To: Prospective Vendors:

Thank you for your interest in doing business with our agency. Upon receipt of the attached Vendor Information form, Conflict of Interest Questionnaire and W9, you will be added to our vendor list. Please return these forms to:

**Finance Department**

**North Texas Area United Way**

**1105 Holliday**

**Wichita Falls, TX. 76301**

**Fax: 940-322-8643**

**Email: CFO@ntauw.org**

Forms may also be accessed and completed at [www.ntauw/forms](http://www.ntauw/forms).

NTAUW has established the following terms and conditions:

* Purchases may be made by credit card or paid from an invoice. Invoiced items will be paid within thirty days.
* NTAUW will accept delivery at the address listed above between 9:00 and 4:30 Monday through Friday.
* Please contact our offices at 940-322-8638 if delivery falls near or on a federal holiday for office hours.

**CONFLICT OF INTEREST QUESTIONNAIRE**

*For vendor or other person doing business with local nonprofit entity*

This questionnaire is being filed in accordance with CFR 200

NTAUW employees, volunteers and vendors of a local governmental entity are required to file a vendor questionnaire if the individual enters or seeks to enter into a contract with NTAUW- or is a representative (agent) of a person who enters into a contract with NTAUW. “Agent” means a third party who undertakes to transact some business or manage some affair for another person by the authority or on account of the other person. The term includes an employee.

Name of person who has a business relationship with North Texas Area United Way:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Check here if you are filing an update to a previously filed questionnaire

*(Law requires that you file an updated completed questionnaire with the appropriate authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)*

Name of employee or board member with whom filer has employment or business relationship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section must be completed for each employee or board member with whom the filer has an employment or other business relationship. Attach additional pages to this form as necessary.**

Is the local employee, board member or volunteer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? \_\_\_\_\_\_\_\_\_\_\_

Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of an NTAUW employee, board member or volunteer named in this section? \_\_\_\_\_\_\_\_\_\_\_\_

Is the filer of this questionnaire employed by a corporation of other business entity with respect to which the NTAUW employee, volunteer or board member serves as an officer or director, or holds an ownership of 10% or more? \_\_\_\_\_\_\_\_\_\_\_

Describe each employment or business relationship with the employee, volunteer or board member named in this section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**VENDOR INFORMATION FORM**

*For all vendors who wish to be added to the vendor list for North Texas Area United Way*

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Please check if your catalog can be accessed online. If not, please send a catalog to

**Finance Department**

**North Texas Area United Way**

**1105 Holliday**

**Wichita Falls, TX. 76301**

**Fax: 940-322-8643**