El Paso Museum of Art
Museum School Hiring Process for Contract Studio Art Faculty

Note: Instructors may not receive more than $3000 per year from the Department of Museums and Cultural Affairs

Applications:

- A call for new faculty applications is sent out once or twice a year by the Museum School Coordinator
- Applications are accepted throughout the year and must include the following in the form of a letter of interest and resume:
    - Contact Information: name, mailing address, phone, email address
    - Education: degree(s) and institution
    - Teaching experience: brief paragraph
    - Professional artist experience: brief paragraph (preferred media, style, etc) and artist statement
    - Classes and dates previously taught at EPMA, if applicable
    - Language(s) in which you teach

Required qualifications:

- Must be enrolled in or have completed a degree program in studio art or art education
- Experience teaching.
    - Extensive classroom experience can be used in place of education
    - Persons without classroom teaching experience can volunteer with Summer Camps to gain experience.

Interviews:

- After receipt of application, qualified individuals are contacted for interviews
- Meet with Museum School Coordinator to discuss application and their interest in teaching at the Museum
- Go over what is expected of Museum School Faculty
    - Class content should be related to current exhibitions.
    - Positions are part-time and dependent on enrollment. Classes without sufficient enrollment will be canceled and faculty will not be paid.
    - Payment process is explained along with MCAD Business Office processes.
- If Museum School Coordinator is interested in hiring, an explanation of vendor and volunteer forms follows
- Interviewee is informed that the Museum School Coordinator cannot commit to hiring as a teacher until vendor forms have been processed and approved and a background check has been completed.

Festival of Makers:

- Instead of interviews, teaching artists can serve as demonstrators
- Meet with all interested artists prior to the Festival to cover vendor information and expectations during Festival
- During the festival, observe artists as they interact with the public and survey visitors

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Proposals:

- New classes are chosen out of proposals submitted to the Museum School Coordinator
- Museum School Coordinator sends a call for proposals about 3-4 months prior to start of the first class of the season (call in June for Fall classes, call in September for Winter classes, call in January for Spring classes, call in March for Summer)
- To propose a class, faculty members must fill out and submit the class proposal form.
- Museum School Coordinator reviews proposals and selects classes as appropriate.
- Instructors are informed of class dates and times, and are given the opportunity to review press information and collateral before going to print.
- When appropriate, faculty will provide high resolution images of sample artwork or processes to include in promotional materials.
- Instructors are asked to help promote classes through email, phone and mail to their contact list.

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

Employer identification number
[ ][ ] – [ ][ ][ ][ ][ ][ ][ ]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

CITY OF EL PASO PURCHASING & STRATEGIC SOURCING DEPARTMENT
VENDOR INFORMATION FORM
This form must be accompanied by an IRS Form W-9 and Conflict of Interest Questionnaire

City Department:_____ Telephone #_____ Name:_____
Request:
___ Add ___ Update __ Inactivate
___ Vendor ___ Contractual Employee ___ City of El Paso Employee
Vendor Sales Address: If same as W-9 check box ☐
Company Name: _____

Street:_____

City:_____State_____Zip Code_____

Contact Name & Title:_____

Telephone # **(required)** (____) _____ Fax # (____) _____

E-Mail Address:_____ Web Page:_____

VENDOR STATUS:
(Yes ___) (No ___) Small business concern (Less than 100 employees or less than $1,000,000.00 Annual Receipts)
(Yes ___) (No ___) Disadvantage business concern (At least 51% owned by one or more socially disadvantaged individuals; or, a publicly-owned business at least 51% of the stock owned by one or more of such individuals.) If your company is certified please send us a photo copy. We must have an updated copy of the certificate on file. DBES include (Please mark one:)
(___) Black Americans (____) Hispanic Americans
(___) Native Americans (____) Asian-Pacific Americans
(Yes ___) (No ___) Woman-owned business (At least 51% owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management.)
(Yes ___) No ___) Handicapped (At least 51% owned by a person or persons with an orthopedic, hearing, mental or visual impairment which substantially limits one of more of his/hers/their major life activities.)
(Yes ___) No ___) Local business enterprise (At least 51% of which is owned by a resident or residents of El Paso County and the principal place of business is in El Paso County.)
(Yes ___) No ___) Hub (Historically underutilized business) If your company is certified please send us a photo copy. We need to have an updated copy of the certificate on file.

IRS-Withholding required information – Mark one of the following which applies to the type of payment that will be made to the vendor: (Incomplete forms will be returned)

___ Wages (Withholding / Default Class 7)
___ Goods (No Withholding / No Default Class)
___ Settlement / Attorney Proceeds (Withholding / Default Class 14)
___ Medical & Healthcare (Withholding / Default Class 6)
___ Garnishment Vendor (No Withholding / No Default Class)
___ Juror (No Withholding / No Default Class)
___ Services (Withholding / Default Class 7)
___ Rental Property (Withholding / Default Class 1)
___ Stipend (No Withholding / No Default Class)
___ Corporation (No Withholding/ No Default Class)

Contractual Employees or Vendors
- Based on W-9, Individual/Sole Proprietor, Partnership, Limited Liability Company (all LLCs C=Corporation, D=Disregarded Entity, S=Corporation, P=Partnership) are marked as withholding. Corporation is not marked as withholding.
- Vendors for Rent, Medical Services, Attorney Fees are **always** marked as withholding, even if they are a Corporation

City of El Paso Employees (IRS-Withholding not required for the following items)
___Pension ___Refund ___Mileage ___Reimbursement ___Settlement ___Travel Request __Tuition Reimbursement

Send Form To: M. Suky Flores Sr. Office Assistant P - 915-212-1185 F - 915-212-0044 FloresMS@elpasotexas.gov

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 ☐ Check this box if you are filing an update to a previously filed questionnaire.

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

3 Name of local government officer with whom filer has employment or business relationship.

_____

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____

Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

City of El Paso
ACCOUNTS PAYABLE
DIRECT DEPOSIT SIGN-UP FORM

This form is used to collect important information to enroll, update or change your Direct Deposit request. Please complete and return to Financial Services; see contact information provided below. For assistance, please call 541-4131

Part I – Vendor / Employee Information

Name of Payee (Print): _____

Federal Taxpayer ID Number or Employee KRONOS ID#: _____

Address: _____

City, State, and Zip Code: _____

Telephone/E-mail _____

Part II – Direct Deposit Information

Action Requested: ☐ Start Direct Deposit ☐ Stop Direct Deposit ☐ Change Direct Deposit

Name of Financial Institution: _____

Routing Number (must be nine digits): _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

For convenience, you may attach a voided check.
Do not use a deposit slip as some banking institutions do not display the correct routing number on deposit slips.

Part III – Terms and Conditions

I hereby authorize and request the City of El Paso to initiate credit entries and if necessary, a debit entry in accordance with National Automated Clearing House Association (NACHA) rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment is to remain in effect until withdrawn by written notification to the City of El Paso. Funds that are sent to a closed bank account are returned by the banking institutions within five (5) business days. Re-issued payments will be made when funds are returned to City of El Paso.

Signature _____ **Date** _____

FINANCIAL SERVICES DEPARTMENT
300 N. Campbell, 1st floor – EL PASO TX 79901
Fax 915-541-4446
Email: garciaje@elpasotexas.gov

El Paso
All-America City
2010

Dear Museum School Faculty,

Please submit your proposals for the following class sessions:

- Drop-in Art activity for families on January 2
- Winter adult classes, 4-8 weeks, beginning January 23
- Family Workshops, beginning in February
- Spring Break Camps for children, March 8-11
- Spring adult classes, 4-8 weeks, beginning April 2
- Family Workshops, beginning in May

Positions at EPMA are part-time throughout the year and dependent upon enrollment. If you are interested please consider the application process below.

To apply, please fill out the attached Proposal Form. You may submit as many proposals for as many of the class types listed above as you would like. I know this call is early for some of those sessions, but **this is your only chance to submit proposals for all of the above**. The next call will cover summer camps and workshops.

Also attached is some information on current and upcoming special exhibitions. This is for your information only. Please do not disseminate publicly.

Submit your completed proposal form and any supporting documentation as attachments in an email to: EPMAEducation@elpasotexas.gov

Submissions deadline is Monday, October 12, 2014 at 4PM.

Thank You and Best Regards,

EPMA

El Paso Museum of Art
Museum School Class/Camp/Workshop Proposal Form

INSTRUCTOR INFORMATION

Name: _____ Phone: _____

Email: _____

Address: _____

CLASS DETAILS

Class Title: _____

Class Length: Number of Days: _____ Hours/day: _____

Age of students:
- ☐ Families
- ☐ Children (6-8)
- ☐ Children (9-12)
- ☐ Adults (15 and up)
- ☐ Teens

Preferred Day and Time:
- ☐ Thursday Evening
- ☐ Saturday Morning
- ☐ Saturday Afternoon
- ☐ Sunday Afternoon
- ☐ All day Saturday

CLASS DESCRIPTION

Describe this class, camp, or workshop:

As a result of instruction, students will be able to...

How do you plan to use the museums special exhibitions or permanent collection during your class? See email attachment that describes upcoming special exhibitions for more information.

MATERIALS LIST

Material lists need to be as detailed as possible. Adult students are responsible for providing their own materials in most classes. This list will be distributed to them prior to the start of class. Materials are provided by the Museum School for all children's and family classes, camps, and workshops. Hit tab in the last cell to add more rows if needed or include an attachment in your email for more space.

•	•	•
•	•	•
•	•	•
•	•	•

VISUALS

Please attach any visual examples of what students might create to your email. These examples may be printed in Museum marketing material or posted on Facebook to help build interest in your class. You will be credited in any marketing material that uses your work.

Title	Medium
1.	
2.	

Attachments should be JPEG files with a minimum of 300 dpi for print purposes.

Submit this proposal and any supporting documents or images as attachments to:

EPMAEducation@elpasotexas.gov

NOTICE TO VENDORS

City of El Paso Museums and Cultural Affairs Department

How to Submit an Invoice and Receive Payment

After a good or service has been rendered, an invoice must be submitted to the MCAD Business Office to request payment. To ensure prompt payment, invoices must be submitted no later than 15 days after goods/services are rendered. An invoice template is available at www.elpasoartsandculture.org.

Required Invoice Information

- The word "Invoice" must be printed prominently at the top of the document.
- Must include the vendor's name as it appears on their W-9 (no nicknames or artist names).
- Must include the vendor's remittance address, phone number, and email address.
- Must include a unique invoice number, date, and Purchase Order number, if applicable.
- Must include the correct "Bill To" and "Ship To" addresses.
- Must be itemized and include the total amount due.
- Do not include sales tax; the City of El Paso is exempt from paying sales tax in the state of Texas.

Where to Submit your Invoice

- By Mail: MCAD Business Office, 400 W. San Antonio Ave., Suite A El Paso, TX 79901
- By E-Mail: mcadfinancial@elpasotexas.gov (Must be submitted in Word or PDF format).

Payments Terms

- The City of El Paso pays within 30 days of receipt of invoice
- Payments are made via check or Direct Deposit; Direct Deposit is strongly encouraged.

Questions

Please contact the MCAD Business Office at (915) 212-0110 or mcadfinancial@elpasotexas.gov.

INVOICE

Name (exactly as it appears on W9)
Street Address
City / State / Zip Code
Phone Number
Email Address

DATE:

INVOICE NUMBER

PURCHASE ORDER NUMBER

To: Museums & Cultural Affairs Dept.
ATTN: MCAD Business Office
400 W. San Antonio Ave., Suite A
El Paso, TX 79901

FOR:
Museum of Art

DESCRIPTION OF GOODS OR SERVICES RENDERED:	AMOUNT:
Class Name/Description: Dates Worked: Hours Worked:	$ xx.xx
Class Name/Description: Dates Worked: Hours Worked:	$ xx.xx
Class Name/Description: Dates Worked: Hours Worked:	$ xx.xx
TOTAL	$ xx.xx

Please make check payable to:

Vendor Name

Remit payment to:

Mailing Address
Street Address
City / State / Zip Code

Thank you for your support!