



TOWN & COUNTY OF NANTUCKET
BOARD OF SELECTMEN
COUNTY COMMISSIONERS

POLICY FOR VENDOR MAINTENANCE

Effective date: 11/23/2009

Adopted: [if applicable]

Revised: [insert when applicable]

Applicability: Town, School, Enterprise Departments, and County Departments

I. Purpose.

The purpose of the vendor maintenance policy is to ensure that all vendors paid with municipal funds have the necessary information, documentation, and insurances (where applicable) on file to be in compliance with Federal and State procurement laws. A vendor is defined as persons, companies, and even employees who provide products or services to the Town & County of Nantucket.

II. Policy.

Establishing, maintaining, and managing vendors are key processes to ensure the success and reduce the inherent risks associated with non-compliance of the Centralized Procurement program.

The vendor management module located within the Munis accounting system contains a vendor profile of each vendor conducting business with the Town & County of Nantucket. Information contained within the vendor profile includes name, address, phone number(s), key contacts, federal identification number or social security number, and banking information. Each vendor is assigned a unique number, the vendor number by the Chief Procurement Officer.

Procurement documents such as purchase orders and request for proposal on contracts will not be issued and payments will not be made without a valid vendor profile in the vendor system. Due to the nature of the information contained within the vendor profile, Privacy Act regulations apply to use and access of vendor information.

III. Process.

Establishing a new vendor:

1. Departments are required to submit a vendor maintenance form via email to the Chief Procurement Officer doneil@nantucket-ma.gov to request a new vendor is added to the Munis Accounts Payable System. All information in the form needs to be completed by the department submitting the request. Information contained within the form includes:
 - a. General Information
 - i. Name

- ii. DBA
 - iii. Address / State / Zip Code / Country
 - iv. Remittance Address / State / Zip Code / Country
 - b. Terms of Payment
 - i. Discount Percent
 - ii. Days Discount Applicable
 - iii. Minimum Order
 - iv. Freight Terms / Method
 - v. ACH ID Number / Name (if available)
 - c. Contact Information
 - i. Email Address
 - ii. Company Web Address
 - iii. First Contact Name / Position / Telephone / Email
 - iv. Secondary Contact Name / Position / Telephone / Email
- 2. Additional documentation from the vendor is required to process the departmental request.
 - a. A copy of the new vendors Federal Identification Number (W-9 Form) or in the case of an individual person or employee a copy of their Social Security Card is required.
 - b. A copy of a voided check for ACH payment
- 3. The Centralized Procurement Officer will review the written request and supporting documentation.
 - a. If the form is incomplete or if the supporting information is missing, the request is returned to the department with a notation of the missing information.
 - b. If the information is complete and receives a positive review, the Centralized Procurement Officer will input the new vendor and forward the information to the department.
 - c. Email requests & supporting documentation will be retained in an electronic file folder titled "New Vendors".
 - d. Important Note: Departments are not authorized to secure products or services until a Munis vendor number has been created by the Chief Procurement Officer. Please refer to Section V. regarding violations.

Updating information an existing vendor:

- 1. Departments are required to submit a vendor maintenance form via email to the Chief Procurement Officer doneil@nantucket-ma.gov to request a change to an existing vendor in the Munis Accounts Payable System. Departments will only complete the section where the information needs to change. Information contained within the form includes:
 - a. General Information
 - i. Name
 - ii. DBA
 - iii. Address / State / Zip Code / Country
 - iv. Remittance Address / State / Zip Code / Country
 - b. Terms of Payment
 - i. Discount Percent
 - ii. Days Discount Applicable
 - iii. Minimum Order

- iv. Freight Terms / Method
- v. ACH ID Number / Name (if available)
- c. Contact Information
 - i. Email Address
 - ii. Company Web Address
 - iii. First Contact Name / Position / Telephone / Email
 - iv. Secondary Contact Name / Position / Telephone / Email
- 2. The Centralized Procurement Officer will review the written request and supporting documentation.
 - a. If the form is incomplete or if the supporting information is missing, the request is returned to the department with a notation of the missing information.
 - b. If the information is complete and receives a positive review, the Centralized Procurement Officer will update the vendor record and forward the information to the department.
 - c. Email requests & supporting documentation will be retained in an electronic file folder titled "Vendor Information Updates".

Vendor Review / Inactivation

- 1. In order to maintain the integrity of the approved vendors for the Town & County of Nantucket, a periodic review of active vendors will occur. On a quarterly basis, the Centralized Procurement Officer and Finance Department will review the listing of active vendors in the Munis system. The review will include the last transaction with the Town & County as well as ensuring proper documentation is on file (W-9 form) or (copy of Social Security Card).
 - a. If the result of the review is the last transaction with the Town of County exceeds 18+ months, the vendor will be inactivated. In order to reactivate the vendor, departments will be required to submit a request to "establish a new vendor". This is due to the requirement to have a current copy of the W-9 or Social Security Card on file.
 - b. If during the review it is discovered that the vendor does not have the proper documentation on file; the vendor will be inactivated until such time current copies of the documentation are received by the Procurement Officer.
 - c. Important Note: Departments are not authorized to secure products or services from an inactive vendor. Please refer to Section V. regarding violations.

IV. Fee (Not applicable at this time).

V. Violations

Purchases that are made with an unauthorized vendor are subject to re-payment by the individual(s) requesting the product or service. If the cost of the purchase from the authorized vendor is excessive, the Town & County of Nantucket will work with the individual on a repayment schedule. Violations may be subject to corrective action up to and including termination of employment.



**TOWN & COUNTY OF NANTUCKET
VENDOR MAINTENANCE
REQUEST FORM**

Department _____

Date _____

Name of Requestor: _____

(Check all that apply)

New Vendor

Update Existing Vendor

Inactivate Vendor

General Information:

Name:	Business Name:
Address: Street Address	Remittance Address: Street Address
PO Box (If applicable)	PO Box (If applicable)
City	City
State	State
Country	Country

Terms of Payment:

Discount Percent (%)	<input type="checkbox"/> 0%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> Other (Please Specify)
Days Discount Available	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> Other (Please Specify)
Minimum Order (\$)	<input type="checkbox"/> \$1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other (Please Specify)
Freight Terms / Method	<input type="checkbox"/> US Mail	<input type="checkbox"/> UPS / FEDEX	<input type="checkbox"/> Local Delivery	<input type="checkbox"/> Other (Please Specify)
ACH ID Number	Routing #:	Account #:		

Contact Information:

Contact #1	Contact #2
Name:	Name:
Title / Position:	Title / Position:
E-Mail Address:	E-Mail Address:
Web Address:	Web Address:
Telephone #:	Telephone #:

Internal Procurement Office Use:

1. Information Complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, proceed to #2. If No, return to requestor.
2. FIN (W-9) or SS Card Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, issue vendor #. If No, return to requestor.
3. ACH ID – Voided Check Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Vendor # Issued:	Date:	Signature:	
Additional comments:			