



## Vendor Registration Form

This Registration is for Suppliers who are engaged to provide goods and services to Galveston County Health District (GCHD), Coastal Health and Wellness (CHW) and Galveston Area Ambulance Authority (GAAA). For payments to be made to suppliers it is necessary to have this form completed and returned to [nmurray@gchd.org](mailto:nmurray@gchd.org).

INSTRUCTIONS: All questions should be answered. Questions that are not applicable should be identified "NA."

### Section A. Company Information

Company	
Name	
Address	
City & State	Country & Zip
Telephone	NAICS Code
Cage Code No.	DUNS No.
Sales Contact	Title
Email	Phone
Principle Owners and Key Personnel	
Principle/Owner	Title
Primary Contact	Title

Type of Ownership:     Corporation                       Division                       Subsidiary  
                                   Partnership                       Affiliation                       Franchise  
                                   Proprietorship                       Non-Profit Organization  
                                   Other \_\_\_\_\_

Primary Business:  Manufacturer  Distributor  Retailer  Service  Consulting

Payment Terms \_\_\_\_\_

Tax Identification TIN# (or SS if applicable) \_\_\_\_\_

State any other name(s) used for your organization \_\_\_\_\_

### Section B. Business Certification

[http://www.sba.gov/sites/default/files/files/Size\\_Standards\\_Table\(1\).pdf](http://www.sba.gov/sites/default/files/files/Size_Standards_Table(1).pdf)

CERTIFICATION Check all that apply: Business Size and Type

SIZE:    _____ Small Business	_____ Small Disadvantaged Business
_____ Certified by SBA as a HUBZone Small Business	_____ Woman Owned Business
_____ Veteran Owned Business	_____ Large Business (including non-profit)
_____ Service-Disabled Veteran Owned Small Business	_____ Historically Black College/University
_____ Minority Owned	_____ Alaskan Native Corporation
_____ Native American Tribe	_____ Other Specify _____

**Please Note:**

*Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or woman-owned small business concern in order to obtain a subcontract that is included as part or all of a goal contained in a Contractor's subcontracting plan established to section 8(d) of the Small Business Act, shall (i) be punished by imposition of fine, imprisonment, or both; (ii) be subject to administrative remedies, including suspension and debarment; and (iii) be ineligible for participation in programs conducted under the authority of the act.*

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.703 or 52.219-8. If you have difficulty ascertaining your size status, please refer to SBA's website at [www.sba.gov/size](http://www.sba.gov/size) or contact your local SBA office.

**Section C. Payment Information**

I, *(Vendor Name)* \_\_\_\_\_, authorize GCHD, CHW, GAAA. to initiate electronic entries for the purpose of payment of invoice.

**TYPE OF ACCOUNT:**

\_\_\_ Checking account.

\_\_\_ Savings account

\_\_\_ Business Account (Check this box if the checking or savings account is setup at your bank as a business or commercial account)

**ACH BANKING INFORMATION FOR US BANKS**

Name on Account: \_\_\_\_\_

Financial Institution Name (Please print): \_\_\_\_\_

Account number at Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Financial Institution Branch Name/Location: \_\_\_\_\_

Vendor physical mailing address: \_\_\_\_\_

Vendor email address & contact person: \_\_\_\_\_

**Debarment, Suspension or Proposed Debarment (FAR 209-5)**

I/We are not barred, suspended, or proposed for debarment by the Federal government. If I/We should become debarred, suspended, or proposed for debarment, at any time during our contractual relationship, I/We will notify GCHD, CHW, GAAA in writing of this status.

**Part III. – Required Documents to Be Submitted with Questionnaire - Completed IRS Form W-9**

Note: Review Title 18 U.S.C. 1001- The *penalty for making false statements*

By submitting this document, you hereby agree and certify that none of the responses set forth above: (a) contains any untrue or incomplete statement of fact; or (b) omits to state any fact which is necessary to make any of such responses not misleading to a party seeking full information about. Furthermore, the undersigned agrees to notify GCHD, CHW, GAAA in writing within ten (10) days of any significant changes in the status of its business operations, including, but not necessarily limited to, the business classification status indicated in Part I of this document, as well as any other condition that would result in non-compliance with any and all of the applicable governing laws referenced herein."

\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)

It is the responsibility of the supplier to notify GCHD, CHW, GAAA if the Supplier information or ownership status changes.



## Supplier Code of Conduct

Galveston County Health District (GCHD), Coastal Health and Wellness (CHW) and Galveston Area Ambulance Authority (GAAA) are organizations with strong values of Integrity. Our Supplier Code of Conduct contains general guidelines for conducting business with the highest standards of ethics. It is what GCHD, CHW and GAAA expects of all our suppliers.

This Supplier Code of Conduct articulates GCHD, CHW and GAAA's expectations of the conduct of suppliers and business partners doing business with GCHD, CHW and GAAA. Suppliers are expected to understand and act consistent with our approach to integrity and responsible sourcing.

As a result, all suppliers of goods and services to GCHD, CHW and GAAA ("suppliers") and the GCHD, CHW and GAAA employees who work with them are expected to conduct themselves with the highest standards of honesty, fairness, and personal integrity. It is critical to our company's stature to maintain high ethical standards by adhering to all applicable laws and avoiding even the perception of impropriety or conflict of interest. We expect suppliers of goods and services to GCHD, CHW and GAAA to maintain the same high standards of business ethics by adhering to all laws and avoiding the appearance of impropriety or conflict of interest.

It is GCHD, CHW and GAAA's policy to cooperate fully with governmental and regulatory authorities in investigating possible violations of applicable laws and regulations. If appropriate, GCHD, CHW and GAAA will assist authorities in the prosecution of persons who engage in illegal conduct. Without limitation, suppliers of goods and services to GCHD, CHW and GAAA, as well as any subsidiary, affiliated and/or member entities supplying goods and services to GCHD, CHW and GAAA, are expected to observe and comply with the following:

### HUMAN RIGHTS

#### **Forced Labor**

Suppliers will not use slave, prisoner, or any other form of forced or involuntary labor. Suppliers must take reasonable measures to ensure that all their employees understand the terms of their employment.

#### **Child Labor**

Suppliers will not use child labor. GCHD, CHW and GAAA has a zero-tolerance policy regarding the employment of children where the age of employment is not in accordance with applicable laws.

#### **Trafficking in Persons**

Suppliers will not engage, directly or indirectly, in human trafficking. GCHD, CHW and GAAA prohibits human trafficking abuses.

#### **Conditions of Employment**

Suppliers will comply with applicable laws regulating work hours, wages and benefits. Employees must be paid in a timely fashion that meets or exceeds legal minimum standards.

#### **Labor Brokers**

If necessary for a supplier to use a labor broker, the supplier will ensure the broker employs ethical recruitment practices, complies with applicable laws, and does not withhold identity documents.

#### **Harassment & Discrimination**

Suppliers will not discriminate on the basis of gender, color, race, national origin, religion, sexual orientation, age, veteran status, disability or gender identity. Harassment or discrimination of any kind will not be tolerated.

### **Freedom of Association and Collective Bargaining**

Suppliers will comply with applicable laws that recognize and respect the rights of employees to freedom of association and collective bargaining.

### **WORKPLACE HEALTH & SAFETY**

Suppliers will provide clean, healthy and safe environments for their employees that meet or exceed legal standards. Suppliers will have safety procedures for their employees and tracking tools that drive to a goal of zero workplace safety incidents. Supplier employees will have the right to refuse work and report any conditions that do not meet these criteria.

### **ENVIRONMENT**

#### **Continuous Improvement**

Suppliers will increase efficiency throughout their companies and take measures to reduce their carbon footprint, energy use, water use, wastes, and other emissions. Over time, GCHD, CHW and GAAA expects suppliers will establish targets and be transparent in their progress toward their targets.

#### **Responsible Stewardship**

Suppliers will look to conserve resources and protect the communities and environment that surround them. GCHD, CHW and GAAA encourages its suppliers to develop and diffuse environmentally friendly technologies and to increase the use of renewable energies.

### **BUSINESS INTEGRITY**

#### **Anti-Corruption/Anti-Bribery**

Suppliers will not tolerate corruption, bribery, embezzlement, or fraud in any form. This includes giving or receiving anything of value, including money, gifts or unlawful incentives to improperly influence negotiations or any other dealings with governments and government officials, customers, or any other third parties.

#### **Ethical Behavior**

Suppliers will avoid conflicts of interest (including in supporting Government contracts the avoidance of unequal access to information, biased procurement ground rule setting and impaired objectivity). Suppliers will also operate honestly and ethically throughout the supply chain and in accordance with applicable law, including those laws pertaining to: anti-competitive business practices, respect for and protection of intellectual property, company and personal data (through proper non-disclosure agreement execution), export controls (e.g., providing relevant export control classifications) and economic sanctions (i.e., conducting appropriate screening of the supplier's own business partners).

#### **Reporting and Non-Retaliation**

Suppliers will provide an adequate mechanism for their employees to report integrity concerns, safety issues and misconduct without fear of retaliation. Suppliers will also appropriately investigate reports and take corrective action, if needed. Suppliers will prohibit retaliation.

#### **Stakeholder Engagement**

Suppliers will communicate these or substantially similar codes to their suppliers and subcontractors. GCHD, CHW and GAAA also encourages suppliers to work closely with local communities to implement projects and strategies that improve the community and those who live there.

Suppliers will develop and implement appropriate internal business processes and policies to ensure compliance with applicable law and this Supplier Code of Conduct. Suppliers will be able to demonstrate compliance with this Code upon our request and will take any action to correct any non-compliance.

**Reporting Integrity Concerns to GCHD, CHW and GAAA**

Subject to any restriction posed by law, suppliers will promptly inform GCHD, CHW and GAAA of any concern related to issues governed by this Supplier Code of Conduct. GCHD, CHW and GAAA policy prohibits retaliation against any person reporting such a concern. To report a concern, suppliers can always speak directly to their GCHD, CHW and GAAA representative.

**Declaration**

As indicated by the authorized signature below of an officer of the Supplier Company, Supplier fully understands and agrees to adhere to these principles set forth in the GCHD, CHW and GAAA Supplier Code of Conduct. GCHD, CHW and GAAA may at its discretion request that the Supplier re-sign the Supplier Code of Conduct following material changes in the Supplier’s organization or three (3) years after previous Supplier Executive signature.

Supplier Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Address: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor 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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

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

### OFFICE USE ONLY

Date Received

**1** Name of vendor 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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date