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05/14/2024

May 14, 2024

IDEA PS - Plumbing Upgrades at Lower RGV Campuses CSP#27-LRPU-0424

ADDENDUM NO. 4

A. PURPOSE AND INTENT

This addendum is issued for the purpose of modifying the plans for the project referenced above. This addendum shall become part of the contract and all contractors shall be bound by its content. All aspects of the specifications and drawings not covered herein shall remain the same. The General Conditions and the Special Conditions of the specifications shall govern all parts of the work and apply in full force to this addendum.

B. CLARIFICATIONS:

1. Bid submission due date has changed to Monday, May 20, 2024 at 2:30 PM. Place remains unchanged.
2. Pre-bid Sign-in sheet. See attached.

C. SPECIFICATIONS:

1. Add the following Specifications to the Project and to the Table of Contents:
 - a. Section 000870: Texas Department of Public Safety Background Check Request Form. See attached.
 - b. Section 000880: IDEA Public Schools Risk Management Department Vendor Active Employee List & Campus Assignment. See attached.

TEXAS DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK REQUEST FORM



This document to be completed by any and all individuals (“Vendor/Contractor”) that will provide services to IDEA Public Schools in connection with a services contract involving continuing duties beyond one (1) school day AND direct contact with students. IDEA Public Schools considers “direct contact” with students as having an opportunity for substantial verbal, physical or virtual interaction with students *(Make copies for each individual involved in providing services under this contract, as needed)*. **Please submit completed forms to: Riskmanagementvendorbackgroundchecks@ideapublicschools.org**

CONSULTANT, CONTRACTOR, VENDOR, PRIVATE DUTY NURSE, ETC...

Legal Name: _____

Business Name: _____

Type of Service: _____

Relationship to Vendor *(select one)*: Employee Independent Agent Subcontractor Self-employed

Dates of Service: _____

For *Private Duty Nurse* Name of Student: _____

Campus/Dept: _____

Contact Numbers (Cell Preferred): _____

E-Mail Address: _____

Social security number: _____ (Please do not include copy of SS card)

Will individual be on school grounds, which may result in direct contact w/students Yes No

If individual has been fingerprinted previously in accordance w/Senate Bill 9, please indicate so below:

Yes No SID Number (if known): _____

Have you ever been arrested or convicted of a felony offense or an offense that requires you to register as sex offender? Yes No

PLEASE MAKE SURE TO INCLUDE THESE ITEMS WHEN SUBMITTING THIS FORM:

- ▶ Texas Department of Public Safety Background Check Request Form
- ▶ Confidential Form
- ▶ A clear copy of individual’s Driver License or state-issued ID

CAMPUS/DEPARTMENT ONLY

Requested by:

Name Campus/Dept. Date

INTERNAL USE ONLY

- Fingerprint Upload
- Fingerprint Search
- Not fingerprinted or Not Required

SID: _____

Subscribed till: _____

By: _____

Date: _____

Approved: Yes No

Reason for Denied: _____

By: _____

RM Representative

Confidentiality Form



IDEA Public Schools is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Name: _____
Last First Middle

Date of birth: _____ Driver's License: _____
State and Number

Mailing Address _____
Street City State Zip Code

Sex: Male Female

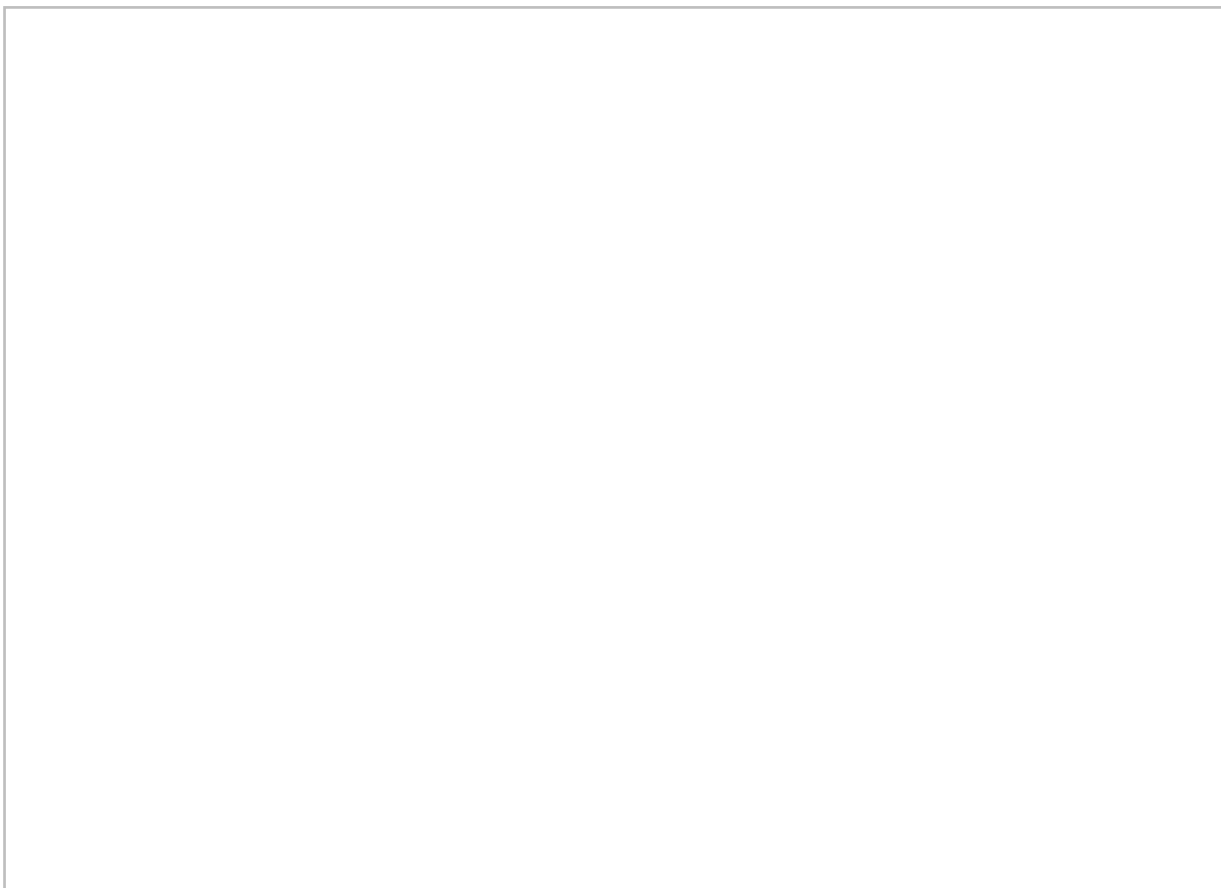
Ethnicity: Black White/Other

I understand that the information I am providing about age, gender, and ethnicity will not be used to determine eligibility of vendor services but will be used *solely* for the purpose of obtaining criminal history record information.*

Signature

Date

**PLEASE INSERT CLEAR PHOTOCOPY OF VALID
DRIVER LICENSE OR STATE-ISSUED ID ON THIS PAGE:**
(Front side only and do not include copy of social security card)

A large, empty rectangular box with a thin black border, intended for the user to place a clear photocopy of a valid driver license or state-issued ID.

IDEA Public Schools Risk Management Department Vendor Active Employee List & Campus Assignment



- ✓ **Complete ALL** requested information
- ✓ **Attach** additional page(s), if needed
- ✓ **Submit** form with the completing vendor packet to the IDEA Purchasing Department at vendorinquiry@ideapublicschools.org
- ✓ **Please** complete the form legibly as information is needed to accurately be processed (If we are unable to read information provided form will be sent back and will create a delay in processing)

Vendor/Provider Name: _____

Vendor/Provider Contact Person(s): _____

Vendor/Provider Phone Number: _____

Vendor/Provider Email Address: _____

Type of Service(s) to be Provided: _____

Please indicate if these services include a contract/agreement? Yes or No

Section I. Vendor Active Employee List & Campus Assignment:

	Last Name <i>As it appears on driver's license (or Last Name used if you have been previously fingerprinted)</i>	First Name <i>As it appears on driver's license</i>	Campus <i>(If employee will be providing service at multiple campuses, please list each campus the employee will be providing services at in this column)</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Section II. Changes to Contactor/Subcontractor Employees:

Signature of Authorized Signer Requesting Change: _____

	Last Name	First Name	Removal/Adding	Campus
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				