



HOUSTON-GALVESTON AREA COUNCIL COOPERATIVE PURCHASING PROGRAM

CONTACTOR STATUS & CONTACT FORM		
Statement of Residency		
<p>Texas Local Government Code Chapter 2252, Subchapter A, of the Texas Government Code establishes certain requirements applicable to proposers who are not Texas residents. Under the statute, a "resident" proposer is a person whose principal place of business is in Texas, including a contractor whose ultimate parent company or majority owner has its principal place of business in Texas. A "nonresident" proposer is a person who is not a Texas resident. Please indicate the status of your company as a "resident" proposer or a "nonresident" proposer under these definitions.</p>		
<p>Please select one of the following: I certify that my company is a Resident Proposer I certify that my company is a Nonresident Proposer</p>		
<p>If your company is a Nonresident Proposer, you must provide the following information for your resident state (the state in which your company's principal place of business is located):</p>		
Company Name: _____		
Address: _____		
Street	City	State & Zip
<p>Does your resident state require a proposer whose principal place of business is in Texas to under-price proposers whose resident state is the same as yours by a prescribed amount or percentage to receive a comparable contract? YES NO</p>		
What is the prescribed amount or percentage? _____		
Principal Place of Business		
<p>Section 44.031(b) of the Texas Education Code establishes certain criteria that a school district must consider when determining to whom to award a contract. Among the criteria for certain contracts is whether the vendor or the vendor's ultimate parent or majority owner (i) has its principal place of business in Texas; or (ii) employs at least 500 people in Texas. If neither your company nor the ultimate parent company or majority owner has its principal place of business in Texas, does your company, ultimate parent company, or majority owner employ at least 500 people in Texas? Yes No</p>		
<p>By signature below, I certify that the information in Sections 1 (Resident/Nonresident Certification) and 2 (Vendor Employment Certification) above is true, complete and accurate and that I am authorized by my company to make this certification.</p>		
Signature of Authorized Official		
Respondent Disadvantaged Business Status		
Applicable DBE designation/certification (HUB, MBE, etc.) _____		
Certifying/Listing Authority(s): _____		
<p><small>* Note: The terms "Certified" and "Listed" as used in conjunction with DBE programs relate to the process of qualification review by a certifying agency. Jurisdictions usually require that companies claiming DBE status be reviewed and confirmed as meeting certain minimum requirements to claim that status, and that the review and confirmation process be carried out by certain designated entities. Please also attach a copy of certificate.</small></p>		
HGACBuy Customer Contact (for Quotes or other Inquiry)		
Prime Contractor is responsible for all purchase order processing and reporting per any awarded contract.		
Contact Person: _____	Title: _____	
Mailing Address: _____		
Street/PO Box	City	State & Zip
Physical Address: _____		
Street	City	State & Zip
Toll Free Phone: _____	Fax: _____	
Email Address: _____	<small>(For Customer Orders)</small>	
Alternate Email Address: _____		
Web Page URL: _____		

Awarded Contract/Purchase Order Contact Information	
If awarded a contract, the following information will be used to communicate with your company regarding contract related matters. During the term of any awarded contract, notify H-GAC in writing of any changes to this information by emailing updates to: cpcontractfax@h-gac.com .	
Company Name:	
Purchase Order Contact:	Invoice/Accounts Payable Contact:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
Indicate any person (s) authorized to: sign contracts, request contract price increases, or other contract-related documents. A copy of your corporate resolution may be acceptable for Section II. Please complete additional pages as necessary to accommodate authorized signatory designations.	
1. Printed Name of Signatory:	2. Printed Name of Signatory:
Corporate Title:	Corporate Title:
Phone:	Phone:
Fax:	Fax:
Email:	Email: