

**Group 23106 Award 23375 - STEM/STEAM and Science Laboratory Education Supplies and Equipment (Statewide)
ATTACHMENT 10 – CONTACT and SUPPLEMENTAL INFORMATION**

| Contractor/Company Information | |
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| Company Business Name: | Utech Products, Inc |
| D/B/A – Doing Business As (if applicable): | |
| Address: | 135 Broadway Schenectady, NY 12305 |
| Company Website: | https://utechproducts.com/ |
| Federal Tax ID #: | 14-1732592 |
| NYS Vendor ID #: | 1000046717 |
| Contact for Contract Administration issues | |
| Contract Administrator Name: | Jeff Kreines |
| Title: | Director of Operations |
| Address (if different from above): | |
| Email: | jkreines@utechproducts.com ; jkreines@endosoft.com |
| Phone: | 518-831-8032 |
| Toll Free Phone: | |
| Contact for Contract Sales/Billing (if different from above) | |
| Contact Name: | Heather Brinig |
| Title: | Client Services Representative |
| Address: | 135 Broadway Schenectady, NY 12305 |
| Email: | hbrinig@utechproducts.com ; sales@utechproducts.com |
| Phone: | 518-831-8014; 518-831-8000 |
| Toll Free Phone: | |
| Business hours (Specify M-F, Sat, Sun): | M-F, 8:30am - 5:00PM |
| Contact for Emergencies | |
| Contact Name: | Jeff Kreines |
| Title: | Director of Operations |
| Address: | 135 Broadway Schenectady, NY 12305 |
| Email: | jkreines@utechproducts.com ; jkreines@endosoft.com |
| Phone: | 518-831-8032 |
| Cell Phone: | 845- 797- 7613 |
| 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: | Utech Products, Inc |
| Federal Tax ID #: | 14-1732592 |
| NYS Vendor ID #: | 1000046717 |
| 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> | Yes |
| Does Contractor offer a Prompt Payment Discount: | No |
| If yes, discount amount (%)/terms: | |
| Does Contractor accept the NYS Purchasing Card (see Appendix B, Purchasing Card) at no additional charge, for orders up to and including \$50,000? | Yes |

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| If Contractor requires a minimum purchase amount for orders placed using the NYS Purchasing Card, please indicate the minimum purchase amount: | \$50 |
| If Contractor limits the maximum acceptable purchase amount for orders placed using the NYS Purchasing Card, please indicate the maximum purchase amount: | N/A |
| Are Volume Discounts Offered? | Yes |
| Volume Discount \$XXX-\$XXX | |
| Volume Discount \$XXXX-\$XXXX | |
| Volume Discount \$XXXXX-\$XXXXX | Orders over \$20,000 will receive additional 1% discount. |
| Does Contractor have additional charges for Assembly/Configuration/Installation/Networking Services? | Yes |
| If yes, additional charge (as standard fee or % of purchase price): | \$250.00 per hour |
| Does Contractor Utilize Authorized Resellers? | No |

Enter the information requested below for each Contractor location, subsidiary, and/or 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 I through K, indicate if the location is authorized to take orders, deliver Product, and/or receive payment. In order for an Authorized User to obtain credit for Reseller(s) being MWBE or SDVOB, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own 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 | Is this Location a Subcontractor? | Take Orders | Deliver Product | Receive Payment | Over-the-Counter Hours | Street Address | City | Zip Code | County |
|--------------------------------------|-----|-----|-------|----|------------|---------------|-----------------------------------|-------------|-----------------|-----------------|-------------------------|-----------------|--------------|----------|--------|
| <i>Example: ABC Ad Sci of Albany</i> | X | X | | X | 12-3456789 | 0000011111 | Yes | X | X | X | M-F 7:30-5:30, Sat 8-12 | 123 Main Street | Example City | 12345 | Albany |
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