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		

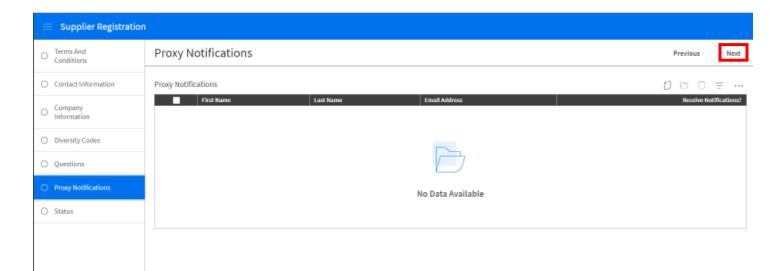
Step 6: Enter Diversity Codes as applicable. To select a code, please click on "Helper List" icon. Select the applicable code and click "Attach to Suppler". Once complete, click "Close". Click "Next" to continue.

 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		