



THE WESLEY COMMUNITY

New Vendor

Update Vendor Info

WESLEY USE ONLY Wesley Vendor #: _____

This form must be submitted with a **completed IRS W-9** form from the vendor/individual. If a completed W-9 is not received, you and/or your company will not be added to the Wesley database. Send completed forms by E-mail, mail, or fax to:

The Wesley Community Attention: Purchaser 131 Lawrence Street, Saratoga Springs New York, 12866	Phone Number: (518) 691-1411 Fax Number: (518) 581-8266 Email: purchaser@TheWesleyCommunity.org
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Payment Terms are Net 30, unless otherwise stated and agreed to by The Wesley Community

Signature: _____	Date: _____
Printed Name: _____	Title: _____
* I Certify that I have carefully examined this form and I determined that to the best of my knowledge and belief, the information provided is complete and accurate.	

Legal Name of Company or Business: _____
 (Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business, the name of the owner of the business is required.)

DBA: _____

Purchase Orders Mailing Address: Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip _____ E-Mail Address: _____ Phone: _____ Fax: _____ Contact Name: _____	Payment/Remit Address: Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip _____ E-Mail Address: _____ Phone: _____ Fax: _____ Contact Name: _____
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Name of person or department from Wesley with whom you anticipate doing business once approved	
Contact Name: _____	Phone: _____
Department : _____	Fax: _____

Commodities/Services Offered:

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All invoices must be sent to: The Wesley Community
 Attention Accounts Payable, 131 Lawrence Street, Saratoga Springs,
 New York 12866

Vendor

Enter your social security number (SSN) or employer identification number (EIN).

Social Security Number
_____ - _____ - _____

Employer Identification Number
_____ - _____

- Vendor Type:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation/Inc | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Small Business (US SBA) | <input checked="" type="checkbox"/> Sole Proprietor |
| | | <input type="checkbox"/> Non-Profit(Attach Letter) |

Vendor Ownership Type (optional): **Please check all that apply**

Minority, Female, Person with Disability Owned Business (This business must be at least 51% owned and controlled by one or more individuals who are minority, female, or a person with disabilities).

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Majority | <input type="checkbox"/> Minority (African American) | <input type="checkbox"/> Minority (Hispanic) | <input type="checkbox"/> Minority (Alaskan / Native Am) | <input type="checkbox"/> Women Owned |
| <input type="checkbox"/> Minority (Asian Indian) | <input type="checkbox"/> Minority (Asian Pacific) | <input type="checkbox"/> Disabled/Handicapped | <input type="checkbox"/> Veteran Service Disabled | <input type="checkbox"/> Women Owned – Small Business |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> HUB Zone Small Business | <input type="checkbox"/> Veteran | <input type="checkbox"/> Veteran Small Business | |

Conflict of Interest:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you or any Officer, Owner or Partner in this company an employee of The Wesley Community?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any family members employees of The Wesley Community? If yes, please state who: _____

Note to Vendors:

The performance of vendors on the approved vendor list is routinely monitored. If a vendor is found to be in violation of The Wesley Community (TWC) policy in regards to its business relationship with TWC, or, is unable to maintain the required level of service, the vendor will be removed from the approved list. Reinstatement is subject to successful application and re-evaluation.

You must provide a valid Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in order for the TWC to process your payment(s). The Wesley Community is required by Federal law where applicable to report such payments along with the SSN/FEIN to Federal and State agencies where required by law. Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to a 30% federal income tax withholding.

Link to IRS W-9 documents

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

WESLEY USE ONLY	
Entered by:	Date:

Vendor



THE WESLEY COMMUNITY

Dear Wesley Vendor,

United Methodist Health and Housing, Inc., (UMHH) a New York not-for-profit corporation, is the parent entity for Wesley Health Center, Inc. ("Wesley"), a licensed not-for-profit skilled nursing facility, adult day care, outpatient therapies, subsidized senior housing, and assisted living.

As part of its commitment to providing quality health care services in accordance with ethical standards and in compliance with applicable laws, United Methodist Health and Housing, Inc. has adopted a Corporate Compliance Program ("Compliance Policy"). UMHH strives to conduct its business operations in accordance with the policies and standards of its Compliance Policy and expects that its business partners and their employees will comply with such policies and standards in conducting business with United Methodist Health and Housing, Inc.

Federal legislation requires UMHH to establish policies for its employees, and those of its contractors, vendors and business associates which or who, on behalf of a UMHH entity, furnish or otherwise authorize the furnishing of health care items or services, perform billing or coding functions, or are involved in monitoring of health care provided by a UMHH entity, which provide detailed information about:

- (A) The Federal False Claims Act;
- (B) Federal administrative remedies for false claims and statements;
- (C) State laws pertaining to civil and criminal penalties for false claims and statements;
- (D) Federal and state whistleblower protections under such laws; and
- (E) UMHH's policies and procedures for detecting and preventing fraud, waste and abuse.

UMHH has incorporated such information in its Compliance Policy. To provide its contractors, vendors and business associates with ready access to this information, UMHH has placed its Compliance Policy on its website. The Compliance Policy can be found at www.TheWesleyCommunity.org (Corporate Compliance Link) located at the bottom of the home screen.

We request that you familiarize yourself with our Compliance Policy and the information contained therein regarding state and federal false claims laws and whistleblower protections. In addition, to assist UMHH in meeting these federal requirements, you are requested to notify your employees that information pertaining to state and federal false claims laws and whistleblower protections can be accessed through UMHH's Compliance Policy located at www.TheWesleyCommunity.org. Lastly, please read and sign the enclosed document.

If you have any questions concerning the United Methodist's Compliance Policy or the federal requirements, please contact me at compliance@theWesleycommunity.org. Thank you for your attention and cooperation in this matter.

Sincerely,

Rebecca Bowman

Compliance Officer

COMPLIANCE



THE WESLEY COMMUNITY

Pursuant to The Wesley Community Compliance Program:

Before entering into any vendor or professional service contract, each vendor and professional provider is required to sign a certification to the effect that the vendor or professional provider has not been convicted of a criminal offense relating to health care or been debarred, excluded or otherwise found ineligible to participate in a federal health care program.

This certification will also be required to be updated on an annual basis. In addition, The Wesley Community will access any applicable state or federal data base to determine whether a prospective or current vendor or professional provider has been excluded or otherwise found ineligible to participate in federal health care programs, including the database operated by the General Services Administration containing a monthly listing of debarred contractors.

Please complete the form below and return to:

The Wesley Community
131 Lawrence Street
Saratoga Springs, NY 12866
Attn: Purchaser

A completed and signed form may also be emailed to: Purchaser@TheWesleyCommunity.org or faxed to: 518-581-8266.

Thank you in advance for your cooperation with program requirement.

I certify that I/Company have not been convicted of a criminal offense relating to health care or been debarred, excluded or otherwise found ineligible to participate in a federal health care program. I further certify that if I/Company become convicted of a criminal offense relating to health care or become debarred, excluded or otherwise found ineligible to participate in a federal health care program that I/Company will immediately notify the Corporate Compliance Officer of The Wesley Community.

Name:

Signature:

Date:

Title:

Company:

Vendor ID # (internal use only) _____

COMPLIANCE



THE WESLEY COMMUNITY

Dear Vendor:

The Wesley Community requires that any vendor, prior to performing services at any of our locations, provide a Certificate of Insurance as evidence of the following coverage and minimum limits:

****Note:** You may be notified by The Wesley Community to complete a Business Associate Contract

Cyber Liability (Only if accessibility to PHI)

PHI Coverage \$1,000,000

Comprehensive/Commercial Umbrella

General Aggregate \$2,000,000

Products-Completed Operations \$1,000,000

Personal & Advertising Injury \$1,000,000

Each Occurrence \$2,000,000

Excess Liability \$1,000,000

Fire Damage (any one fire) \$50,000

Medical Expenses \$5,000

Automobile Liability: Combined single limit of \$1,000,000

Uninsured motorist \$1,000,000

Workers Compensation and Employer's Liability:

\$1,000,000 each accident

\$1,000,000 disease - policy limit

\$1,000,000 disease - each employee

In the event you service more than one entity at The Wesley Community, you must list all locations on an attached endorsement sheet provided by your insurance carrier with your certificate. Included is the locations you may service.

The location must be identified as shown, and all parties **MUST BE NAMED** as Additional Insured with respect to General Liability on the Certificate (please note that each location must be insured for the amounts shown above).

An original or copy of the certificate must be submitted with the current date. Any certificates that do not meet the mentioned criteria will not be accepted. The Wesley Community must be afforded 30-day prior notice in the event of any material change, cancellation or non-renewal (10 days in the event of nonpayment of premium).

If there are any questions, please contact our Accounts Payable @ 518-691-1542

We are also including an example Certificate of Liability that must be completed by your Agent and e-mailed to Purchaser@TheWesleyCommunity.org.

INSURANCE

Certificate Holders:

Embury Associates, LP
133 Lawrence St, Saratoga Springs, NY 12866

Embury Apartments, Inc.
133 Lawrence St, Saratoga Springs 12866

Evergreen Adult Daycare, Inc.
357 Milton Ave, Ballston Spa, NY 12020

Troy Conference Geriatric Foundation d/b/a The Wesley Foundation
131 Lawrence St, Saratoga Springs, NY 12866

United Methodist Health & Housing, Inc.
131 Lawrence St, Saratoga Springs, NY 12866

Wesley Health Care Center Inc.
131 Lawrence St, Saratoga Springs, NY 12866

Woodlawn Apartments, Inc.
156 Lawrence St, Saratoga Springs, NY 12866

Location Name & Address

List Legal Ownership Name Here