

METROHEALTH SUPPLIER PORTAL

REGISTRATION REQUIREMENTS

Please read the instructions below carefully. Detailed instructions can be found on our home page located in the upper right corner of the screen: MetroHealth Supplier Portal Registration Instructions.

- ✓ The MetroHealth System Registration Terms and Conditions must be reviewed and agreed to before proceeding with registration.
- ✓ The MetroHealth System will not engage with debarred suppliers.
- ✓ You will be required to attach several documents and/or certifications. It is advised to have the following documentation available electronically to make the registration process smoother.
- ✓ W-9 Form with Federal Tax ID (International companies will need to provide their W-8)
- ✓ MetroHealth ACH Form
- ✓ Diversity Certification (If applicable)

REGISTRATION INSTRUCTIONS

The MetroHealth System is pleased to offer an online Supplier Portal to streamline doing business with us. As a public entity, the Department of Supply Chain Management welcomes all business partners, suppliers, and vendors to participate in the open bidding and RFP process through our online portal.

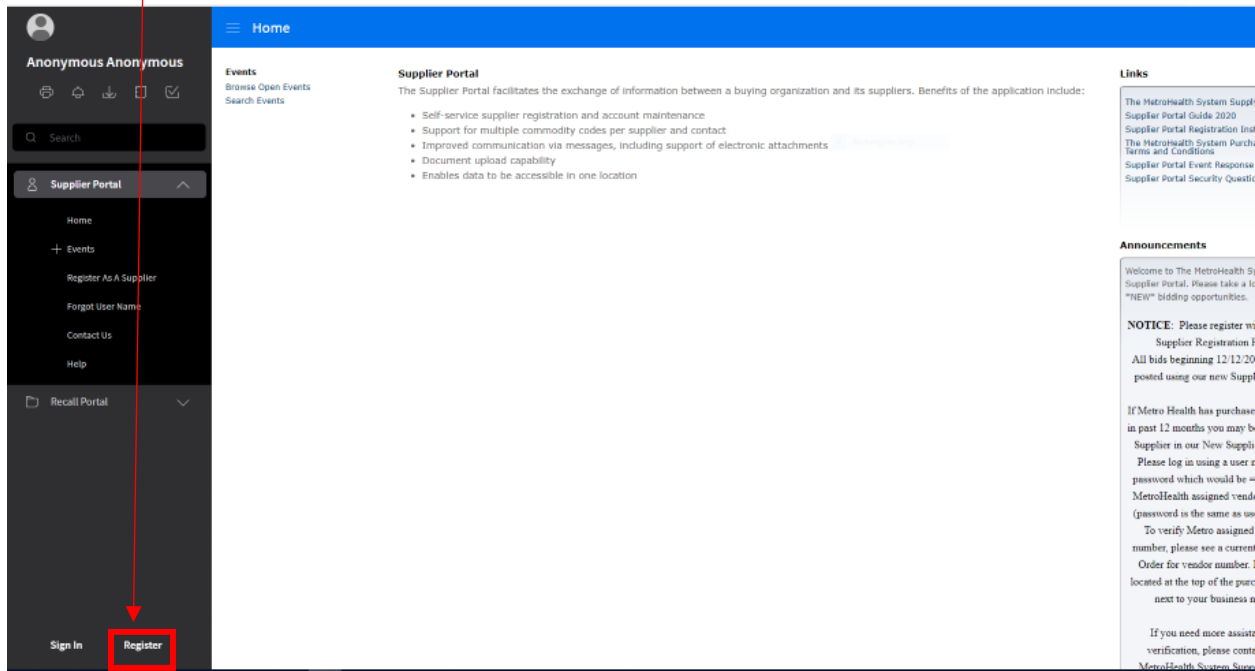
Before you get started, please have the following information readily available to proceed with registration:

- ✓ Your Federal Tax ID number, located on your company's W-9 Form.
- ✓ An electronic copy (PDF) of your company's W-9 Form, which will be uploaded during registration.
- ✓ Electronic copies (PDF) of diversity certificates, if applicable.
- ✓ Download and complete MetroHealth's (ACH) form and upload during registration.
- ✓ Answer and upload documentation to all required questions to complete registration.

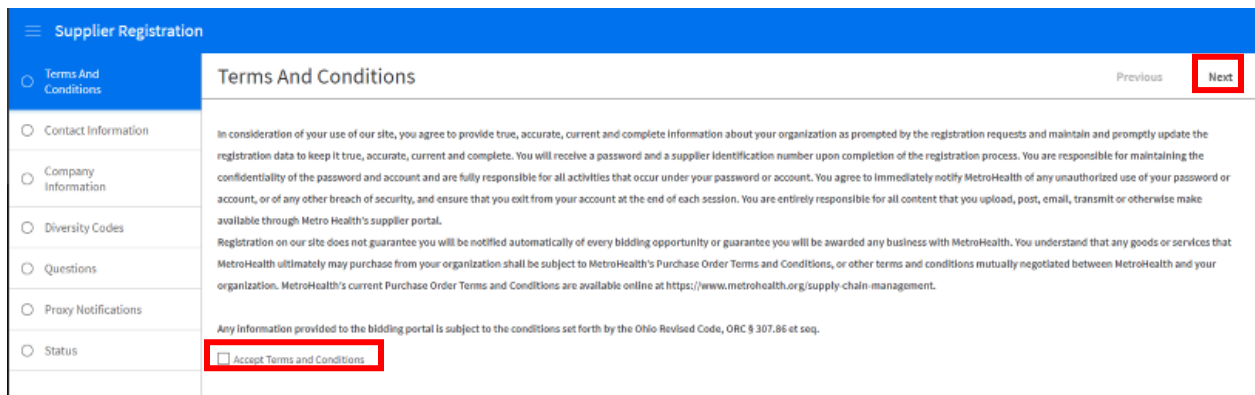
How to Register – Step by Step

Step 1: Go to www.metrohealth.org. Scroll down and under the heading "For Vendors", select Supply Chain. Once on the Supply Chain page, select "Visit Supplier Portal" or "Supplier Registration".

Step 2: Select "Register" located on the bottom left portion of the screen.



Step 3: Review registration terms and conditions and click "Accept Terms and Conditions". Click "Next" to continue.



Step 4: Create username and password. Please create username without spaces or special characters. Required fields as marked with an asterisk "*". Click "Next" to continue.

Supplier Registration

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Company Information

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* User Name
Supplier1

* Password

* Confirm Password

Enter Information About Yourself

Title

* First Name
Karen

* Last Name
White

* Phone Number
Q* 216-999-9999 Ext. _____ (International prefix, phone number, extension)

Mobile Phone
Q* _____ Ext. _____ (International prefix, phone number, extension)

Fax Number
Q* _____ Ext. _____ (International prefix, fax number, extension)

* Email Address
kwhite@gmail.com You will be set to receive email notifications; use update account information to change flag

Don't have an email address? Create one here: [Create Email Address](#)

* = Required

Step 5: Enter Company Information. Required fields are marked with an asterisk “*”. Click “Next” to continue.

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* Tax Id
12-3456789 Includes 11 Characters. Example: 12-3456789

Global Location Number Website

Address Information

Mailing address

* Country
United States of America

* Address Line 1
1234 Sunny Lane

Address Line 2

Address Line 3

Address Line 4

* City
Cleveland

* State Province
Ohio

* Postal Code
44109

County

Remit to name and address

Remit To First Name

Remit To Last Name

Check if Remit To Address is The Same As Mailing Address

Country

Address Line 1

Address Line 2

Address Line 3

Address Line 4

City

Step 6: Enter Diversity Codes as applicable. To select a code, please click on “Helper List” icon. Select the applicable code and click “Attach to Suppler”. Once complete, click “Close”. Click “Next” to continue.

Supplier Registration

- Terms And Conditions
- Contact Information
- Company Information
- Diversity Codes**

Diversity Codes

Selected Diversity Codes

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Diversity Code	Description

Select

Active Diversity Codes

Diversity Code: [A] Description: [A]

Clear Search

	Diversity Code	Description
<input type="checkbox"/>	LBE	Local Business Enterprise
<input type="checkbox"/>	LGBTB	Les, Gay, Bi and Trans Business
<input type="checkbox"/>	MBE	Minority Owned Business Enterp
<input type="checkbox"/>	PEND	PENDING NOTIFICATION
<input type="checkbox"/>	RBE	Regional Business Enterprise
<input checked="" type="checkbox"/>	SBE	Small Business Enterprise
<input type="checkbox"/>	SDVBE	Serv Disab Verteran Bus Enterp
<input type="checkbox"/>	VBE	Veteran Business Enterprise
<input type="checkbox"/>	WBE	WOMAN'S BUSINESS ENTERPRISE

20 Records per page

Close **Attach To Supplier**

Step 7: Answer questions indicated within the "Questions" tab. Required fields marked with an asterisk "*" are required. Click "Next" to continue.

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- Questions**
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Questions

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1. Describe the product(s) or service(s) that your company provides?

Answer

Landscaping services for various commercial/business organizations.

Attach document

2. Do you have any known Conflict of Interest in doing business with The MetroHealth System?

A conflict of interest would be indicative of the Supplier or any Subcontractor and their personnel having a real or perceived conflict of interest (e.g., employed by MHS) and, if so, the nature of the conflict should be specified. Also, prior to implementing any program or service for which your company receives external funding, which may present a real or perceived conflict of interest, your company shall disclose the details of such program and such external funding to MHS.

Response is required

*Answer

No

3. Please provide a copy of your companies W9 using the attached form and provide the date the document was signed.

For reference, copy and paste this URL into your web browser to access:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Both response and attachment are required

*Answer

*Attach document


Step 8: A proxy can be added to your supplier profile. A proxy is an individual named to access the portal on your behalf. The proxy will receive email alerts for bidding events but would not have a log in and cannot formally respond to a bidding event. If this is not needed, click "Next" to continue. The contact designated for your company will receive all notifications and will be able to formally respond to bidding events.

Supplier Registration

Proxy Notifications

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Proxy Notifications

	First Name	Last Name	Email Address	Receive Notifications?
 No Data Available				

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Step 9: Once registered, you will get an email indicating that your registration is **Complete**. A Supplier Number will be assigned.

Supplier Registration

Status

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Registration status: Complete

Congratulations! Your account has been set up. You can now respond to bid events through this account.

Supplier Number is

4325

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