

**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:	School Outfitters, LLC
D/B/A – Doing Business As (if applicable):	
Address:	3736 Regent Ave Cincinnati Ohio 45212
Company Website:	<a href="http://www.schooloutfitters.com">www.schooloutfitters.com</a>
Federal Tax ID #:	61-1341943
NYS Vendor ID #:	1000018398
<b>Contact for Contract Administration Issues</b>	
Contract Administrator Name:	Contracts Department
Title:	National Contract Specialist
Address (if different from above):	
Email:	<a href="mailto:contracts@schooloutfitters.com">contracts@schooloutfitters.com</a>
Phone:	800-260-2776
Toll Free Phone:	800-260-2776
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	Jamie Buchanan
Title:	Business Development Manager
Address:	3736 Regent Ave Cincinnati Ohio 45212
Email:	<a href="mailto:sales@schooloutfitters.com">sales@schooloutfitters.com</a>
Phone:	800-260-2776
Toll Free Phone:	800-260-2776
Business hours (Specify M-F, Sat, Sun):	M-F 8-7pm EST
<b>Contact for Emergencies</b>	
Contact Name:	Angela Hall
Title:	VP of Sales
Address:	3736 Regent Ave Cincinnati Ohio 45212
Email:	<a href="mailto:angela.webb@schooloutfitters.com">angela.webb@schooloutfitters.com</a>
Phone:	800-260-2776
Cell Phone:	513 238-9971
<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:	School Outfitters
Federal Tax ID #:	61-1341943
NYS Vendor ID #:	1000018398
Is payment made to the above Entity/Federal ID#? Yes	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
Optimum Professional Educators Network, Inc.		X			81-4095367	1100238941				8:00am- 5:00pm	1273 North Ave 2 H-1	New Rochelle	10804	Westchester	Gerry Galderisi	914 844- 3630		<a href="mailto:ggalderis@me.com">ggalderis@me.com</a>	
Intivity, Inc.		X		X	16-1478699	1000008256	X	X	X	M-F 8:00-5:00	106 Despatch Drive	East Rochester	14445	Monroe	Fabricio Morales	585-737-6638		<a href="mailto:fmorales@intivity.com">fmorales@intivity.com</a>	
A.R. Kropp LLC			X		11-3557719	1100119502			X	M-F 8:00-6:00	1515 B- Fifth Industrial Court	Bayside	11706	Queens	Greg Kropp	631-549-9240		<a href="mailto:gregkropp@arkshelving.com">gregkropp@arkshelving.com</a>	
urban denCITY, LLC		x		x	46-4441430	1100320304	x	x	x	9am-5:30pm EST	3019 Hone Ave	Bronx	10469	Bronx	Gary Steele	917-545-4205		<a href="mailto:gary@urbandencityny.com">gary@urbandencityny.com</a>	
United Supply Corp					11-3309950	1000024756	X	X	X	M-F 8-5, Fri 8-1	700 S 21 Street	Irvington	07111	Essex	Moses Marcus	718-439-9387		<a href="mailto: bids@unitedsupplycorp.com">bids@unitedsupplycorp.com</a>	