
Purchasing

Selene Ahumada Tirado, *Director*

WELCOME PACKET FOR VENDORS PROVIDING SERVICES

The Purchasing Services Department would like to welcome you as a Service Provider to our District. This packet contains necessary information regarding our District's requirements prior to services being rendered. Please review all information provided in this packet, then complete and return all applicable forms to the site or department you are contracting with.

PROPOSAL/SCOPE OF WORK – A Proposal or Scope of Work MUST be submitted, signed and dated. The Proposal/Scope of Work must include the following required information; contact information, dates of service, description of services, all costs, payment terms, reimbursable expenses (if any) and a grand total for services. In addition, please indicate STRS/PERS member status, if applicable. This packet contains a sample Proposal/Scope of Work and a fillable template that may be used to submit proposals if needed.

****Note:** Vendor may submit their own proposal as long as all required information as listed above is provided.

INSURANCE REQUIREMENTS – ALL service providers are required to maintain coverage with their own insurance policy. Corporations must provide a certificate of insurance listing the District as additionally named insured. Although Independent Contractors are **not** required to provide proof of insurance coverage, maintaining said coverage is mandatory during the duration of the services. See District Terms & Conditions for complete Insurance Requirements details.

SCHOOL SITE SAFETY CERTIFICATION (SSSC) – The SSSC is required for ALL vendors providing services on a school campus. Provider MUST comply by completing, executing and submitting the form with their selected option of responsibility (all of which meet Ed Code requirements). If Options 3 or 4 are selected, the School Site or Department Administrator must sign the bottom of this form as well.

IRS FORM W9 FOR NEW PROVIDERS ONLY - A completed and signed IRS Form W9 is required from ALL new providers. Please ensure that the W9 Form has been COMPLETELY filled out (with all fields populated and all appropriate boxes checked), signed by the provider's authorized signatory, dated and returned with the proposal for the services.

The IRS Form W-9 must list a physical address for the service provider; however, a PO Box for remittance of payments may also be included. Sole proprietors/independent contractors with an EIN number must include both their EIN and SSN on the form. Social Security numbers are required for Employment Development Department reporting.

For out of state vendors, a California Form 587 or 590 must be submitted – please refer to the District's letter of explanation in reference to the completion of these forms. **Do not return both forms.** If you are unsure of which form applies, please contact your tax advisor.

The Palm Springs Unified School District standard Terms & Conditions can be found on the Purchasing Services webpage on District website at www.psusd.us.

If you have reviewed the information and have further questions feel free to contact the Purchasing Services Department directly via email at purchasinginfo@psusd.us or via phone at (760) 883-2710, Option 3.

We thank you and look forward to working with you!

Provider Services Proposal

Service Provider Contact Information:

Name: _____
Email: _____
Street Address: _____
City, State, Zip Code: _____

Date: _____
Phone: _____
Fax: _____

Dates Services will be provided:

Total No. of Days of Service:

Detailed Description of Services, including location:

Total Cost for Services \$ _____

Payment Terms, including fee hourly/daily rates, invoicing, etc.:

Materials or Supplies included in Total Cost for Services:

Reimbursable Expenses (if Applicable):

Total reimbursable expenses, not to exceed..... \$ _____

Grand Total Amount for Services to be Provided: \$ _____

(Combined total for both cost of services and reimbursable expenses)

Current or Retired STRS/PERS Member?

Yes No

If Retired - list Retirement Date: _____

Provider Signature: _____

Valid Through:



PALM SPRINGS UNIFIED SCHOOL DISTRICT

SCHOOL SITE SAFETY CERTIFICATION
School Year 2024/2025

Agreement between the Palm Springs Unified School District ("District") and _____ ("Provider").

The undersigned does hereby certify to the governing board of the Palm Springs Unified School District as follows: That I am a representative of the Provider currently under contract ("Contract") with the District; that I am familiar with the facts herein certified, and am authorized and qualified to execute this certificate.

Provider certifies that they have taken at least one (1) of the following actions with respect to the services being provided and that which is subject to Contract/Purchase Order herein attached (check all that apply):

- 1. The Provider has complied with the fingerprinting requirements of Education Code section 45125.1 with respect to all Provider's employees and all of its subcontractors' employees who may have contact with District pupils in the course of providing services pursuant to the Contract, and the California Department of Justice has determined that none of those employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. A complete and accurate list of Provider's employees and of all its subcontractors' employees who may come in contact with District pupils during the course and scope of the Contract is attached hereto; and/or
2. Provider certifies that all employees will be under the continual supervision of, and monitored by, an employee of the Provider who the California Department of Justice has ascertained has not been convicted of a violent or serious felony. The name and title of the employee who will be supervising Provider's employees and its subcontractors' employees is
Name: _____
Title: _____
3. Provider and all of its employees and/or subcontractors' employees will be under the continual supervision of, and monitored by, an employee of the District.
4. The Work on the Contract is at an unoccupied school site and no employee and/or subcontractor or supplier of any tier of Contract shall come in contact with District pupils.

Provider's responsibility for background clearance extends to all of its employees, Subcontractors, and employees of Subcontractors coming into contact with District pupils regardless of whether they are designated as employees or acting as independent contractors of the Provider.

Printed Name of Provider: _____

Signature of Provider: _____

Title of Provider: _____

Provider Contact Number: _____

Date of Execution: _____

FOR DISTRICT USE ONLY - IF OPTION NO. 3 AND/OR 4 ARE CHOSEN

School Site/District Department Administrator Acknowledgment of Provider Compliance:

Print Name: _____ Signature: _____ Date: _____

Vendor Application

**Purchasing Services
150 District Center Drive
Palm Springs, CA 92264**

Business Name: _____

*Business License Number: _____ Expiration Date: _____

Representative's Name: _____ Title: _____

Business Address: _____

Number of years in business: _____ Email address: _____

Business Telephone Number: _____ Fax Number: _____

Products or Services Provided: _____

Comments: _____

List of references where your company provided products/services: (Preferably other school districts)

Other Schools or Business Name/Address	Contact	Phone	Dates of Service	Products/Service
1.				
2.				
3.				

"By signing below, I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. I understand it is the vendor's responsibility to update the above information as needed. I further agree that as a vendor of the District this company will conform to all Federal, State, County and City laws, ordinances, codes and regulations covering the products, work or services provided, including but not limited to, obtaining a *Palm Springs business license as required by the Palm Spring Clerk's Office. I understand that it is the vendor's total responsibility to determine specific details of such requirements and warrant that all work performed, or provided, totally conforms to such legal requirements. I understand the submission of this application does not guarantee that this company will be used as a vendor for the District or requested to quote on any or all requirements. I understand the District reserves the right to use, any, or all vendors for the submission of quotes. Formal bids are advertised in The Sun newspaper's legal ads."

Authorized Vendor Representative Signature: _____ **Date:** _____

Name: _____ **Title:** _____

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Tax Forms

Each new vendor wishing to provide services to the Palm Springs Unified School District shall be required to provide a W-9, CA 587 or Ca 590 depending on their tax and resident status. A new vendor is one who has not contracted with or been issued payment by the District in the past.

For your convenience, **Form W-9** is included in this packet. Additional information can be found on the Internal Revenue Service website at www.irs.gov/forms-pubs/about-form-w9.

The State of California mandates their Public Agencies to ensure resident and non-resident vendors have declared their exemption from paying State taxes or have the funds withheld by the withholding agent.

Form 587 - Non Resident Allocation Worksheet - By completing this form, the vendor shall have 7% of each future payment for services (in excess of \$1,500 per annum) which are rendered within the State of California withheld, and subsequently paid to the State of California Franchise Tax Board. **Non-resident Providers are to itemize their invoices to reflect in-state services.**

Form 590 - Withholding Exemption Certificate - By completing this form, the vendor is stating that they are exempt from paying the 7% non-resident tax and is to provide a copy of the Secretary of State (SOS) Form issued by the Secretary of State, certifying tax exemption along with the completed Form 590.

Please be aware that should your exemption status change at any time, it is the responsibility of the vendor to notify the District by submitting an updated form.

Both the Form 587 and Form 590, along with detailed information and instructions can be found on the Franchise Tax Board website at <https://www.ftb.ca.gov/>.

Please review each form closely, complete the one that you qualify under, sign, and return to the District with your Provider packet.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 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) ▶ _____ Note: 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 not 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 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.

Social security number											
				-			-				
or											
Employer identification number											
						-					

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.

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. 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.

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.

2018 Nonresident Withholding Allocation Worksheet

The payee completes this form and returns it to the withholding agent.

Part I Withholding Agent Information

Withholding agent's name _____

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____

ZIP code _____

Part II Nonresident Payee Information

Payee's name _____

SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____

ZIP code _____

Nonresident payee's entity type: (Check one)

- Individual/sole proprietor
- Corporation
- Partnership
- Limited liability company (LLC)
- Estate or trust

Part III Payment Type

Nonresident payee: (Check one)

- Performs services totally outside California (no withholding required, skip to Certification of Nonresident Payee)
- Provides only goods or materials (no withholding required, skip to Certification of Nonresident Payee)
- Provides goods and services in California (see Part IV, Income Allocation)
- Provides services within and outside California (see Part IV, Income Allocation)
- Other (Describe) _____

If the nonresident payee performs all the services within California, withholding is required on the entire payment for services unless the payee is granted a withholding waiver from the Franchise Tax Board (FTB). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.

Part IV Income Allocation

Gross payments expected from the withholding agent during the calendar year for:

	(a) Within California	(b) Outside California	(c) Total payments
1 Goods and services:			
Goods/materials (no withholding required)	_____	_____	_____
Services (withholding required)	_____	_____	_____
2 Rents or lease payments	_____	_____	_____
3 Royalty payments	_____	_____	_____
4 Prizes and other winnings	_____	_____	_____
5 Other payments	_____	_____	_____
6 Total payments subject to withholding.			
Add column (a), line 1 through line 5	_____	_____	_____
Nonresident withholding threshold amount: ...	\$1,500.00		
Backup withholding threshold amount:	\$0.00		

Certification of Nonresident Payee

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800. 852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Sign Here

Print or type payee's name	Telephone ()
Payee's signature X	Date
Print or type representative's name and title	Telephone ()
Authorized representative's signature X	Date

2017 Withholding Exemption Certificate**590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name _____

Payee InformationName _____ SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____

ZIP code _____

Exemption Reason**Check only one box.**

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

 Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

 Corporations:

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

 Partnerships or Limited Liability Companies (LLCs):

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

 Tax-Exempt Entities:

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

 Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

 California Trusts:

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

 Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

 Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone (____) _____

Payee's signature ► _____ Date _____