

**ATTACHMENT 5**  
**CONTRACTOR and RESELLER INFORMATION**  
**(for ordering and contract administration purposes)**

CONTRACTOR/COMPANY INFORMATION	
Company Name:	C&C JANITORIAL SUPPLIES INC.
Address:	665 NEW BRITAIN AVENUE, NEWINGTON CT 06111
Company Website:	<a href="http://www.ccsupplies.com">www.ccsupplies.com</a>
Federal ID #:	06-1398721
NYS Vendor ID #:	1100270674
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Contract Administrator Name:	Grace Cafe
Title:	President
Email:	<a href="mailto:Grace.cafe@ccsupplies.com">Grace.cafe@ccsupplies.com</a>
Phone:	860-594-4200 ext. 233
Toll Free Phone:	800-818-0531
Contractor accepts NYS Procurement Card?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (up to \$50,000)
Contractor Offers Volume Discounts?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Contractor offers Prompt Payment Discount?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>1% 15 Days</b>

SALES/BILLING (if different from above)	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Toll Free Phone:	

EMERGENCIES	
Contact Name:	Grace Cafe
Title:	President
Address:	665 New Britain Avenue, Newington, CT 06111
Email:	<a href="mailto:Grace.cafe@ccsupplies.com">Grace.cafe@ccsupplies.com</a>
Phone:	860-594-4200
Cell Phone:	860-982-1897

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	Ally Veteran Solutions Inc
Address:	825 Columbus Park Way Apt 4 Buffalo, NY 14213
Federal ID #:	47-1088877
NYS Vendor ID #:	1100122281
Contact Name:	Jedawn Kennedy
Title:	owner
Email:	<a href="mailto:jedawnk@aveteransolutions.com">jedawnk@aveteransolutions.com</a>
Hours of Availability:	8am – 4pm
Phone:	716-342-3777

\*In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to “Take Orders AND Receive Payment” and be entered into SFS with their own NYS Vendor ID #.

MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input checked="" type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	SNAPPY SOLUTIONS INC
Address:	106 Sycamore Drive, East Hampton, NY 11937
Federal ID #:	57-1142045
NYS Vendor ID #:	1100027482
Contact Name:	MAUREEN FAIRLIE
Title:	PRESIDENT
Email:	<a href="mailto:maureen@snappysolutions.com">maureen@snappysolutions.com</a>
Hours of Availability:	8am to 4pm
Phone:	917-912-7562
MWBE and/or SDVOB Certification:	<input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB <input type="checkbox"/> WBENC CERTIFICATE
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	BOXLEYS SERVICES INC
Address:	861 Saratoga Rd, Burnt Hills, NY
Federal ID #:	14-1829699
NYS Vendor ID #:	1100053622
Contact Name:	Steven Boxley
Title:	President
Email:	<a href="mailto:steve@boxleys.com">steve@boxleys.com</a>
Hours of Availability:	9am to 4pm
Phone:	888-489-9806
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	

\*In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own NYS Vendor ID #.

MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

\*In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own NYS Vendor ID #.