

## **Texas SmartBuy Membership Program**

## Resolution

## State of Texas, County of

(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

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

of		, is a:
(Enter Name of Qualified Applicant/Entity)		
(Check One of the Following)		
O Appraisal District	O Charter/Academy School	
○ Community Supervision/Corrections Department	O Council of Governments/Planning Commissions	
○ County	O Education Service Center	
○ Fire Prevention District	○ Hospital District	
○ Judicial District	O Junior/Community College	
O Library District	O Mental Health/Mental Disability Organization	
O Municipality	○ School District	
○ State-funded Assistance Organization	O Texas Rising Star Care Provider	
○ Special District	O Utility District	
○ Emergency Service	O Drainage	
○ Housing	O Municipal	
<ul> <li>Political Subdivision</li> </ul>	○ Special	
<ul> <li>Port or Transportation Authority</li> </ul>		
O 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.

	and
Primary Contact and Title	
Secondary Contact and Title	
is/are authorized to execute all documentation for	pertaining to its participation in the
Texas Comptroller of Public Accounts Cooperative Purchasing Pro	gram; and
Whereas, acknowledge. (Entity Name)	s its obligation to pay annual participation fees established by the
Texas Comptroller of Public Accounts.	
Now, Therefore Be it Resolved, that request be made to the Texas (	Comptroller of Public Accounts to approve
for participation in the Texas	Comptroller of Public Accounts Cooperative Purchasing Program.
(Entity Name)	
Adopted this day of, by	
	(Entity Name)
Ву:	
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

