

**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)**

<b>Contractor/Company Information</b>	
Company Business Name:	Leeder Furniture LLC
D/B/A – Doing Business As (if applicable):	
Address:	PO Box 2274, Manitowoc, WI 54221-2274
Company Website:	<a href="http://www.LeederFurniture.com">www.LeederFurniture.com</a>
Federal Tax ID #:	87-2425774
NYS Vendor ID #:	1100267003
<b>Contact for Contract Administration issues</b>	
Contract Administrator Name:	Mandi Hurkmans
Title:	Operations Manager
Address (if different from above):	
Email:	<a href="mailto:mandi@leederfurniture.com">mandi@leederfurniture.com</a>
Phone:	847-201-2000 ext. 34
Toll Free Phone:	
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	Thomas Dewane
Title:	President
Address:	PO Box 2274, Manitowoc, WI 54221-2274
Email:	<a href="mailto:tdewane@leederfurniture.com">tdewane@leederfurniture.com</a>
Phone:	847-201-2000 ext. 33
Toll Free Phone:	
Business hours (Specify M-F, Sat, Sun):	M-F 8am - 5pm CEN
<b>Contact for Emergencies</b>	
Contact Name:	Thomas Dewane
Title:	President
Address:	PO Box 2274, Manitowoc, WI 54221-2274
Email:	<a href="mailto:tdewane@leederfurniture.com">tdewane@leederfurniture.com</a>
Phone:	847-201-2000 ext. 33
Cell Phone:	
<b>Invoicing (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above)</b>	
Invoicing Entity Company Name:	Leeder Furniture LLC
Federal Tax ID #:	87-2425774
NYS Vendor ID #:	1100267003
Is payment made to the above Entity/Federal ID#?	Yes
<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
SDVOSB MaterialsTechnology & Supply			x		82-2895228	1100196751		x		M-F 9:00-5:00	132-20 Jamaica Avenue, Suite B	Queens	11418	Queens	Jonathan Kendall	917-216-9400		<a href="mailto:Harrison.kendall@sdvosbmaterials.com">Harrison.kendall@sdvosbmaterials.com</a>	Moving, Storage, and installation of furniture
Concepts Office Furnishings, Inc.	x				13-2747664	1100012037		x		M-F 9:00-5:00	280 Northland Ave., Bldg J	Saddle Brook	07662	Bergen County	Zaida Soto	201-727-9110		<a href="mailto:adesoto@conceptsoffice.com">adesoto@conceptsoffice.com</a>	Installation of furniture