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
- ✓ Supplier Development 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 supplier development certificate, 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.

8	≡ Home		
Anonymous Anonymous	Events	Supplier Portal	Links
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음 Supplier Portal <		Document upload capability Enables data to be accessible in one location	Supplier Portal Event Response Supplier Portal Security Questic
Home			
+ Events			Announcements
Register As A Supplier			Welcome to The MetroHealth Sy Supplier Portal. Please take a lo "NEW" bidding opportunities.
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Contact Us			Supplier Registration F
linter (All bids beginning 12/12/20
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			If Metro Health has purchase
			in past 12 months you may b
			Supplier in our New Suppli
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			password which would be =
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			Order for vendor number.
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			next to your business n
Sign In Persister			If you need more assistz
Sign in Register			verification, please conta

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

€	Supplier Registration	
0	Terms And Conditions	Terms And Conditions Previous Next
0	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 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
0	Company Information	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 assistion. You are entirely responsible for all content that you upload, post, email, transmit or otherwise make available through Metro Health's supplier portal. You agree that representatives for which your organization provides contact information as part of this registration or in the future may receive communications from MetroHealth about MetroHealth purchase opportunities and its related programs.
0	Supplier Development Codes	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 MetroHealth ultimately may purchase from your organization shall be subject to MetroHealth's Turchase Order Terms and Conditions, or other terms and conditions mutually negotisted between MetroHealth and your organization. MetroHealth's current Purchase Order Terms and Conditions are available online at https://www.metroHealth.ava/guods/av
0	Questions	Any information provided to the bidding portal is subject to the conditions set forth by the Ohio Revised Code, ORC \$ 307.86 et seq. Accept Terms and Conditions
0	Proxy Notifications	
0	Status	

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	n				
O Terms And Conditions	Contact Information				
O Contact Information	Password must be a minimum of 10 characters				
O Company	* User Name Supplier1				
Eupalias	* Password				
O Development Codes	* Confirm Password				
O Questions	-				
O Proxy Notifications	Enter Information About Yours	self			
🔘 Status					
	Karen				
	* Last Name White				
	* Phone Number	Ext			
	Mobile Phone	Ext	иленияницителя, римпе нилосо, слетивная		
	Q#		(International prefix, phone number, extension)		
	Fax Number	Est	(International prefix, fax number, extension)		
	* Email Address				
	kwhite123@gmail.com	You will be set to receive en	entail 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 Registrati	on			
O Terms And Conditions	Company Information			
O Contact Information	Federal Tax Id *			
Company Information	12-4567890 Include ¹⁻ (Tharacters: Example: 12-3456789			
O Supplier Development Codes	Global Location Number Website	Global Location Number Website		
O Questions	Address Information			
O Proxy Notifications	Wailing address	Remit to name and address		
 Status 	* Country United States of America	HETTICE LO FISS NAME		
	* Address Line 1 1234 Sunny Lane	Remit To Last Name		
	Address Line 2	Check If Remit To Address Is The Same As Mailing Address		
	Address Line 3	Country		
	Address Line 4	Address Line I		
	* City Cleveland	Address Line 2		
	* State Province Ohio *	Address Line 3		
2	* Postal Code	Address Line 4		

Step 6: Enter Supplier Development 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 Registra	ation				
Conditions	Supplier Develop	Supplier Development Codes			Previous N
Contact Information	Selected Supplier Develop	ment			t =
Company Information	•	Supplier Development Cod	e	Description	
Supplier Development Codes					
		Select			
		Active Supplier	Development Codes	B	
		Supplier Develops	ment Code Description		
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		Clos	ie Atta	ch To Supplier	

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

Supplier Registrati	on
O Terms And Conditions	Questions Previous Next
O Contact Information	1. Describe the product(s) or service(s) that your company provides?
	Answer I and/or solid common for common of the solid content of the soli
 Company Information 	LambsLaping Services for commercial documestes.
O Supplier Development Codes	Attach document
O Questions	D
Proxy Notifications	2. Do you have any known Conflict of Interest in doing business with The NetroHealth System? A conflict of Interest would be indicative of the Supplier or any Subcontrator and their percented having a real or preceived conflict of Interest (e.g., employed by HHS) and, if so, the nature of the conflict should be specified. Also, prior to implementing any program or service for which your comany receives senternal 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 HHS.
⊖ Status	Response is required
	*Answer No •
	3 MetroHealth requires the most current W-8 form for Supplier registrations and updates to Supplier profiles. This is a requirement to reduce setup time in our system. Please provide a copy of your companies WB 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 the current W9 form:
	https://www.irs.gov/pub/irs-pdf/hvk.pdf Both visponse and attachment are inquived
	*Answer
	19/2025 🗁
	D
	4 Please provide a copy of your diversity certification and provide your certification expiration.

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 Registrat	ion					
C Terms And Conditions	Proxy Notifications			Previous Next		
O Contact Information	Proxy Notifications			100 =		
O Company Information	First Name	Last Name	Email Address	Receive Notifications?		
O Supplier Development Codes						
O Questions						
O Proxy Notifications		No	Data Available			
🔿 Status						

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

Supplier Registration	n de la construcción de la constru		
Conditions	Status	Previous	Next
O Contact Information	Registration status: Complete		
Company Information	Congratulations! Your account has been set up. You can now respond to bid events through this account.		
O Supplier Development Codes	8631		
O Questions			
O Proxy Notifications			
 Status 			