

Vendor Qualification

Date: _____

1. Company Information

Name and complete mailing address for bidding and purchase orders:

HUMC's preferable method of purchasing processes is electronic submission. Please provide us with a valid email address for delivery of purchase orders: _____

Phone number _____

Fax number _____

Mailing address for payments (if different than above):

2. Tax Identification Number.

3. How and/or by whom where you referred to Hackensack University Medical.

4. Sanction- A statement is attached regarding sanctions by the Government; the attached document must be completed and returned with your Vendor Qualification Form.

5. W9Form- the attached W9 Form must be completed and returned with your response.

6. Payment Terms- Hackensack University Medical Center offers payment terms of Net 90 days. Payment days are based on the day the invoice is received by the Medical Center, not the date the invoice is generated by your company. All invoices must include the Medical Center purchase order number; any invoices without this information will be rejected and returned to your company. Rejected invoices will not be used in calculated payment days.

Acknowledge your understanding and acceptance of this requirement by initialing.

_____ Accepted.

7. Quotes, Proposals, Negotiation of Pricing and Solicitation of Pricing Agreements - The Purchasing Department is the only agent authorized to negotiate pricing, request proposals and secure contracts and agreements on behalf of the medical center. Staff members and or physicians not assigned to the Purchasing Department do not have that authority or privilege. Unauthorized requests must be referred to the Purchasing staff.

Acknowledge your understanding and acceptance of this requirement by initialing _____ Accepted.

8. Hackensack University Medical Center has specific delegated signature authorities. They are broken down into contract types. Only the parties detailed below have authority to bind the institution in any related transaction. By initialing this section you acknowledge your understanding and agree to not pursue execution of any agreement with a party without proper authority.

Initial: _____

<i>Contract Type</i>	<i>Responsible Executive</i>
Affiliation or Consulting	Divisional Executive Vice President (EVP)
Legal/Attorney	EVP, Chief Legal Officer
Employment/Staffing	EVP, Chief Human Resources Officer
Information Technology	Vice President, Chief Information Officer
Physician	EVP, Chief Medical Officer
Real Estate	EVP, Chief Legal Officer
Research	VP Cancer Services & Chief Innovations Officer
Leases	EVP, Chief Financial Officer, VP Supply Chain as delegated.
Supply Agreements, Maintenance Contracts, GPO Letters of Commitment	Director of Purchasing

Capital equipment requisitions in PeopleSoft have a specific workflow.

9. Conflict of Interest- Please answer all of the following questions and provide additional information in the space provided for any **YES** answers:

A. Does your company and or any principals within your organization have a personal or business relationship with any Hackensack University Medical Center employee, Board Member, or any family member of any of the Medical Center Boards?

_____Yes _____No

B. Does your organization or any of the principals within your organization have a personal or business relationship with any vendor currently doing business with Hackensack University Medical Center or any vendor who has previously done business with the Medical Center?

_____Yes _____No

C. Do any principals within your organization have personal or business relationship with any Group Purchasing Organization doing business with the Medical Center?

_____Yes _____No.

D. Do any principal individuals within your organization participate on any Hackensack University Medical Center committees or serve on any Medical Center Boards?

_____ Yes _____No

E. Does your organization or any of its principals have a personal or business relationship with any member of the HUMC Medical Staff inclusive of but not limited to employment, consulting, research, or speaking engagements?

_____Yes _____No.

F. Is your organization physician owned or is the organization a health care entity in a position to make referrals to or receive referrals from HUMC?

_____Yes _____No

G. Are you currently or have you been previously employed by HUMC?

_____Yes _____No

H. Is your organization or any of its principals in a position to make referrals to or receive referrals from HUMC?

_____ Yes _____ No

I. Please indicate if a Principal, Officer, Executive or any individual from your company that will be working with the Medical Center is also a public official (E.G. Member of the State Legislature, Mayor of an municipality, Elected Official or relatives employed at HUMC). If yes, please describe the relationship.

_____ Yes _____ No

If you answered Yes to any of the questions regarding Conflict of Interest, please explain fully below:

10. By signing you are certifying below that you agree that your company and their agents will adopt Hackensack University Medical Center policies regarding compliance with Section 6032 of the Deficit Reduction Act of 2005. Vendor further acknowledges that they have made these policies available to their employees and managers. The policies can be accessed via the internet at

<http://www.hackensackumc.org/about-us/corporate-compliance/corporate-compliance-department/>

_____/Signature

HUMC's payment terms are net 90

At any time will a vendor/company representative be visiting the medical center in person?
Yes_____ No_____

If yes, all vendor/company representatives must be screened and certified in order to call on the Medical Center. **To register with Vendor Credential Services, our screening contractor, please call (866) 373-9725 or at VCSdatabase.com for more information.**



11. What health insurance plans to you offer your local employees?

12. How many employees do you have locally?

13. Who is the main contact at your firm responsible for the purchasing of health insurance?

14. Would you be interested in hearing about new health insurance concepts and programs for your employees?

Yes _____

No _____

On a scale of 1 to 5 with 5 be the highest, as an employer how important is it to you that your insurer has Hackensack University Medical Center in its networks?

Please circle one 1 2 3 4 5

Hackensack University Medical Center has established a toll-free hotline available to our business partners as part of the Corporate Compliance Program. **The Hotline Number (888-411-0012) and is available 24 hours a day, seven (7) days per week.** Vendors are encouraged to use the hotline to report violations of laws or regulations or unethical business practices of any kind. All calls will be responded to by Compliance Department staff and will be treated confidentially to the extent permitted by law.

The information supplied on this vendor qualification form has been provided to comply with the Hackensack University Medical Center requirements for Business Partners. The information provided within this document is accurate and true.

Company Name: _____

Print/Type Name and Title _____

Authorized Company Representative

Email Address: _____ Direct Contact # _____

Signature _____