Response Form for Approved Contractors

Division of Financial Management, Department of Procurement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PLEASE COMPLETE AND RETURN TO THE DEPARTMENT OF PROCUREMENT WITHIN 10 BUSINESS DAYS:
45 West Gude Drive, Suite 3100, Rockville, MD 20850 or via email to: ContractorObligation@mcpsmd.org

Contractors, subcontractors, and their employees working in Maryland public schools with direct, unsupervised student access must undergo criminal background checks under state law, primarily driven by safety requirements found in Md. Code, Educ. § 6-113.2.

Additional information can be found by viewing the Contractor Obligation Packet at www.montgomeryschoolsmd.org/departments/procurement/contractors/

Complete Sections 1 through 3 if you or your company employees will have unrestricted/unsupervised access with students.

Complete Sections 1 and 4 if you or your company employees will NOT have unrestricted/unsupervised access with students.

SECTION 1: CONTRACTOR INFORMATION—*to be completed for new contracts and current contract extensions.*

Company Name (Required):_____

Print Representative's Name: _____ Date: _____/_____/_____

Email: _____ Phone Number: _____ - _____ - _____

Address: _____

Tax ID#: _____ *OR* Social Security #: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Contract/RFP/Bid # and Name: _____

SECTION 2: PLEASE CHECK THE STATEMENT THAT APPLIES AND RESPOND ACCORDINGLY

As an independent contractor, or having individuals in my direct employ, or having subcontracted out part or all of my work for MCPS.

A. _____I/We hereby acknowledge that we will have direct, unsupervised, or uncontrolled access to children while performing work for Montgomery County Public Schools (MCPS).

❑ These individuals will undergo a criminal background check, including fingerprinting, Child Protective Service Form (CPS), and receive required MCPS Child Abuse and Neglect Training (CAN), and be issued an MCPS identification badge before performing work for MCPS. ***Please note that all contractors must have a current Social Security number or a Work Authorization card to complete the background screening process.*** This must be provided if the Department of Health and Human Services needs to verify additional information. To schedule an appointment for a background check, please follow this link: Schedule a Background Check

❑ I am an existing MCPS contractor, in full compliance with all contractor requirements. I understand that the chart on the following page must be completed to add new personnel or subcontractors to our company roster. Please accept these additional staff and subcontractors we would like to add to this bid/RFP.

LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER or WORK AUTHORIZATION NUMBER	EMAIL ADDRESS

For additional personnel, see page 3

For companies with existing contracts: In accordance with the Contractor's Obligation Checklist, contractors must notify MCPS within 15 calendar days of any employee separation or is no longer assigned to an MCPS contract. Prompt notification is required to ensure RapBack monitoring and background screening records are accurately updated.

❑ The individuals listed below are no longer employed by our company or assigned to MCPS work. Please remove them from our company roster. **If they return to MCPS work in the future, they must complete all contractor screening requirements again.**

LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER or WORK AUTHORIZATION NUMBER	EMAIL ADDRESS

SECTION 3: **SIGNATURE**

This document certifies that all direct employees of the company, along with any subcontractors and independent contractors assigned by the company to work in an MCPS school facility under the contract, will meet the requirements outlined in Section 6-113 of the Education Article of the Maryland Code.

Companies must not commence any job assignments until every individual assigned to this project has successfully completed a background check, received official clearance from the Background Screening office, and obtained a contractor's badge. ***Under no circumstances may uncleared personnel to work alongside cleared personnel on this project.***

Company Representative Signature _____

Printed Name: _____ Date _____/_____/_____

SECTION 4: NO UNSUPERVISED OR UNCONTROLLED ACCESS TO STUDENTS

B. _____I guarantee that I, along with any employees or subcontractors, will not have unsupervised or uncontrolled access to students during this MCPS project.

Company Representative Signature _____

Printed Name:_____ Date _____/_____/_____

For Additional Names: List all names of individuals who will be working on the MCPS worksite below.

LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER or WORK AUTHORIZATION NUMBER	EMAIL ADDRESS