

**Donna Independent School District**  
**APPLICATION**  
for  
**Reimbursement for the cost of**  
**Bilingual/ESL Certification**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of years with the Donna District: \_\_\_\_\_ Campus: \_\_\_\_\_

Teacher Assignment: \_\_\_\_\_ Grade level (s) \_\_\_\_\_

Assistance is requested for: (Please print or type legibly)

Exam type: \_\_\_\_\_

Requirement for Reimbursement:

**Professionals:**

1. A teacher will be reimbursed for expenses incurred in taking the Bilingual Education Supplemental, Bilingual Target Language Proficiency Test (BTLPT) — Spanish or English as a Second Language TExES Exams.
2. Reimbursement will be made only when the teacher has passed the TExES tests. Proof will have to be submitted (such as PASS notification for the TExES tests, proof of payment-bank/credit card receipt) **Original receipts** should be turned in to duplicate and for documentation.
3. Reimbursement of expenses is a one-time opportunity.

***Applicants Statement and Signature:***

I have read the criteria outlined on the application and I understand how and when I will be reimbursed for the exam(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





(must submit this report)

This barcode contains unique candidate information for security purposes.



**Examinee Score Report**

**Test:** 154 ESL/SUPPLEMENTAL  
**Total Scaled Score:**  
**Status\*:** Passed  
**Scaled Score Range:**  
**Passing Score:**

**Test Date:**  
  
**TEA ID:**

| Performance by Domain                          | # Questions | # Correct |
|--|-------------|-----------|
| I. Language Concepts and Language Acquisition  |             |           |
| Competency 001                                 |             |           |
| Competency 002                                 |             |           |
| II. ESL Instruction and Assessment             |             |           |
| Competency 003                                 |             |           |
| Competency 004                                 |             |           |
| Competency 005                                 |             |           |
| Competency 006                                 |             |           |
| Competency 007                                 |             |           |
| III. Found. of ESL Ed/Culture/Family/Community |             |           |
| Competency 008                                 |             |           |
| Competency 009                                 |             |           |
| Competency 010                                 |             |           |

Sample

You are limited to five attempts to take a certification exam under Texas Education Code §21.048 (<https://statutes.capitol.texas.gov/Docs/ED/htm/ED.21.htm#21.048>). The five attempts include any of the exam approval methods (PACT, EPP, out of state, charter, and CBE). If you choose to register again for the same exam after completion of the fifth testing attempt or an approved waiver attempt, your scores will not be counted towards certification and you will assume responsibility for exam fees paid. For information about the scoring of the exam, select Scores in the top navigation of the Texas Educator Certification Examination Program website, <http://www.tx.nesinc.com>, and review the additional information provided about how to read your score report. **Print a copy of this score report for your records.**

Note: Please allow 7 to 10 business days after the score reporting date for your exam scores to be posted in your Educator Certification Online System (ECOS) account accessed through TEA Login (TEAL) (<https://tealprod.tea.state.tx.us/TSP/TEASecurePortal/Access/LogonServlet>) before submitting your online application for certification. Application for certification does not proceed automatically based upon receipt of your scores by TEA. To apply for certification, you must access your ECOS account, click on "Applications," and complete the appropriate application.

\* Passed/Not Passed status is based on the total scaled score for each exam. Refer to the Scores section and the Preparation Manual on the testing program website, at <http://www.tx.nesinc.com>, to learn more about the performance information included on your score report.

## Request for Taxpayer Identification Number and Certification

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
DALLAS COWBOYS (YOUR NAME)

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see Instructions) ▶ \_\_\_\_\_  
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
0101 Dallas Drive

**6** City, state, and ZIP code  
Dallas, TX 010101

**7** Last 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 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 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**  
001 - 01 - 0001

or

**Employer identification number**

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

**Sign Here** Signature of U.S. person ▶ Dallas Cowboys (YOUR NAME) Date ▶ 01/01/01

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**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.  
N/A

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.  
N/A  
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 Dallas Coulter (Your name)  
Signature of vendor doing business with the governmental entity 01/01/01  
Date

**FELONY CONVICTION NOTICE FORM**

Statutory citation covering notification of criminal history of contractor is found in the Texas Education Code §44.034.

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony".

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract".

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge

VENDOR'S NAME: Dallas Coultrops (Your name)

AUTHORIZED COMPANY OFFICIAL'S NAME: \_\_\_\_\_

A. My firm is a publicly-held corporation, therefore, this reporting requirement is not applicable.

Signature of Company Official: Dallas Coultrops (Your name)

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official: \_\_\_\_\_

C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony.

Name of Felon(s): \_\_\_\_\_  
(Attach additional sheet if necessary)

Details of Conviction(s): \_\_\_\_\_  
(Attach additional sheet if necessary)

Signature of Company Official: \_\_\_\_\_

*Sample*

DEBARMENT OR SUSPENSION CERTIFICATION FORM

Non-federal entities are prohibited from contracting with or making sub-awards under covered transaction to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement of goods or services. Vendors receiving awards of contracts and all sub recipients must certify that the organization and its principals are not suspended or debarred.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.

Your signature also certifies that no suspension or debarment is in place, which would preclude receiving a federally funded contract under the Federal OMB, A-102, Common Rule (1.36)

Vendor Name: Dallas Cowboys (Your name)

Authorized Company Official's Name: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Authorized Company Official: Dallas Cowboys (Your name)

Date: 01/01/01

Sample





