 26	April 25
Period 9	April 26	May 25
Period 10	May 26	June 25
Period 11	June 26	July 25
Period 12	July 26	Aug 28

Date Submitted: 8-14-2014

Signature: Sharon Arnold

**Forms may be faxed to 512-245-1133, Attn: Tobacco Enforcement Program or
emailed to Chad L. Nolte at CN1082@txstate.edu or Alexia Cox at AC45@txstate.edu**

FOR TXSSC USE ONLY

Received & Approved by TxSSC: _____

Date: _____

Texas School Safety Center

Texas School Safety Center
415 N. Guadalupe St. PMB 164
San Marcos, TX 78666
Phone: 877.304.2727
Fax: 512.245.1133
Email: Chad L. Nolte, CN1082@txstate.edu
Alexia Cox, AC45@txstate.edu

Training Registration For trainings 3 hours or more

PARTICIPANT INFORMATION

Date: 08 / 14 / 2014

Full Name: SHARON MI ARNOLD Suffix

Title / Position: ASSISTANT CHIEF

Agency / District: FORT BEND CO. CONSTABLE 2 ESC Region:

School Name: (If Applicable)

Work Mailing Address: 303 TEXAS PARKWAY STE 124 MISSOURI CITY TX 77459 County

Work Phone: 281 - 403 - 8015 Work Fax: 281 - 403 - 8012

Email: SHARON.AARNOLD@FORTBENDCOUNTYTX.60V

PARTICIPANT CLASSIFICATION

Please mark your correct classification:

Classification Category:

- ☐ K-12
☐ College
☒ Community

Classification Type:

- ☒ Police
☐ Security
☐ Administrator
☐ Faculty
☐ Staff
☐ Other: (Please specify)

TCLEOSE (law enforcement only)

☒ TCLEOSE Requested PID# 424 73

DOB: 08 / 16 / 1965

Signature: Sharon Arnold

Date: 08 / 14 / 2014

INTERLOCAL COOPERATION CONTRACT

THE STATE OF TEXAS
COUNTY OF HAYS

This Interlocal Cooperation Contract (this "Contract") is entered into by and between the Contracting Parties shown below pursuant to authority granted in and in compliance with the *Interlocal Cooperation Act, Chapter 791, Texas Government Code*.

I. Contracting Parties

The Receiving Party: **Texas State University ("Texas State")** an institution of higher education and agency of the State of Texas.
*Texas School Safety Center
Florence C. Raymond
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
877-304-2727*

The Performing Party: **Fort Bend County Constable Pct 2** a local government of the State of Texas
*Asst. Chief Sharon Arnold
303 Texas Parkway, Suite 124
Missouri City, TX 77459*

II. Statement of Services to be Performed

Performing Party will perform the following service(s):

Conduct 87 Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required. Work shall be performed following the details outlined in attached Scope of Work – Exhibit A, Performance Measures, and Exhibit B.

III. Basis for Calculating Reimbursable Costs

Performing Party shall be paid \$75.00 for each correct and completed Controlled Buy/Sting and Follow-up reported on the Cigarette and Tobacco Controlled Buy/Sting Report form **(for a maximum of 87 Controlled Buy/Stings and Follow-ups x \$75.00 each for a total of \$6,525.00)**. Payment will be based on the receipt and approval of an invoice for services. All costs incurred for the purpose of conducting a complete Control Buy/Sting and Follow-up are the responsibility of the contractor. In order to receive full payment for the Controlled buy/Stings and Follow-ups billed for each performance reporting period, a completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each along with additional information outlined in **Exhibit C, Payment For Services**.

IV. Contract Amount

The total amount of this Contract shall not exceed SIX THOUSAND FIVE HUNDRED TWENTY FIVE DOLLARS AND NO/100 CENTS (\$6,525.00). This is the maximum amount collectable under the Contract as written.

V. Payment of Services

Receiving Party will remit payments to Performing Party for services satisfactorily performed under this Contract in accordance with the *Texas Prompt Payment Act, Chapter 2251, Texas Government Code*.

Payments made under this Contract will (1) fairly compensate Performing Party for the services performed under this Contract, and (2) be made from current revenues available to Receiving Party in the form of a contract from the Department of State Health Services to fund local law enforcement agencies to enforce Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required.

VI. Warranties

Receiving Party warrants that (1) the services are necessary and authorized for activities that are properly within its statutory functions and programs; (2) it has the authority to contract for the services under authority granted in Texas Government Code 403.105 – Permanent Fund for Health and Tobacco Education and Enforcement; (3) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (4) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

Performing Party warrants that (1) it has authority to perform the services under authority granted in Chapter 161.088, Texas Health and Safety Code and Chapter 791, Texas Government Code; (2) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (3) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

VII. Term of the Contract

This Agreement is effective **September 1, 2014** and shall terminate on **August 31, 2015**.

VIII. Termination

In the event of a material failure by a Performing Party to perform its duties and obligations in accordance with the terms of this Contract, the other party may terminate this Contract upon **30 days'** advance written notice of termination setting forth the nature of the material failure; provided that, the material failure is through no fault of the terminating party. The termination will not be effective if the material failure is fully cured prior to the end of the **30-day** period.

Executed effective as of the Effective Date by the following duly authorized representatives of the Contracting Parties:

Performing Party
Fort Bend County Constable Pct 2

By *Sharon Arnold*

Name SHARON ARNOLD

Title ASSISTANT CHIEF

Date: 8-14-2014

By *Robert E. Hebert*

Name Robert E. Hebert

Title Fort Bend county Judge

Date 8-26-14

By *Dianne Wilson*

Name Dianne Wilson

Title Fort Bend county clerk

Date 8-26-14

By _____

Name _____

Title _____

Date _____

Receiving Party
Texas State University

By _____

Name: W. Scott Erwin

Title Director of Sponsored Programs

Date: 8-2

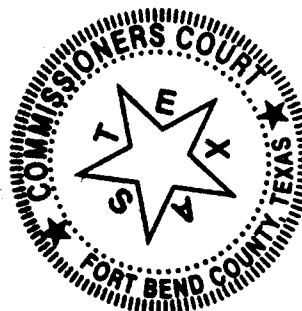


EXHIBIT A SCOPE OF WORK

The Contractor shall diligently render the following performance:

Contract funds shall be used to support the enforcement activities and additional programs requirements outlined in 1-4 of Exhibit A, Scope of Work. Contractor shall meet the assigned Performance Measures assigned in Exhibit B.

1. Enforcement Activities

Contractor shall:

- a. Conduct Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required. Refer to Exhibit B Schedule – Performance Measures, for the number of Controlled Buy/Stings to be conducted.
- b. Record the results of the Controlled Buy/Stings conducted using the Texas Department of State Health Services (DSHS) Cigarette and Tobacco Controlled Buy/Sting Report form provided by the Texas School Safety Center at Texas State University.
- c. Use non-smoking male and female minors ages 14 – 16 in accordance with Health and Safety Code, Chapter 161.088 – Enforcement; Announced Inspections.
- d. Use the State Comptroller of Public Accounts most recent Tobacco Permitted Retail Outlet List for the Controlled Buy/Stings to obtain Retail Outlet name, address, and tobacco permit numbers.
- e. Conduct Follow-up Controlled Buys/Stings of retail outlets found to be in violation of selling tobacco to minors. Reasons for follow-up may include: 1) repeated violations, 2) knowledge of historical perspective of previous sales to minors, and /or 3) complaints received where a follow-up is needed. Follow-up Controlled Buys/Stings shall be conducted within two to ten (2-10) days of original Controlled Buy/Sting.
- f. Conduct Follow-up Inspections on complaints regarding retailer and/or other violations received on the state's 1-800 tobacco hotline.

2. Training Activities

Contractor shall:

- a. Assign agency representatives to participate in the appropriate web-based training session conducted by Texas School Safety Center. Representatives shall include the person(s) assigned to the implementation of the contract activities, and/or the line supervisor overseeing the day-to-day activities of this contract, and the person(s) conducting the enforcement activities outlined in Exhibit A, Scope of Work. Training sessions will be conducted as follows:
 1. New Funded Agencies for FY2015 shall participate in a required 6-hour Tobacco Enforcement Program Training prior to implementation of the contract activities.
 2. Agencies that participated in the FY2014 Tobacco Enforcement Program shall participate in a required 3-hour Tobacco Enforcement Program Update Training to achieve training compliance requirements.
- b. Participate in any and all ongoing technical assistance and training activities offered by the Texas School Safety Center at Texas State University.

3. Reporting Requirements

Contractor shall:

- a. Submit a monthly activity summary report for the Controlled Buy/Stings and Follow-ups conducted, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- b. Provide a short summary of challenges and obstacles encountered in the course of conducting Controlled Buys/Stings and Follow-ups for performance reporting period, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- c. Submit the Monthly Summary and Invoice form to include the number of Controlled Buy/Stings conducted along with the number of Citations issued within the performance reporting period. Controlled Buy/Stings conducted as part of a Follow-up shall also be included in the total of Controlled Buys/Stings conducted.
- d. Submit billing information for services provided in the invoice section of the Monthly Summary and Invoice form. Payment amount for services is outlined in Exhibit C, Payment for Services. The Monthly Summary and Invoice form shall be signed by the designated authorized official.
- e. The Monthly Summary and Invoice form shall be submitted to the Texas School Safety Center on the 1st of the month for activities of the previous month, with the exception of the August Performance Reporting Period (July 26, 2015 to August 28,

2015) which is due August 31, 2015. The report may be mailed or faxed to the Texas School Safety Center, 415 N. Guadalupe, PMB 164, San Marcos, Texas 78666. Fax # 512-245-1133.

- f. Texas School Safety Center will provide violation information to the Comptroller of Public Accounts as required by law, (Health & Safety Code, Section 161.090 Reports of Violation) by the 10th working day of the month for activity of the previous month.

4. Additional Program Requirements

Contractor shall:

- a. Assign a minimum of one (1) agency representative to the implementation of the activities of this contract, and provide the name(s) of any key personnel changes that impact the requirements of this contract.
- b. Coordinate enforcement activities with other law enforcement agencies in the area. Coordination of services shall include but not limited to resources such as officers and minor decoys to maintain integrity of the undercover operation in testing compliance with tobacco sales to minors.
- c. Contractor shall maintain specific, detailed supporting documentation of all programmatic records used in the course of conducting the Controlled Buy/Stings for a minimum of 4 years.

EXHIBIT B PERFORMANCE MEASURES

The following performance measures will be used to measure compliance with the services rendered as described in Exhibit A, Scope of Work.

Contractor shall:

1. Conduct the number of activities for this contract period as follows:
 - a. Number of Controlled Buys/Stings and Follow-ups using minors as decoys: **87**
 - b. Program service area includes zip codes - 77407, 77459, 77477, and 77478.
 - c. A performance measure will not be assigned for Follow-up of Controlled Buys/Stings as a result of local perspective of previous sales to minors and/or complaints received. However, contractor is required to conduct Follow-up of retail outlets not in compliance and report the activity monthly.
2. Contractor shall follow the Contractor's Program Work Plan monthly goal pre-established upon inception of the contract. The Contractor's Program Work Plan outlines monthly goals to follow from **September 2014 to August 2015**.
 - a. Deviation from the pre-established Contractor's Program Work Plan requires prior approval from TxSSC staff.

EXHIBIT C
PAYMENT FOR SERVICES

Payment will be based on the receipt and approval of an invoice for services.

Contractor shall:

1. Be paid monthly upon submission of Parts 1-5 of the Monthly Summary and Invoice form and attachments as confirmation of services rendered.
2. Record the number of Controlled Buy/Stings conducted and attach complete Cigarette and Tobacco Controlled Buy/Sting Report forms for each Controlled Buy/Sting conducted for the Performance Reporting Period. The total activity reported shall correspond to the pre-established monthly goal listed in the Contractor's Program Work Plan.
3. Be paid \$75.00 for each correct and completed Controlled Buy/Sting reported on the Cigarette and Tobacco Controlled Buy/Sting Report form. All costs incurred for the purpose of conducting a complete Control Buy/Sting are the responsibility of the contractor. In order to receive full payment for the Controlled buy/Stings including follow-ups billed for each performance reporting period, a completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each.
4. Submit invoices and attachments to:

Tobacco Enforcement Program
Tobacco Prevention & Community Services Division
Texas School Safety Center
Texas State University
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
Phone: 877.304.2727
Fax: 512-245-1133
Email: Chad L. Nolte - cn1082@txstate.edu, or
Alexia Cox - ac45@txstate.edu

The Monthly Summary and Invoice form shall be reviewed by the 15th of the month and submitted for payment if information included in the report and attachments are correct. Payment shall be subject to laws of the State of Texas including Prompt Payment.

Notwithstanding the foregoing, the cumulative amount of Service Fees remitted by University to Contractor shall not exceed **\$6,525.00** without the prior written approval of the University.

Form

W-9(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**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)

FORT BEND COUNTY

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶☒ Exempt payee☒ Other (see instructions) ▶**POLITICAL SUBDIVISION OF THE STATE OF TEXAS**

Address (number, street, and apt. or suite no.)

301 JACKSON

City, state, and ZIP code

RICHMOND, TX 77469

List account number(s) here (optional)

Requester's name and address (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.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

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

Employer identification number

7	4	-	6	0	0	1	9	6	9
---	---	---	---	---	---	---	---	---	---

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).

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.

**Sign
Here**Signature of
U.S. person ▶

Date ▶

5/1/2012

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:

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.

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.

Texas School Safety Center Tobacco Enforcement Program Monthly Summary and Invoice Form Instructions

Use the attached Monthly Summary and Invoice form to report and bill for the on-site controlled buys/stings, including follow-ups, using minors conducted during the performance reporting period. Performance Reporting Periods are as follows:

Invoice #	Performance Reporting Period		Report Due
	Beginning	Ending	
09/2014	September 1, 2014	September 25, 2014	October 1, 2014
10/2014	September 26, 2014	October 25, 2014	November 1, 2014
11/2014	October 26, 2014	November 25, 2014	December 1, 2014
12/2014	November 26, 2014	December 25, 2014	January 1, 2015
01/2015	December 26, 2015	January 25, 2015	February 1, 2015
02/2015	January 26, 2015	February 25, 2015	March 1, 2015
03/2015	February 26, 2015	March 25, 2015	April 1, 2015
04/2015	March 26, 2015	April 25, 2015	May 1, 2015
05/2015	April 26, 2015	May 25, 2015	June 1, 2015
06/2015	May 26, 2015	June 25, 2015	July 1, 2015
07/2015	June 26, 2015	July 25, 2015	August 1, 2015
08/2015	July 26, 2015	August 28, 2015	August 31, 2015

Part 1 – Agency Name and Performance Reporting Period

- **Agency Name** – Record the name of the agency herein named as Contractor. Example: This County's Sheriff's Department.
- **Performance Reporting Period** - Record the Performance Reporting Period for the report being submitted using the dates listed above.

Part 2 – Monthly Summary of Controlled Buy/Stings Conducted

- **Number of Controlled Buy/Sting(s) Using Minor Decoys** – Record the total number of on-site controlled buy/stings conducted using minors for this performance reporting period. On-site controlled buy/stings conducted as part of a follow-up should also be included.
- **Number of Citations Issued** - Record the total number of citations issued to retailers during the controlled buy/sting(s) operation using minors.

Part 3 – Challenges and Obstacles

- Provide a short summary of challenges and obstacles encountered in the course of conducting controlled buy/stings in your jurisdiction. You may use additional sheets of paper if necessary.

Part 4 – Monthly Invoice

- **Date** – Record the date the invoice is being submitted.
- **Invoice Number** – Record the month and year being reported. Refer to list above for Invoice number.
- **Number of Controlled Buy/Sting(s) billed** – Record the total number of controlled buy/sting(s) conducted this performance reporting period.
- **Rate** – The pre-established rate for each controlled buy/sting conducted and reported is \$75.00.
- **Total Amount Billed** – Record the total amount billed determined by multiplying the total number of controlled buy/stings by the \$75.00 rate for each controlled buy/sting. *A completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached in order to receive full payment for the controlled buy/stings billed, including follow-ups.*

Part 5 – Verification

- **Signature of Authorized Official** – A signature is needed to verify program services were conducted in accordance with guidelines set forth in the Health and Safety Code, Chapter 161.088, training materials, and the contract documents. The Authorized Official is the person identified by the head of your agency.
- **Type or Print the Name and Title** – Type or print the name and title of the Authorized Official.
- **Phone, Fax and Email Address** – Record the phone, fax, and email address of the Authorized Official.

Address questions regarding the Monthly Summary and Invoice form and instructions to Chad L. Nolte or Alexia Cox at 877.304.2727.

Mail, fax or email the Monthly Summary and Invoice form to:

Texas School Safety Center
Texas State University
415 North Guadalupe - #164
San Marcos, Texas 78666-5719
Attention – Tobacco Enforcement Program

Fax - 512.245.1133

Chad L. Nolte: cn1082@txstat.edu or Alexia Cox: ac45@txstate.edu

Vendor Form Information

For New Law Enforcement Agencies:

- Most officers have their financial administrative staff fill this form out
- Please submit this form to TxSSC by mail, fax, or email. Do not submit this form to the contact information on the top right of the Vendor Form

Instructions on how to fill out Texas State University's Vendor Form:

- Section A
 - Under Type of Purchase, "services" should be selected
 - Other should be selected. Please write in "Local Government"
- Section B
 - Vendor name should be the name of your agency
- Section C
 - Fill out all information and sign and date
- Section D
 - If you would like to receive a paper check instead of an electronic payment, sign and date on D. If electronic payment is acceptable, then skip this section.
- Section E
 - Enter in your Federal Employer Identification Number (do not enter in a Social Security Number).
 - Sign and date at the bottom of Section E.
- Section F
 - Leave Section F, as it pertains to TxSSC staff only

**Texas School Safety Center
FY2015 Tobacco Enforcement Program
Monthly Summary and Invoice**

Part 1 – Agency Name and Performance Reporting Period

Agency Name Fort Bend County Constable Pct 2
Performance _____
Reporting Period _____ thru _____

Part 2 – Monthly Summary of Controlled Buy/Stings Conducted

Number of controlled buy/stings using minor decoys _____

Number of citations issued _____

Part 3 – Challenges and Obstacles Encountered

Part 4 – Monthly Invoice

Date _____ Invoice Number _____

TxSSC Use Only
Purchase Order _____

Number of controlled buy/stings billed _____

Vendor Number _____

Total Amount Billed (at the rate of \$75/sting) _____

A completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached in order to receive full payment for the controlled buy/stings billed for this performance reporting period, including follow-ups.

Part 5 - Verification

I verify to the best of my knowledge that the controlled buy/stings reported herein were conducted in the month being reported, and that the controlled buy/stings were conducted in accordance with the guidelines set forth in the Health and Safety Code, Chapter 161.088, training materials, and in the contract documents.

Signature of Authorized Official _____

Typed or Printed Name and Title _____

Phone _____ Fax _____ Email _____

Mail or Fax report to:

**Texas School Safety Center
415 North Guadalupe - #164
San Marcos, Texas 78666-5719
Attention: Tobacco Enforcement Program
Fax: 512.245.1133**

TxSSC Use Only

Program Manager

Date

Associate Director

Date

Director

Date



A member of the Texas State University System

Submit to: FI Master Data Center
JCK 524

FORM #FS-01

Fax: (512) 245-8990

Phone: (512) 245-9284 / (512) 245-8817

Vendor Maintenance Form / Substitute W-9

SAP Vendor Number
(optional)

Instructions: Vendor must complete the form, print, sign Section C or D and E, and fax to the number above. Vendor named herein agrees to indemnify and hold Texas State harmless for delays in payment due to disasters or other emergencies.

Current Texas State employees, including student workers, please fill out form FS-02 instead.

SECTION A – VENDOR GENERAL INFORMATION (Required):

Type of Purchase ☐ Materials ☐ Services ☐ Both

Type of Vendor ☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership)

☐ Other (see IRS W-9 instructions)

☐ Federal Agency

☐ State of Texas Agency, number

☐ Medical/Legal

☐ Exempt payee

Foreign Vendors Only:

☐ Non-Resident Alien

Home Country

ITIN

Please attach the appropriate IRS Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)

SECTION B – VENDOR DETAILS (Required):

Vendor Name (legal name)

Business Name (if different)

Mailing Address: (For Purchase Orders or correspondence)

City

State

Country

Zip

Remit to Address: (If different)

City

State

Country

Zip

Vendor Phone:

Vendor Fax:

Toll Free Phone:

SECTION C – PAYMENT ACCOUNT INFORMATION (for U.S. banks only):

Bank Name

Account Type

☐ Checking

☐ Savings

ACH Routing Number

Bank Account Number

Email

MICR Line: ⑆016273644⑆ 11 23 810029 0123		
ABA Routing # 016273644	Account # 11 23 810029	Check # 0123

to receive payment notifications

Will these payments be forwarded to a financial institution outside the United States (required)?

☐ Yes

☐ No

I authorize Texas State University-San Marcos to deposit my payments to my financial institution electronically.

I understand that Texas State University-San Marcos will reverse any payments made to my account in error.

I further understand that Texas State University-San Marcos will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

X

Authorized Signature

Printed name

Date

SECTION D – ELECTRONIC PAYMENT EXEMPTION:

I claim exemption and request payment by state warrant (check) because:

X

<div>Authorized Signature</div>	<div>Printed name</div>	<div>Date</div>
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SECTION E – SUBSTITUTE W-9 (Required by U.S. Persons only):

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 due to failure to report interest and dividend income and (3) I am a U.S. person.

Taxpayer Identification Number

Federal Employer Identification Number:

or

Social Security Number:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

<div>Authorized Signature</div>	<div>Printed name</div>	<div>Date</div>
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SECTION F - TEXAS STATE DEPARTMENT CONTACT INFORMATION:

Contact Name

Phone

(512)

Department Name

Email

@txstate.edu

Action:



New Vendor Setup



Change



Delete

If change or delete, SAP Vendor Number

TRAINING REGISTRATION – For trainings 3 hours or more

The purpose of the Training Registration form is to collect data on participants to be recorded into the database, which increases customer base and information. It is required for all trainings scheduled for three hours or more, and is completed by the participants which attended the training(s) event.

Participant Information

- **Date** – Record the date using two digits for month, two digits for day, and four digits for year. (MM/DD/YYYY)
- **Full Name** – Record your full name, including your middle initial and suffix, if applicable.
- **Title/Position** – Record your official job title or position.
- **Agency/District** – Record the agency or district in which your job is located.
- **ESC Region:** If district, record the name of the ESC region where the district is located.
- **School Name** – If applicable, record the full name of the school in which your job is located.
- **Work Mailing Address** – Record the street address, city, state, zip code, and district in which your work mailing address is located.
- **Work Phone** – Provide a ten digit work phone number, starting with the area code. (512-555-6880)
- **Work Fax** – Provide a ten digit work fax number, starting with the area code. (512-555-6880)
- **Email** – Please provide a work email address in the designated boxes.

Participant Classification

- **Classification Category:** Mark with an “X” the corresponding box which best represents your classification category.
- **Classification Type:** Mark with an “X” the corresponding box which best represents your classification. If “Other,” please write the classification in the space provided.

TCLEOSE (law enforcement only)

- Mark with an “X” if accredit hours to TCLEOSE training are requested.
- Provide your PID# in the space provided, along with your date of birth (DOB). Use two digits for month, two digits for day, and four digits for year. (MM/DD/YYYY)
- Please sign your name and date. Use two digits for month, two digits for day, and four digits for year. (MM/DD/YYYY)