

ATTACHMENT E



Response Form for Required Criminal Background Checks

Department of Materials Management, Procurement Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 235-40
October 2015
Page 1 of 2

**PLEASE COMPLETE AND RETURN TO THE
PROCUREMENT UNIT WITHIN 10 BUSINESS DAYS:**
45 West Gude Drive, Suite 3100, Rockville, MD 20850 or
Fax to 301-279-3173

Under a Maryland law (Section 6-113 of the Education Article of the Maryland Code) enacted in July, 2015, any contractor or member of the contractor's workforce who will be working in a Montgomery County Public Schools (MCPS) facility where they have direct, unsupervised, and uncontrolled access to students must undergo a criminal background check, including fingerprinting. This new law is in conjunction with the Maryland law stating that contractors may not knowingly employ a registered sex offender to work in a school. Additional information can be found by viewing the Contractor Obligation Packet at <http://www.montgomeryschoolsmd.org/departments/procurement>.

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

Company Name: _____

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

E-mail: _____

Address _____ Phone Number ____ - ____ - ____

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 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, receive required MCPS training, and be issued a MCPS identification badge prior to performing work for MCPS. Please see the MCPS Contractor Obligation Packet for approved methods of obtaining required fingerprinting services.

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

These individuals have undergone a criminal background check, including fingerprinting, within the last 12 months, but have not been approved for MCPS identification badges. The respective criminal background check report for each individual is attached. The reports will be reviewed and must be approved by MCPS before these individuals are notified to receive required MCPS training and be issued a MCPS identification badge.

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

I am an existing contractor and we are in compliance with all MCPS contractor requirements. **All of our staff have been approved for MCPS identification badges.** I understand that I must notify MCPS if I am adding additional staff or subcontractor staff or if I am removing staff from my workforce and have attached a separate list of those individuals.

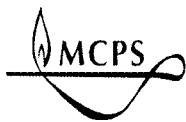
B. _____ Neither myself nor any of the individuals in my direct employ, or who have been subcontracted, will have direct, unsupervised or uncontrolled access to children while performing work for MCPS for the following reason:

SECTION 3: SIGNATURE

This documentation confirms that the company's direct employees, and those of any subcontractors and/or independent contractors assigned by this company to perform work in a MCPS school facility under the contract, meet the criminal background check, including fingerprinting, obligation as specified in Maryland law, Section 6-113 of the Education Article of the Maryland Code.

Signature _____

Printed Name: _____ Date ____/____/____



MONTGOMERY COUNTY PUBLIC SCHOOLS

www.montgomeryschoolsmd.org

MARYLAND



AUTHORIZATION AND RELEASE OF A CRIMINAL BACKGROUND REPORT

I, _____ (print full legal name), the undersigned, do hereby authorize the **Montgomery County Public Schools** to procure a **Criminal History Background History Record** Information (CHRI) report on me. The aforementioned report may include, but is not necessarily limited to, the Federal Bureau of Investigation FBI and State of Maryland criminal records, national and state sex offender registries, certification and licensure records, and child protective services records.

I further authorize any person, business, business entity, or governmental agency who may have information relevant to the above to disclose the same to **Montgomery County Public Schools**, including, but not necessarily limited to, any courthouse, and any public agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from another source.

I hereby release **Montgomery County Public Schools** and any and all persons, governmental agencies, and business entities, whether public or private, from any and all liability, claims for procuring and providing, and/or assisting with the compilation or preparation of the criminal background check hereby authorized.

NOTE: Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You can complete or challenge the accuracy of the information in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification are set forth in Title 28, CFR, 16.34.

*****Alert Notices****Please note that the Montgomery County Public Schools may receive alert notices when future arrests/court dates/ criminal information is posted to the FBI and/or the State of Maryland. This information will be reviewed for further clarification.*

SIGNATURE _____ DATE _____

*****CONTRACTORS ONLY*** PLEASE COMPLETE THE BELOW INFORMATION**

*Pursuant to **MCPS** policy and recent amendments to **§ 5-561 of the Family Law Article** of the Maryland Code, I have been fingerprinted as part of a criminal background check for my work on an MCPS work site for an **MCPS-approved contractor**.*

*I hereby authorize **MCPS** to release to my employer reports regarding any and all criminal history records that **MCPS** receives as a result of the criminal background check, but not necessarily limited to, the Federal Bureau of Investigation FBI and State of Maryland criminal records, national and state sex offender registries, certification and licensure records, and child protective services records.*

*As an **MCPS contractor**, your employer may be required to take appropriate steps to promptly follow up on information identified in the criminal background check.*

TO BE COMPLETED BY THE INDIVIDUAL UNDERGOING A BACKGROUND CHECK:

Name: (Last, First, Middle) _____

Alias, Maiden, or Former Names: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

TO BE COMPLETED BY THE CONTRACTING COMPANY:

Name of Contractor: _____
(who has been awarded the bid)

Sub-Contractor: _____
(whom are you working for)

Name of an Authorized Representative and Email address: _____
(from your company)

Company Address: _____
(Contractor or sub-contractor please add your company information City, State, Zip Code, and phone number)