

**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 Specialty, LLC
D/B/A – Doing Business As (if applicable):	N/A
Address:	PO Box 1579 Appleton, WI 54912
Company Website:	<a href="http://www.schoolspecialty.com">www.schoolspecialty.com</a>
Federal Tax ID #:	85-2162684
NYS Vendor ID #:	1100257675
<b>Contact for Contract Administration Issues</b>	
Contract Administrator Name:	Leonard Adkins
Title:	Assistant Secretary
Address (if different from above):	
Email:	bidnotices@schoolspecialty.com
Phone:	419-589-1656
Toll Free Phone:	888-388-3224, ext 1656
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Toll Free Phone:	
Business hours (Specify M-F, Sat, Sun):	
<b>Contact for Emergencies</b>	
Contact Name:	Joseph Florio
Title:	Strategic Account Leader
Address:	PO Box 1579 Appleton, WI 54912
Email:	joseph.florio@schoolspecialty.com
Phone:	888-388-3224
Cell Phone:	631-291-2718
<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:	
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
A.R. Kropp LLC dba A.R. Kropp Company & Sons			X		11-3557719	1100119502		X		M-F 8:00-5:00	30 Carrington Drive	East Port	11731	Suffolk	Timothy Kropp	(631) 549-9240	(631) 423-3661	timothykropp@arkshelving.com	
Intivity Inc		X			16-1478699	1000008256		X		M-F 8:00-5:00	106 Despatch Drive, Suite 2	East Rochester	14445	Monroe	Nate Morales	(585) 673-2725	(585) 387-9222	nmorales@intivity.com	
Seating Inc.	X				16-1344044	1000008061		X		M-F 8:00-5:00	60 N. State Street	Nunda	14517	Livingston	Emily Hart	(585) 468-2876	(585) 468-2804	emily@seatinginc.com	