



Dear Vendor,

Thank you for your interest in doing business with Atlanta Public School (APS). Your company can be added to the APS vendor database by completing the attached registration form and submitting it via email to

APSVendorRegistration@atlanta.k12.ga.us; or fax to 404-802-1506; or mail to the address below:

**Atlanta Publics Schools
Procurement Services Department, 4th Floor
130 Trinity Avenue
Atlanta, GA 30303**

Please note, the APS district does not maintain an “Approved Vendors List.” Any vendor wishing to submit a response to a solicitation may do so without previously being entered into our vendor database.

Applicable documents regarding the Georgia Security and Immigration Compliance Act, as amended, Act OCGA 13-10-90 et. seq., attached, must be submitted with registration.

Due to the large number of vendors included in APS district database, not all vendors will necessarily be sent an announcement each time a solicitation is issued. Invitations for Bid and Requests for Proposal issued by the APS district are advertised on Procurement Services website <https://www.atlantapublicschools.us/page/220> . It is the vendor’s responsibility to review the APS website frequently for a listing of open solicitations. To view on the Internet, go to www.atlanta.k12.ga.us. From this screen, select “Departments and Services”, choose “Procurement” and find the link to Outstanding Solicitations on the left hand side of the page.

Again, we appreciate your interest in doing business with the Cobb County School District.

Sincerely,

APS Procurement Services Department

****Incomplete vendor registration submissions will be discarded after 30 days. ****

Procurement Services Department

130 Trinity Avenue, 4th Floor
Atlanta, GA 30303
Fax (404) 802-1506

Vendor Registration Form

Thank you for your interest in doing business with Atlanta Public Schools. In order to become a registered vendor you must complete and submit the **vendor registration form, W-9** and the appropriate **“Illegal Immigration Reform and Enforcement Act of 2011” form(s)**.

All formal solicitations (over \$25k) are posted on the APS web site at <http://www.atlanta.k12.ga.us/page/222>. We encourage you to check the website on a regular basis for opportunities to do business with APS.

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- All information listed below with an asterisk (*) must be provided in order to complete your registration.
 - The NIGP class codes are three (3) digit codes for categories of goods and services. You may select one (1) primary class code and up to 6 secondary class codes for goods and services your firm can provide.
 - You must provide a Federal Tax ID number or a Social Security number on a W-9 Tax form.
 - The remit to address is where you want to have payments sent. You must indicate if your remit to address is the same as your regular mailing address. If different, provide the “remit to” address.
 - Provide a fax number and e-mail address for the primary company contact.
 - Select a company diversity class if applicable.
 - The APS preferred method of sending purchase orders to a vendor is via email. Please provide an email address where purchase orders should be sent.
 - You are responsible for notifying APS of any subsequent changes to the information submitted on this form. Changes should be faxed to (404) 802-1506 or emailed to APSVendorRegistration@atlanta.k12.ga.us.
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****Instructions – PLEASE READ****

PLEASE NOTE – You must read the “Illegal Immigration Reform and Enforcement Act of 2011” and submit the necessary forms. **YOUR REGISTRATION REQUEST WILL NOT BE ACCEPTED UNLESS ALL OF THE NECESSARY FORMS ARE COMPLETE.** * *REQUIRED item*

1. * **Company Name:** _____
 2. * **Company Street Address:** _____
 3. * **City:** _____ * **State:** _____ * **Zip:** _____
 4. * **Country:** _____ * **Company Contact Name:** _____
 5. * **Telephone:** _____ Fax: _____
 6. * **Email Address:** _____
 7. * **Federal Tax ID Number or Social Security Number:** _____
 8. NIGP Class Code (Secondary, 3-digit): _____
 9. * **Are you a 1099-Recipient?** Yes No
 10. * **Are you or any member of your family an employee of APS?** Yes No
If yes, please provide the relationship, name and position of the APS employee(s): _____
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Atlanta Public Schools

Preferred method of receiving Purchase Orders:

Email _____ **Email address:** _____

Fax _____ **Fax number:** _____

Mail _____ **Mailing address:** _____

11. Remit to address for payment: _____

12. Optional information (for data purposes only):

African American: _____ Asian American: _____ Female: _____

Hispanic American: _____ Native American: _____

You must accept the terms of this agreement in order to register as a vendor with APS. By submitting the vendor registration forms, you certify and warrant that you are duly authorized, by the vendor to (1) register the vendor; (2) file on behalf of the vendor all of the information requested in this registration process; and (3) enter into this agreement on behalf of the vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the vendor and for the benefit of each agency and public body that:

1. The vendor shall use APS vendor registration update functionality to update the vendor's registration information whenever necessary to ensure that the registration information remains accurate and up to date at all times.
2. The vendor hereby warrants that the information provided by the vendor through the APS registration process shall at all times be accurate, complete and up to date. The vendor further warrants that each agency and public body shall be entitled at all times to rely conclusively on the currency, accuracy and completeness of the information the vendor has provided through the APS registration process as of that date even if different information is or has been available to or received by agency or public body personnel through means other than the APS registration process.
3. I agree that (a) I am a U.S. person (including a U.S. resident alien) or a representative of a U.S. entity; and
(b) the number shown on this form is the correct taxpayer identification number for my/our organization. This agreement shall remain in effect for as long as the vendor is registered as an APS vendor. ALL RIGHTS RESERVED TO CANCEL THE VENDOR'S REGISTRATION AT ANY TIME. In the event the vendor's registration is cancelled, the vendor shall remain bound to this agreement in regard to completion of any contract, purchase order or other electronic procurement transaction that was made or administered in whole or in part using APS.

Agree _____ Disagree _____

Signature of authorized company representative;

Signature

Date

Company Name

Atlanta Public Schools
Contractor Affidavit of Compliance under O.C.G.A. § 13-10-91(b) (I)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Atlanta Public Schools has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-VERIFY NUMBER **NOT** EIN)

Date of Authorization

Name of Contractor

Name of Project

Atlanta Public Schools

Name of Public Entity

I hereby declare under penalty of perjury that the foregoing is true and

correct. Executed on _____, 20____

in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of authorized Officer or Agent

Subscribed and Sworn Before Me

On This the _____ Day Of _____, 20____.

Notary Public

My Commission Expires: _____

Atlanta Public Schools
Subcontractor Affidavit of Compliance under O.C.G.A. § 13-10-91(b) (3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ (name of contractor) on behalf of Atlanta Public Schools has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five business days of receipt, a copy of such notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-VERIFY NUMBER **NOT** EIN)

Date of Authorization

Name of Contractor

Name of Project

Atlanta Public Schools
Name of Public Entity

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____

in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of authorized Officer or Agent

Subscribed and Sworn Before Me
On This the _____ Day Of _____, 20____.

Notary Public

My Commission Expires: _____

Atlanta Public Schools
Sub-subcontractor Affidavit of Compliance under O.C.G.A. § 13-10-91(b) (4)

By executing this affidavit, the undersigned sub-subcontractor _____ verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and _____ (name of contractor) on behalf of Atlanta Public Schools has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to _____ (name of subcontractor or sub-

subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-VERIFY NUMBER **NOT** EIN)

Date of Authorization

Name of Contractor

Name of Project

Atlanta Public Schools

Name of Public Entity

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____

in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of authorized Officer or Agent

Subscribed and Sworn Before Me

On This the _____ Day Of _____, 20____.

Atlanta Public Schools
Affidavit of Exception (No Employees)

I attest that I am exempt from providing an Affidavit of Compliance to Atlanta Public Schools pursuant to O.C.G.A. § 13-10-91, as amended, for one of the following reasons:

_____ I am a sole proprietor with no employees, subcontractors or sub-subcontractors and I will not use employees, subcontractors or sub-contractors for any work performed for Atlanta Public Schools.

***In order to be exempt from compliance under the above exception, in addition to this affidavit you must provide a copy of your State of Georgia driver's license.**

(Please see

http://www.georgia.gov/vgn/images/portal/cit_1210/50/35/173461453Lists_of_states_that_verify_migration_status_7_26_11.pdf for a list of driver's licenses from alternative states that can be submitted in lieu of a Georgia driver's license.)

_____ My company/firm will render services to Atlanta Public Schools; however, the services will not be rendered in the State of Georgia.

_____ My company/firm will only provide goods to Atlanta Public Schools and will not render any physical services to Atlanta Public Schools.

_____ I am an individual who is licensed pursuant to Official Code of Georgia Title 26 or Title 43, or by the State Bar of Georgia; my license is in good standing, and I am the individual who will be performing the services under the contract.

Vendor Name: _____

Name of Project: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20_____

in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of authorized Officer or Agent Subscribed and

Sworn Before Me

On This the _____ Day Of _____, 20_____.

Notary Public

My Commission Expires: _____