

MetroHealth Supplier Portal

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.

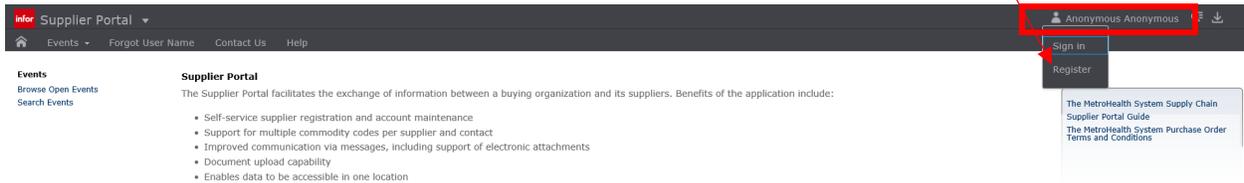
Before you get started, please have the following information readily available to proceed with registration:

- ✓ 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.

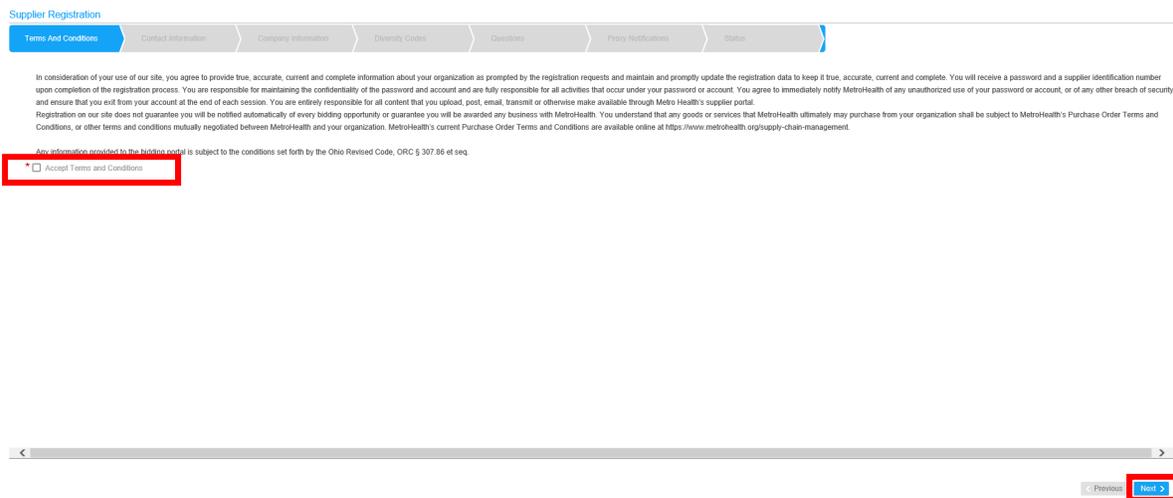
How to Register – Step by Step

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”.

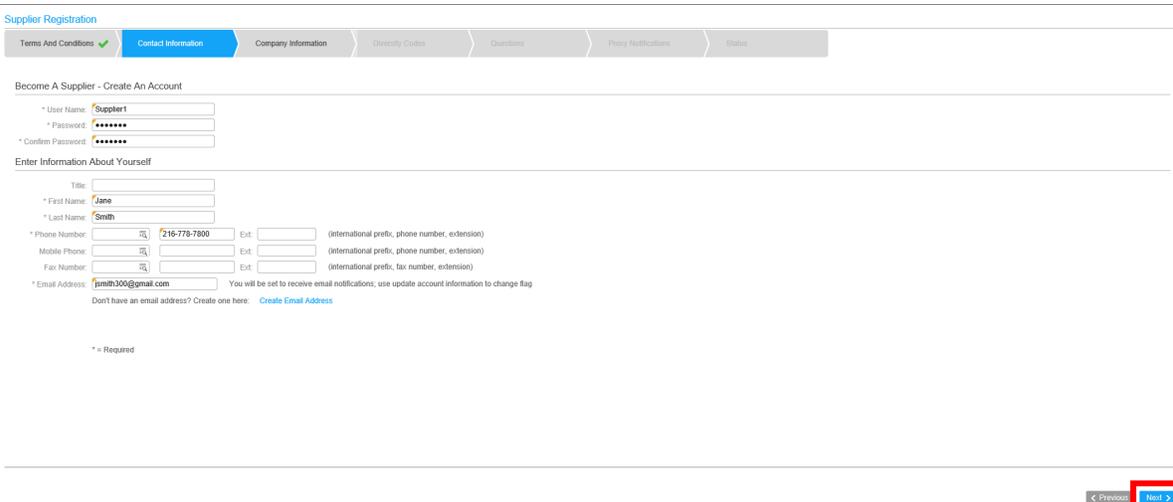
Step 2: Select “User Icon” located on the top right portion of the screen. Select “Register”.



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



Step 4: Create user name and password. Required fields as marked with an asterisk “*”. Click “Next” to continue.



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

Supplier Registration

Terms And Conditions ✓ Contact Information ✓ Company Information Diversity Codes Questions Proxy Notifications Status

Company Information

* Company Name: B & J Landscaping Doing Business As: _____

Dun & Bradstreet: _____ Business Type: Corporation

* Tax Id Type: Federal Tax Id

* Tax Id: 99-9999999 Include *Characters: Example: 12-3456789

Global Location Number: _____ Website: _____

Address Information

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: _____

State Province: _____

Zip Code: _____

Country: _____

Mailing address

* Country: United States of America

* Address Line 1: 123 Newberry Lane

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

* City: Cleveland

* State Province: Ohio

* Postal Code: 44109

Country: _____

< Previous Next >

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 Supplier”. Once complete, click “Close”. Click “Next” to continue.

Supplier Portal

Supplier Registration

Terms And Conditions ✓ Contact Information ✓ Company Information ✓ Diversity Codes Questions Proxy Notifications Status

Active Diversity Codes

Active Diversity Codes

Diversity Code: _____ Description: _____

Search Clear

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 type="checkbox"/>	SBE Small Business Enterprise
<input type="checkbox"/>	SDVBE Serv Disab Veteran Bus Enterp
<input type="checkbox"/>	VNF Veteran-Owned Business Enterprise

Attach To Supplier Close

Records Per Page: 10 No Records Found

< Previous Next >

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

Supplier Portal

Supplier Registration

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

Answer: Landscaping and design services

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 be 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 Have you read and do you agree to abide by the Vendor Policy and Handbook?

Response is required

*Answer: Yes

4 Please provide a copy of your company's 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/w9.pdf>

Both response and attachment are required

*Answer: 6/5/2019

< Previous Next >

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

First Name: i.e.

Last Name: i.e.

Email Address: i.e.

Receive Notifications?

Records Per Page: 10 No Records Found

< Previous Next >

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

Messages Events Contracts Performance My Account Contact Us Help

Supplier Registration

Terms And Conditions ✓ Contact Information ✓ Company Information ✓ Diversity Codes ✓ Questions ✓ Proxy Notifications ✓ Status

Status

Registration status: Complete

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

Supplier Number is: 3603

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