



11625 Custer Rd Ste 110 #244

Frisco, TX 75035-0410

Phone: (972) 333-6163

www.commandgobag.com

NEW VENDOR INFORMATION

To Whom It May Concern:

This letter and the accompanying information is intended to provide you with all of the required new vendor information for Command GoBag and it's related products. We are a sole source product vendor with products that are manufactured, sold, and distributed exclusively by Elkins Innovations Inc dba Command GoBag.

Command GoBag is a woman owned business with no known conflicts of interest with any governmental entity or person therein.

We offer only products for purchase. There are no onsite services required. Consequently, we have not provided information required for a service vendor (bonding, insurance, etc)

Enclosed are the following documents:

1. Vendor contact information
2. IRS Form W-9
3. Sole Source Letter
4. Conflict of Interest Statement
5. Product Brochure

If you require any further documentation or assistance:

Please contact me at (512) 468-1932 or by e-mail at orders@commandgobag.com

Sincerely,

A handwritten signature in blue ink that reads "L S Elkins". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Laura S Elkins



Vendor Contact Information

Name: Elkins Innovations Inc dba Command GoBag

Address: 11625 Custer Rd Ste 110 #244
Frisco, TX 75035-0410

Website: www.commandgobag.com

Representative: Laura Elkins
Title: CEO and Founder
Phone: (972) 333-6163
E-mail: orders@commandgobag.com

Entity Information: C-Corporation

Tax ID No: 99-2714021

Vendor Type: Sole Source Product Vendor

Purchasing Cooperatives: None

Classification: Woman owned business

Payment Options: Debit/Credit Card Payment via invoice or website

Mail check to:

Elkins Command GoBag
11625 Custer Rd
Ste 110, Box 244
Frisco TX 75035

Tax Exemption: Please e-mail tax exemption certificates to orders@commandgobag.com

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.			
	<input type="checkbox"/> Other (see instructions) _____			
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
6	City, state, and ZIP code			
7	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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date 07/14/2024
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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Frisco, TX 75035-0410

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www.commandgobag.com

Orders@commandgobag.com

SOLE SOURCE LETTER

To Whom It May Concern:

This letter is to confirm that the *Command GoBag and it's related products* are sole source products, manufactured, sold and distributed exclusively by Elkins Innovations Inc dba Command GoBag. No division of Command GoBag, nor any other company, makes a similar or competing product. This product must be purchased directly by institutions from *Command GoBag* at the address listed above. There are no agents or dealers authorized to represent this product.

Additionally, competition is precluded by the existence of an agreement with the manufacturer, who has given us an exclusive right to market these products. There are no other like items or products available for purchase that would serve the same purpose or function and there is only one price for the above named items and products because of exclusive distribution and marketing rights.

If you desire additional information please contact me at (512) 468-1932 at any time or visit our website at www.commandgobag.com. Thank you for your interest in our products.

Sincerely,

A handwritten signature in blue ink that reads "L S Elkins". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Laura S Elkins

CEO and Founder

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

Page 2

5 Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. 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 from the filer of the questionnaire?

Yes No

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

Yes No

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

Yes No

D. Describe each affiliation or business relationship.

6 Describe any other affiliation or business relationship that might cause a conflict of interest.

7

Signature of person doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government 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 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 doing business with local governmental entity.

Not Applicable - No Conflict of Interest

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 September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

4 Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

COOLZONE® FLAG KIT

Clearly identify areas where shade and hydration stations may be available during outdoor activities in direct sun. Providing a CoolZone® is critical for health and safety.

Perfect for outdoor events, concerts, game days and public gatherings.



\$600

Each set comes complete with four (4) 17' blue CoolZone® flags, suction cup bases, and a set of ground stakes.



RESPOND. IDENTIFY. **COMMAND.**

CONTACT US OR TO ORDER:



info@CommandGoBag.com



CommandGoBag.com



facebook.com/CommandGoBag



+1 512-468-1932



RESPOND. IDENTIFY. **COMMAND.**

Quickly establish a **HIGHLY-VISIBLE** Incident Command Post



RESPOND. IDENTIFY. **COMMAND.**

COMMAND GOBAG

Quickly establish a highly-visible Incident Command Post.

Assists all responders to quickly identify the Incident Command Post location.

Value-priced to encourage every law enforcement vehicle, school building and public venue to have at least one Incident Command Kit.

\$200

Each **COMMAND GoBag** comes with everything you see below, and includes an orange **STAGING** vest.



STAGING GOBAG

Maintain Evacuation Corridor immediately at a multi-jurisdictional incident.

Provide clarity and direction for all responding agencies through a **STAGING** post to manage vehicle and personnel resources.

\$400

Each **STAGING GoBag** contains everything in the **Command GoBag** yet orange, and also includes a **COMMAND** vest.



REUNIFICATION FLAG KIT

Efficiently and effectively direct parents, support personnel, and others to the **REUNIFICATION** location, away from the incident.

Designate and initiate orderly traffic control for the **REUNIFICATION** check-in process with five (5) 17 foot, highly-visible flags and included ground stakes.

\$600

Each set comes complete with five (5) 17' blue **REUNIFICATION** flags, suction cup bases, and ground stakes.

