



## VENDOR APPLICATION PACKET (SERVICE)

UPLIFT EDUCATION PROCUREMENT DEPARTMENT  
3000 Pegasus Park Dr., Suite 1100  
Dallas, Texas 75247  
Phone: 469-621-8500 Fax: 469-621-8545  
[www.uplifteducation.org](http://www.uplifteducation.org)

Submission Date: _____
Vendor/Company Name: _____

**OUR MODEL:** Each Uplift Education school provides free, college-preparatory education in a community that has limited high quality public education options. Our goal is to completely CLOSE the achievement gap between scholars, regardless of their ethnic or socio-economic background, while ensuring that 100% of our scholars graduate and enroll in college. Uplift’s big goal is for 70% of its graduates to earn a college degree within six years.

Submission of the vendor application is used to establish a database of interested vendors and does **NOT** guarantee approval to provide goods and/or services. Please ensure your completed application documents include the vendor information form, the completed product categories list, the W-9 form and the Conflict of Interest form. Incomplete packets will not be included in the Uplift Education vendor database.

### General Reminders:

**Disclaimer:** No payments will be made for work performed or goods delivered before a **PURCHASE ORDER** is issued by Uplift Education. Vendors who commence work before they have received a valid purchase order do so at their own risk.

Awarded vendors are notified by the Procurement Dept. prior to orders being placed by departments and or campuses.

### Prospective vendors:

Must complete and return this packet to be added to the district database of vendors along with: (Completion does not guarantee approval to provide goods or services to Uplift Education.)

1. Vendor/Company Information (required)
2. Procurement Information (required)
3. Local Disclosure- Conflict of Interest (required)
4. Most recent W-9 (required)
5. Copy of Certificate of Liability Insurance (if applicable)
6. Background check (if applicable)

*\*If applicable, during the term of this Agreement, [Partner] shall maintain records to verify that each employee, contracted personnel or volunteer who is engaged or utilized by [Partner] to provide Program pursuant to this Agreement will undergo yearly Criminal Background Checks (“Criminal Checks”) in compliance with Texas Education Code Sections 12.1059 and 22.0832. Prior to the initiation of services under this Agreement, [Partner] shall certify to Uplift in writing that all [Partner] employees, contracted personnel or volunteers have passed such required Criminal Background Checks.*



**Payment Terms:** Uplift Education’s standard payment terms are NET 30 upon receipt of invoice.

*Note: Traffic Officers and Referees will be paid on the 1st and 15th based on time / game sheets signed off by the Campus Operations Director.*

**Invoicing or Payment Inquiries:** If you have a question or discrepancies regarding invoices or payments, please contact:

Account Payable department at (469) 621-8500 or [accountspayable@uplifteducation.org](mailto:accountspayable@uplifteducation.org)

Escalations for non-payment should include “Escalation of Non-payment” in the subject line.

**Procurement Services Gifts Guidelines:** Uplift Education employees are not allowed to accept gifts from vendors. This includes (but not limited to) trinkets, tickets, electronics and meals. Your cooperation is appreciated.

**Change of Address** is the responsibility of each vendor to notify Uplift Education’s Procurement Department at [procurement@uplifteducation.org](mailto:procurement@uplifteducation.org)

*If you have questions regarding insurance requirements, please contact Risk Management at [riskmanagement@uplifteducation.org](mailto:riskmanagement@uplifteducation.org)*

*Please make sure all the following information is complete and accurate:*

**Vendor Official Name** \_\_\_\_\_

**Vendor Short Name** \_\_\_\_\_

**Contact Information:**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Vendor Address Line 1** \_\_\_\_\_

**Vendor Address Line 2** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_



**Payment information: (if different from previous page)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Vendor Address Line 1 \_\_\_\_\_

Vendor Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Bid Department: (if different from previous page)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Vendor Address Line 1 \_\_\_\_\_

Vendor Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Purchase Order Address: (if different from previous page)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Vendor Address Line 1 \_\_\_\_\_

Vendor Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



## Procurement Information

**Are you a member of any of the Purchasing Cooperatives?** *Defined as an arrangement in which multiple businesses combine their buying requirements onto a single contract and aggregate volume to enhance their purchasing power.*

	Department of Information Resources (DIR)
	Educational Purchasing Cooperative of North Texas (EPCNT)
	Texas Buy Board Vendors
	Purchasing Association of Cooperatives Entities (PACE)
	The Cooperative Purchasing Network (TCPN)
	Cooperative TIPS/TAPS Purchasing System
	Choice Partners, division of Harris County Department of Education
	US Communities Government Purchasing Alliance
	State Purchasing - Texas Comptroller of Public Accounts
	All Education Service Centers Texas Region 1-20
	Other:

Please identify the main products and/or services categories your company will provide. (check all that apply)

	Athletics		Security
	Buses and other transportation		Officers
	Construction		Officials/ Referees
	Consulting		Repairs and maintenance
	Contracted service		Professional development
	Insurance		Recruitment
	Facility maintenance		Registration and fees
	Playground installation		Rentals
	Field Trips		Other

Please provide a brief detailed description of the products and/or services your company will provide.

(required field for processing)

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## LOCAL DISCLOSURE- CONFLICT OF INTEREST

Vendor/Company Name: \_\_\_\_\_

1. Are you or an immediate family member, now or were formerly, employed by Uplift Education?  Yes  No

If yes, please explain below.

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2. Do you or an immediate family member have a financial, business, or personal interest in a business or organization with which the Uplift Education does business or expects to do business or with a business or organization receiving payments from Uplift Education for property, goods or services?  Yes  No

If yes, please explain below.

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3. Have you or an immediate family member been a party to or involved in contractual transactions with Uplift Education within the past three years?  Yes  No

If yes, please explain below.

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4. During the past five years, have you been convicted in a criminal proceeding or are you now or have been the named subject of a criminal proceeding, lawsuit, or other offenses that might be deemed material to evaluating your ability, your integrity or interests with respect to Uplift Education?  Yes  No

If yes, please explain below.

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Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

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

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;  
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or  
(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.



The following outlines a sample Certificate of Insurance which should be provided to Uplift Education from all Contractor or vendors.

Insurance Agent/Broker Providing Certificate

Name Needs to Agree With Contract

Date Issued

ACORD® **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Insurance Agent / Broker Providing Certificate And Address

CONTACT NAME: \_\_\_\_\_ PHONE (A/C, No, Ext): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE: INSURER A: Company A, INSURER B: Company B, INSURER C: \_\_\_\_\_, INSURER D: \_\_\_\_\_, INSURER E: \_\_\_\_\_, INSURER F: \_\_\_\_\_

INSURED: Name, Address, Name Needs to Agree with Contract

COVERAGES CERTIFICATE NUMBER: GZFATX7X REVISION NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Insurance Company Writing Policy

INSR LTR	TYPE OF INSURANCE	ADJL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		XYZ22434343334	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 50,000
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/>					
A	AUTOMOBILE LIABILITY		ABCE897658	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS					
B	UMBRELLA LIAB EXCESS LIAB			1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	8783009889	1/1/2021	1/1/2022	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - FA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					
A	Professional Liability		QRST4567	1/1/2021	1/1/2022	Aggregate Limit \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as an **Additional Insured** with respect to General Liability, Automobile Liability and Umbrella or Excess Liability coverages. General Liability coverage is primary and non-contributory. Waivers of Subrogation are provided on behalf of Certificate Holder with respect to Workers' Compensation, General Liability, Automobile Liability and Excess Liability. In the event of cancellation by the insurance companies, the policies have been endorsed to provide (30) days Notice of Cancellation to the certificate holder shown below.

CERTIFICATE HOLDER: Uplift Education, 3000 Pegasus Park Drive, Suite 1100, Dallas, TX 75247

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

Location name & mailing address: This is where notice of cancellation will be mailed to.

**NOTICE OF CANCELLATION**  
Require 30 days but some agents will not issue more than 10 days because policies can be cancelled in 10 days for non-payment.



The following outlines a sample Certificate of Insurance which should be provided to Uplift Education from all Contractor or vendors.

Insurance Agent/Broker Providing Certificate

Name Needs to Agree With Contract

Date Issued

ACORD® **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Insurance Company Writing Policy

PRODUCER: Insurance Agent / Broker Providing Certificate And Address

CONTACT NAME: \_\_\_\_\_ PHONE (A/C, No, Ext): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE: INSURER A: Company A, INSURER B: Company B, INSURER C: \_\_\_\_\_, INSURER D: \_\_\_\_\_, INSURER E: \_\_\_\_\_, INSURER F: \_\_\_\_\_

INSURED: Name, Address, Name Needs to Agree with Contract

COVERAGES CERTIFICATE NUMBER: 6ZFATX7X REVISION NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

General Liability

INSR LTR	GENERAL LIABILITY	ADUL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
(A)	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		XYZ22434343334	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					

Commercial General Liability & Occurrence Based

Limits Required in ALL Four

Workers' Compensation

INSR LTR	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8783009889	1/1/2021	1/1/2022	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - FA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ELU12289011					

WC Statutory Limits

Customary Limits for Umbrella attachment

Location name & mailing address: This is where notice of cancellation will be mailed to.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as an **Additional Insured** with respect to General Liability. General Liability coverage is primary and non-contributory. Waivers of Subrogation are provided on behalf of Certificate Holder with respect to Workers' Compensation and General Liability. In the event of cancellation by the insurance companies, the policies have been endorsed to provide (30) days Notice of Cancellation to the certificate holder shown below.

CERTIFICATE HOLDER: Uplift Education  
3000 Pegasus Park Drive, Suite 1100  
Dallas, TX 75247

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**NOTICE OF CANCELLATION**  
Require 30 days but some agents will not issue more than 10 days because policies can be cancelled in 10 days for non-payment.



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Insurance Agent/Broker Providing Certificate      Name Needs to Agree With Contract      Date Issued

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PRODUCER: Insurance Agent / Broker Providing Certificate And Address

CONTACT NAME: \_\_\_\_\_ PHONE (A/C, No, Ext): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE      NAIC #

INSURED: Name, Address, Name Needs to Agree with Contract

INSURER A: Company A  
INSURER B: Company B  
INSURER C: \_\_\_\_\_  
INSURER D: \_\_\_\_\_  
INSURER E: \_\_\_\_\_  
INSURER F: \_\_\_\_\_

Insurance Company Writing Policy

COVERAGES      CERTIFICATE NUMBER: GZFATX7X      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADJL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		XYZ22434343334	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					
A	AUTOMOBILE LIABILITY		ABCE897658	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS					
B	UMBRELLA LIAB EXCESS LIAB			1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		8783009889	1/1/2022	1/1/2023	WC STATUTORY LIMITS \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - FA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Crime Theft of clients property		QRST4567	1/1/2022	1/1/2023	COMBINED LIMIT \$ 100,000
A	Employment Practices Liability			1/1/2022	1/1/2023	COMBINED LIMIT \$ 1,000,000

General Liability

Auto Liability  
ALL 3 Boxes Checked Also OK

Umbrella Excess  
(Limits can be combined with AL, GL and/or EL to meet req.)

Workers' Compensation

1) Crime- Theft of clients property  
2) Employment Practices Liability

Commercial General Liability & Occurrence Based

Limits Required in ALL Four

Note: Higher limits may be required

WC Statutory Limits

Customary Limits for Umbrella attachment

Location name & mailing address: This is where notice of cancellation will be mailed to.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as an **Additional Insured** with respect to General Liability, Automobile Liability and Umbrella or Excess Liability coverages. General Liability coverage is primary and non-contributory. Waivers of Subrogation are provided on behalf of Certificate Holder with respect to Workers' Compensation, General Liability, Automobile Liability and Excess Liability. In the event of cancellation by the insurance companies, the policies have been endorsed to provide (30) days Notice of Cancellation to the certificate holder shown below. WC Alternate Employers Endorsement is included within the Workers' Compensation policy.

CERTIFICATE HOLDER: Uplift Education, 3000 Pegasus Park Dr., Ste 1100, Dallas, TX 75247

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

**NOTICE OF CANCELLATION**  
Require 30 days but some agents will not issue more than 10 days because policies can be cancelled in 10 days for non-payment.



uplifteducation

## APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

*We welcome your application with Uplift Education. We're proud that our success is the result of quality and high-caliber employees. You are applying for a position that acceptance of will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of background information submitted on their application or resume.*

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause of possible dismissal.

This release and authorization acknowledges that this Uplift Education and its schools may now or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, obtain motor vehicle records, and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, or Local criminal justice agency in any state and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under Uplift's employment policies. All results will be proprietary and will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated School Personnel.

I authorize **Trak-1** and any of its agents/designated School personnel, as well as the Texas Department of Public Safety (DPS) to disclose orally and in writing the result of the verification process and/or interview to the designated authorized representatives of Uplift.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, Schools, current and former employers, and other organizations and Agencies to provide **Trak-1** and DPS with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the School, our agent, **Trak-1**, DPS, and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

### Applicant:

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Name(s) of Record

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	