

SECTION A- SERVICES CONTRACT REQUEST FORM

(To be completed by Spring ISD Administrator- Campus/ Department Internal Use Only)

1. School(s) / department requesting services:

2. General Description of services requested:

3. District location(s) where services to be provided (If multiple locations, then list each location involved):

4. Date(s)/date range services to be provided: _____

5. Provider's information:

- a. Business Name: _____
- b. Primary Contact Name / Title: _____
- c. Primary Contact Phone # / Email: _____

6. Funding information:

- a. Amount to be paid to Service Provider over full term of Contract: _____
- b. Budget Account Code: _____

7. Does this contract require Board Approval? Yes No

If yes, please attach the Board Summary

8. Procurement method: Indicate the procurement method to be used to justify the engagement with the Service Provider.

<input type="checkbox"/> One (1) Vendor Quote (Contracts valued under \$10,000)	<input type="checkbox"/> Three (3) Vendor Quotes (Contracts valued between \$10,000 and \$50,000). Vendor quotes attached.
<input type="checkbox"/> Interlocal Agreement Comments (if any): _____ _____	<input type="checkbox"/> Purchasing Cooperative Contract Cooperative Name: _____ Cooperative Contract # _____
<input type="checkbox"/> District-Determined Professional Service (Approval documents attached)	<input type="checkbox"/> Contracts valued \$50,000 and Over (Aggregate value over a 12-month period) - ** Board Approval Required ** RFP # _____

9. **Criminal history review requirements:** Per Texas Education Code, Chapter 22, Spring ISD is required to review the criminal histories of a contractor who has, or will have, **continuing duties** related to a services agreement with the District **AND direct contact with students**. Spring ISD considers "continuing duties" to result from services spanning **more than one (1) school day** and "direct contact" to result from any activity that may provide **substantial opportunity for verbal or physical interaction with students and that is not supervised by a professional district employee at ALL times** (e.g. unsupervised coaching, tutoring, or other unsupervised services).

- a. Will the Service Provider have an opportunity to be in direct contact with students, as defined above? Yes No
- b. Will the Service Provider be rendering services beyond one (1) school day ("continuing duties")? Yes No
- c. Will the Service Provider be under supervision by a professional district employee at ALL times? Yes No

Campus / Department Authorization – Principal / Administrator (Director or above)	
School/Department: _____	Date: _____
Name (print): _____	Title: _____
Signature: _____	