

**Group 20915 Award 23295 - Furniture, All Types (except Hospital Room and Patient Handling)(Statewide)
ATTACHMENT 12 – CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION
(for ordering and contract administration purposes)**

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| Contractor/Company Information | |
| Company Business Name: | Community Products, LLC |
| D/B/A – Doing Business As (if applicable): | Community Playthings |
| Address: | PO Box 2, Ulster Park, NY 12487 |
| Company Website: | www.communityplaythings.com |
| Federal Tax ID #: | 14-1803009 |
| NYS Vendor ID #: | 1000014386 |
| Contact for Contract Administration Issues | |
| Contract Administrator Name: | Eric Nelson |
| Title: | Sales Manager |
| Address (if different from above): | |
| Email: | sales@communityplaythings.com |
| Phone: | 800-777-4244 |
| Toll Free Phone: | |
| Contact for Contract Sales/Billing (if different from above) | |
| Contact Name: | Margrit Mow |
| Title: | Customer Service |
| Address: | PO Box 2, Ulster Park, NY 12487 |
| Email: | sales@communityplaythings.com |
| Phone: | 800-777-4244 |
| Toll Free Phone: | |
| Business hours (Specify M-F, Sat, Sun): | 9am - 5pm, M-F |
| Contact for Emergencies | |
| Contact Name: | Margrit Mow |
| Title: | Customer Service |
| Address: | PO Box 2, Ulster Park, NY 12487 |
| Email: | sales@communityplaythings.com |
| Phone: | 800-777-4244 |
| Cell Phone: | 845-417-5946 |
| Invoicing (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above) | |
| Invoicing Entity Company Name: | |
| Federal Tax ID #: | |
| NYS Vendor ID #: | |
| Is payment made to the above Entity/Federal ID#? <i>Note: If yes, the invoicing entity NYS Vendor ID MUST be referenced on Purchase Orders</i> | |

Enter the information requested below for each Reseller/Distributor that will provide Product to Authorized Users. In Columns B through E, indicate if the location is a NYS certified Minority- or Women-Owned Business Enterprise, Service-Disabled Veteran Owned Business Division, or a Small Business* (self-identified). In Columns H through J, indicate if the Reseller/Distributor is authorized to take orders, deliver Product, and/or receive payment. If a Reseller/Distributor is allowed to accept payment, they MUST have a NYS Vendor ID.
*A "Small Business" means a business which: (a) is resident in New York State; (b) is independently owned and operated; (c) is not dominant in its field; and, (d) employs one hundred or fewer persons

| Company Business Name | WBE | MBE | SDVOB | SB | FEIN | NYS Vendor ID | Take Orders | Deliver Product | Receive Payment | Over-the-Counter Hours | Street Address | City | Zip Code | County | Contact Name | Telephone Number | Fax Number | Email Address | Restrictions Applicable to this Contractor Location |
|---------------------------|-----|-----|-------|----|------------|---------------|-------------|-----------------|-----------------|------------------------|-----------------------------|----------------|----------|--------|--------------|------------------|------------|--|---|
| Design Space Studios, LLC | X | | | X | 83-1065378 | 1100226956 | X | X | X | M-F, 8:00- 5:00 | 7 Gilhall Circle | Fairport | 14450 | Monroe | Anne Bezon | 585-673-8027 | | accounting@designspacesstudios.com | |
| Intivity, Inc. | X | X | | X | 16-1478699 | 1000008256 | X | X | X | M-F, 8am-5pm | 106 Despatch Drive, Suite 2 | East Rochester | 14445 | Monroe | Nate Morales | (585)673-2719 | | nmorales@intivity.com | |