

**Region 5
Education Service
Center**

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***SOUTHEAST TEXAS
PURCHASING
COOPERATIVE***

**Southeast Texas
Purchasing Cooperative
Membership
Acknowledgement**

Name of ISD:

ISD Purchasing Contact:

Email:

Phone:

Superintendent Signature:

**Member of the SETX Purchasing
Cooperative through Regin 5 ESC**

This document shall serve as _____ letter of commitment to become a member of the Region 5 Southeast Texas Purchasing Cooperative. It is understood that your school district board of trustees has passed a resolution to join the Co-op and that Region 5 ESC will administer the program. Region 5 ESC will conduct the bid process including advertising, receiving documents, evaluating and awarding vendors. Vendors will be vetted and will be awarded only if SETX Purchasing Co-Op criteria are met including but not limited to state and federal procurement compliance. There will be no cost for the district to join the Southeast Texas Purchasing Co-op. The district will receive annual catalog bids for many different categories of products and services. Other items may be selected for the bid process at the discretion of the Co-op Steering committee. As a member of the Co-op, the superintendent of said ISD will designate one representative who will be the initial contact for all correspondence with SETX Co-Op. Upon Region 5 ESC's receipt of this acknowledgement your districts membership will be in effect until you notify us in writing that you would like to cancel your SETX Co-op membership. Please email all notifications and district contact changes to Taressa Pulido at tpulido@esc5.net.

