# 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)**

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

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
*(Entity Name)*
Texas Comptroller of Public Accounts Cooperative Purchasing Program; and

Whereas, _____ 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

_____ for participation in the Texas Comptroller of Public Accounts Cooperative Purchasing Program.
*(Entity Name)*

Adopted this _____ day of _____, _____ by _____
*(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