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 stated, 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.

Step 1: Go to <u>www.metrohealth.org</u>. 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.

| \equiv Supplier Registration | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Conditions | Terms And Conditions Previous Next | | | | | | | |
| O Contact Information | In consideration of your use of our site, you agree to provide true, accurate, current and complete information about your organization as prompted by the registration requests and maintain and promptly update the | | | | | | | |
| Company Information | registration data to keep it true, accurate, current and complete. You will receive a password and a supplier identification number upon completion of the registration process. You are responsible for maintaining the confidentiality of the password and account and are fully responsible for all activities that occur under your password or account. You agree to immediately notify MetroHealth of any unauthorized use of your password or account, or of any other breach of security, and ensure that you exit from your account at the end of each session. You are entirely responsible for all content that you upload, post, email, transmit or otherwise make | | | | | | | |
| O Diversity Codes | available through Metro Health's supplier portal. Registration on our site does not guarantee you will be notified automatically of every bidding opportunity or guarantee you will be awarded any business with MetroHealth. You understand that any goods or services that | | | | | | | |
| O Questions | MetroHealth ultimately may purchase from your organization shall be subject to MetroHealth's Purchase Order Terms and Conditions, or other terms and conditions mutually negotiated between HetroHealth and your organization. MetroHealth's current Purchase Order Terms and Conditions, or other terms and conditions mutually negotiated between HetroHealth and your organization. MetroHealth's current Purchase Order Terms and Conditions are available online at https://www.metrohealth.org/upply-chain-management. | | | | | | | |
| Proxy Notifications | Any information provided to the bidding portal is subject to the conditions set forth by the Ohio Revised Code, ORC § 307.85 et sea. | | | | | | | |
| ⊖ Status | Accept Terms and Conditions | | | | | | | |
| | | | | | | | | |

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.

| Conditions | Contact Infor | rmation | | | Previous |
|---------------------|--------------------|----------------|-------------------------|--|----------|
| Contact Information | * User Name | | | | |
| Contact information | Supplier1 | | | | |
| Company | * Password | | | | |
| Information | | | | | |
| Diversity Codes | * Confirm Password | | | | |
| Diversity Codes | | | | | |
| Questions | | | | | |
| Proxy Notifications | Enter Informatio | n About Yourse | lf | | |
| O Status | inde | | 1 | | |
| | * First Name | | | | |
| | Karen | | 1 | | |
| | * Last Name | | | | |
| | White | | 7 | | |
| | * Phone Number | | Ext | | |
| | Qu | 216-090-00000 | | (international prefix, phone number, extension) | |
| | Mobile Phone | | Ext | | |
| | Q* | | | (International prefix, phone number, extension) | |
| | Fax Number | | Ext | | |
| | Qu | | | (international prefix, fax number, extension) | |
| | * Email Address | | | | |
| | kwhite@gmail.com | | You will be set to rece | ive email notifications; use update account information to change flag | |

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

| 😑 Supplier Registrat | tion | | | |
|---------------------------|--------------------------------|--|----------|------|
| O Terms And Conditions | Company Information | | Previous | Next |
| O Contact Information | * Tax Id 12-3456789 Includ | | | |
| Company Information | Global Location Number Website | | | |
| O Diversity Codes | Address Information | | | |
| Questions | Address mormation | | | |
| O Proxy Notifications | Mailing address * Country | Remit to name and address Remit To First Name | | |
| ⊖ Status | United States of America 👻 | | | |
| | * Address Line 1 | Remit To Last Name | | |
| | 1234 Sunny Lane | | | |
| | Address Line 2 | Check If Remit To Address is The Same As Mailing Address | | |
| | Address Line 3 | Country | | |
| | Address Line 4 | Address Line 1 | | |
| | * City Cleveland | Address Line 2 | | |
| | * State Province | Address Line 3 | | |
| | Ohio 🔻 | | | |
| | * Postal Code 44109 | Address Line 4 | | |
| | County | City | | |

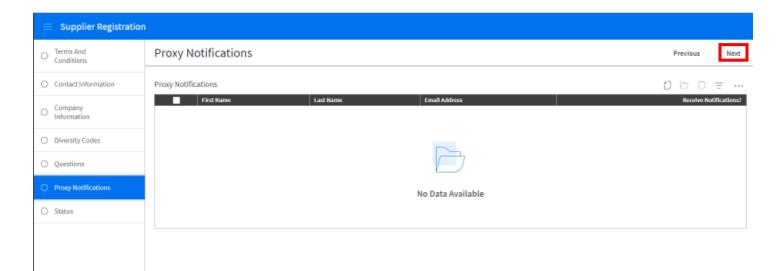
Step 6: Enter Diversity Codes as applicable. To select a code, please click on "Helper List" icon. Select the applicable code and click "Attach to Suppler". Once complete, click "Close". Click "Next" to continue.

| Terms And Conditions | Diversity Codes | | | | | Previous Next |
|--|--------------------------|---------------------|------------------|--------------------------------|-------------|---------------|
| O Contact Information | Selected Diversity Codes | | | | | □ = = |
| Company Information | - | D | iversity Code | | Description | |
| O Diversity Codes | | | | | | |
| | | Active Diversity Co | | ecription ∛ ▼ | - | |
| | | | Diversity Code 🚖 | Clear Search | | |
| | | | LBE | Local Business Enterprise | taik | |
| | | | LGBTB | Les,Gay, Bi and Trans Business | | |
| | | | MBE | Minority Owned Business Enterp | | |
| | | | PEND | PENDING NOTIFICATION | | |
| | | | RBE | Regional Business Enterprise | | |
| | | | SBE | Small Business Enterprise | | |
| | | | SOVBE | Serv Disab Verteran Bus Enterp | | |
| | | | VBE | Veteran Business Enterprise | | |
| | | | 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.

| 😑 Supplier Registra | ation |
|---------------------------|---|
| O Terms And Conditions | Questions Previous Next |
| O Contact Information | 1 Describe the product(s) or service(s) that your company provides? |
| O Company Information | Answer |
| O Diversity Codes | Landscaping services for various commercial/business organizations. |
| O Questions | |
| Proxy Notifications | Attach document |
| O Status | 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 preceived 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 comany receives external funding, which may present a real or perceived conflict of interest, you rcompany shall disclose the details of such program and such external funding to MHS. Reportse is required *Answer *in |
| | 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.ins.gov/pub/ins-pdf/tw9.pdf Both response and attachment are required Answer Answer 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.



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

| 😑 Supplier Registratio | on Service Service | |
|---------------------------|--|------|
| O Terms And Conditions | Status Previous | Next |
| O Contact Information | Registration status: Complete | |
| Company Information | Congratulations! Your account has been set up. You can new respond to bid events through this account. Supplier Number is | |
| O Diversity Codes | 4325 | |
| O Questions | | |
| Proxy Notifications | | |
| 🔿 Status | | |