



Texas SmartBuy Membership Program

Resolution

State of Texas, County of TARRANT

(County Entity Located In)

Whereas, the Texas Comptroller of Public Accounts is authorized to provide purchasing services for local governments pursuant to **§§271.082 and 271.083 of the Local Government Code.**

Whereas, the CITY COUNCIL
(Enter Board of Directors, City Council, Commissioner's Court, School Board, etc.)

of CITY OF SAGINAW, is a:
(Enter Name of Qualified Applicant/Entity)

(Check One of the Following)

- | | |
|--|--|
| ☐ Appraisal District | ☐ Charter/Academy School |
| ☐ Community Supervision/Corrections Department | ☐ Council of Governments/Planning Commissions |
| ☐ County | ☐ Education Service Center |
| ☐ Fire Prevention District | ☐ Hospital District |
| ☐ Judicial District | ☐ Junior/Community College |
| ☐ Library District | ☐ Mental Health/Mental Disability Organization |
| ☐ Municipality | ☐ School District |
| ☐ State-funded Assistance Organization | ☐ Texas Rising Star Care Provider |
| ☐ Special District | ☐ Utility District |
| ☐ Emergency Service | ☐ Drainage |
| ☐ Housing | ☐ Municipal |
| ☐ Political Subdivision | ☐ Special |
| ☐ Port or Transportation Authority | |
| ☐ Workforce Development Board | |

defined as an entity qualified to participate in the Texas SmartBuy Membership Program of the Texas Comptroller of Public Accounts pursuant to §271.081 of the Local Government Code.

JENNIFER GARRETT FINANCE MANAGER and
Primary Contact and Title CALENE MCDONALD SERGEANT

Secondary Contact and Title
is/are authorized to execute all documentation for CITY OF SAGINAW pertaining to its participation in the
(Entity Name)

Texas Comptroller of Public Accounts Cooperative Purchasing Program; and

Whereas, CITY OF SAGINAW acknowledges its obligation to pay annual participation fees established by the
(Entity Name)
Texas Comptroller of Public Accounts.

Now, Therefore Be it Resolved, that request be made to the Texas Comptroller of Public Accounts to approve
CITY OF SAGINAW for participation in the Texas Comptroller of Public Accounts Cooperative Purchasing Program.
(Entity Name)

Adopted this _____ day of _____, _____ by CITY OF SAGINAW
(Entity Name)

By: _____
Signature of Chair Printed Name and Title of Chair

Signature of Primary Contact Printed Name and Title of Primary Contact

Signature of Secondary Contact Printed Name and Title of Secondary Contact

