

STATE OF MONTANA Office of State Public Defender

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OPD Vendor Registration Guide

The Office of State Public Defender utilizes the Montana Acquisition and Contracting System, known as eMACS, for MOU creation and management. Each contractor approved to receive an MOU is <u>required</u> to complete a Vendor Profile on the eMACS website. In addition to being required to receive an MOU, the eMACS Vendor Profile also allows you to receive advance notice of proficiency determination obligations or MOU expiration. This guide will walk you through the registration process in detail.

You will need the same email and password you used when applying for a MOU.

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Please Follow These Instructions Exactly to Avoid Unnecessary Errors or Issues with Your Registration

Accessing the eMACS Vendor Registration

When you have been approved to receive an MOU, you will receive an email invite from eMACS to complete your registration. Simply click the "Register Now" button within the email:

Register Now Click Register Now
Thank you,
MONTANA ACQUISITION & CONTRACTING SYSTEM (eMACS)
If you have any technical questions, please contact State Procurement Bureau at or +1 406-444- 2575 for assistance and identify yourself as registering in the MONTANA ACQUISITION & CONTRACTING SYSTEM (eMACS) Vendor Network.

Once the page has loaded, click "Continue with Registration" as shown below:



You will next be taken to a login screen where you will enter the **same email and password used when applying for an MOU** and then click "Login":

A THE ST	ENGLISH •
Welcome to Montana Acquisition & Contracting System (eMACS)	
Vendor Registration	
Register to be placed on Montana's eMACS Vendor List. This is a free service allowing vendors to enter their business information and select	
applicable commodity codes for which they would like to receive bid	
notifications. This list also serves as a centralized source for state	
📀 Please login and complete registration.	
Please log in to complete registration.	
Email	
LIIIGII	
brett.schandelson@mt.gov	
brett.schandelson@mt.gov	
brett.schandelson@mt.gov	
brett.schandelson@mt.gov Password 3	
brett.schandelson@mt.gov Password 3 LOGIN TROUBLE LOGGING IN?	

This will then launch the eMACS Registration Wizard.

eMACS Vendor Registration Wizard

The following steps occur within the eMACS Vendor Registration wizard. Instructions for each section are found below. You can move forward and back throughout the registration and save your progress at any time. When a section has been completed a green check will appear. Each section must have a green check to complete your registration.

1. <u>Welcome</u>

On the Welcome screen, you will be asked to provide your "Legal Company Name."

For registration as an OPD Vendor, please enter <u>YOUR NAME</u> here.
 You will complete information about your firm or business in the next section.

Brett Schandelson		Welcome to Supplier Registration ?		
Registration In Progress for: MONTANA ACQUISITION & CONTRACTING SYSTEM (eMACS) 1 of 8 Steps Complete				
Welcome		The eMACS Vendor Registration is a free service allowing you to enter your business information and select applicable commodity codes for which you would like to receive		
Company Overview 🗸		notice of solicitations.		
Business Details	1	For complete step-by-step instructions on the registration, please click here.		
Addresses	~	Required to Start Registration		
Contacts	~	Enter YOUR NAME as the		
Locations	<	Legal Company Name * Brett Schandelson Legal Company Name		
Diversity	~			
Payment Information	 Image: A second s			
Tax Information	~			
Certify & Submit				
Registration FAQ View History		★ Required to Complete Registration Save Changes		

Please use YOUR name, NOT the name of your firm or business on this screen.

2. <u>Company Overview</u>

In the Company Overview section, you will be asked for more information about your business. If you operate as firm or business entity, this is where you will enter that information.

- If you work for, or do business as, a firm, business, or legal entity, enter that name in the "Doing Business As" section.
- Select the appropriate legal structure for the <u>entity</u> and provide the <u>entity's</u> Tax ID.
- A DUNS number is **not required**, though enter it if you have one.
- Provide your business's Montana Secretary of State registration number.

Company Overview		?		
The information entered on this page allows us to track general information about your company to ensure we have the most up-to-date information in our system.				
		Enter Your Business Name Here		
Doing Business As (DBA)	Schandellaw LLC			
Country of Origin * 🛛 💿	United States 🔻			
Does your business have a DUNS number?	○ Yes ● No			
Legal Structure is used by th appropriate Legal Structure	e IRS to classify the form of a business information as it is currently stated with	organization and ultimately determines which tax documentation is required. Please provide the n the IRS. For more information about business structures, please visit www.irs.gov.		
Legal Structure * 📀	S Corporation	Select the Correct Legal Structure		
Tax ID Number *		Enter Your Business's Tax ID#		
Website		0		
Additional Questions				
Are you Registered with Secre MCA. For information please (tary of State Office? Businesses intendi call (406) 444-3665 or visit http://sos.m	ing to transact business in MT must register with Secretary of State, per § 35-1-1026 and 35-8-1001, t.gov.		
YesNo				
	Pro	ovide Your Montana Secretary		
Please provide your registratio	on number *	of State Registration #		
Are you a Construction Contractor? Construction contractors register with Department of Labor and Industry per Montana Code Annotated \$39-9-201. For further information please visit http://erd.dli.mt.gov/work-comp-regulations/montana-contractor				
○ Yes● No				
★ Required to Complete Reg	istration	< Previous Next > Save Changes		

3. <u>Business Details</u>

In the Business Details section, you will be asked to select a Commodity Code. All OPD MOUs are under the 3920 (Professional Services – Legal Services) Commodity Code.

- Click Edit to bring up a list of commodity codes.
- Enter "Legal" to search for the correct code.
- Click on 3920 (Professional Services Legal Services).
- Click Done, then click Next.

Commodity Codes ×						
Use Search or browse the list to sele	Use Search or browse the list to select applicable Commodity Codes. You can select multiple before clicking Done.					
Legal 🚽	Type Legal					
Search	Click Search					
1 Selected Codes						
Showing 1 - 1 of 1 Results	Click on Commodity Code					
Results Per Page 20 V	Sort by: Commodity Code 🗸 💽 Page 1 of 1	2				
Commodity Code	Description					
3920	Professional Services - Legal Services					
	Click Done Done C	lose				

Please note that if you enter any commodity code other than 3920 (Professional Services – Legal Services) you will receive notices of Statewide contracting opportunities in those areas.

Only enter additional commodity codes if you understand this and want to be notified of such opportunities.

4. <u>Addresses</u>

In the Addresses section, you will be required to add a business address. You will also add a contact and location through the Addresses Wizard.

• Click Add Address. This will launch the Address Wizard which will guide you through the rest of this section.

Addresses	?
Please enter any physical or mailing addresses from which your organization does business to help us route information and communication correctly. Any required address types are listed below.	
Required Information The following address types are required to complete registration: - Fulfillment - Physical - Remittance	
No addresses have been entered Add Address Hide Inactive Add	ldresses

• Give your address a label, such as Office. Leave all three checkmarks selected. Click Next.

Add Address	×
Basic Information (Step 1 of 4)	?
What would you like to label this address? * Give Your Address A Label Office Example: Headquarters, Houston Office	
Which of the following business activities take place at this address? (select all that apply) Takes Orders (fulfillment) Receives Payment (remittance)	* ed
Click Next	
* Required to Complete Registration	xt >

• Enter your business address and click Next.

- Enter your information as a contact.
- Check the "Sales" box.
- Uncheck "Create New User Account."
- Click Next.

Add Address		×
Address Details (Step 2	of 4)	?
How would you like to	Mail	v
this fulfillment address?	En Busine	ter Your ess Address
Country *	United States	•
Address Line 1 *	610 Woody Street	
Address Line 2		
Address Line 3		
City/Town ★	Missoula	
State/Province *	Montana	•
Postal Code *	59802	
	Example: 12345 or 12345-6789	
Phone	ext.	
	International phone numbers must be	gin with +
Toll Free Phone	ext.	
	International phone numbers must be	gin with +
Fax	Clic	k Next
	International phone numbers must be	gin with +
* Required to Complete Registrati	ion < Previou	s Next >
Add Address		×

Primary Contact For 1	This Address (Step 3 of 4) ?
You can also update and	add Contacts later from the Contacts page.
Enter New Contact	🔿 Not Applicable
Select additional contact type(s) to apply	 Takes Orders (fulfillment) Receives Payment (remittance) Other (physical) Cotalog Corporate Check Sale Customer Care Sales Technical Enter Your Name
Contact Label *	Brett Schandelson
First Name *	Brett
Last Name *	Schandelson
Position Title	
Email *	brett.schandelson@mt.gov
Phone *	(406) 523-5142 ext.
Toll Free Phone	ext. International phone numbers must begin with +
Fax	
Selecting this option will aut to register for an account	International phone numbers must begin with + comatically send an email to this contact inviting ther
Create new user account for this contact?	Create new user account for this contact?
* Required to Complete Regist	ration Click Next

• Add a label and description to your address.

Add Address	×			
Assign this Address to a Location (Step 4 of 4)	?			
You can also update and add Locations later from the Locations page.				
Locations represent the various places in which your business operates. Some examples of locations are regional offices, fulfillment centers, divisions, etc. If your organization only operates out of one location, please enter "Main Office" for the Location Label.				
Enter New Location				
What would you like to label this location? * Add Label				
Location Type *				
Headquarters V				
Description * Add Description				
Home Office				
689 characters remaining Click Save Changes				
* Required to Complete Registration < Previous Save Change	es			

• You should now see your address listed in the Address section. Click Next.

Addresses			?	
Please enter any physical or mailing addresses from which your organization does business to help us route information and communication correctly. Any required address types are listed below.				
Address Label	Address Types	Address		
Office	Physical (Primary) Fulfillment (Primary) Remittance (Primary)	610 Woody Street Missoula, MT 59802 US	Edit 💌	
Add Address			Show Inactive Addresses	

5. <u>Contacts</u>

• If you added your contact correctly in the previous section, you will see it listed here. Click Next.

Contacts				?
Please enter contact inform always contacting the com	mation for any individuals at your orga rect individual. Contacts can be linked	anization who may provide valuable to one existing address. Any require	information or help to our company. This wil ed contact types are listed below.	help us ensure we are
Contact Label	Contact Types	Name	Email	
Brett Schandelson	Sales (Primary) Fulfillment (Primary) Remittance (Primary) Other (Primary)	Schandelson, Brett	brett.schandelson@mt.gov	Edit
Add Contact 🔻				Show Inactive Contacts

6. <u>Locations</u>

• If you added your address correctly, you will see it listed here. Click Next.

Locations		?
Locations can be used to organize contacts and addresses. Fo create an East Coast location and designate appropriate conta	r instance, if your company operates from multiple addresses in one vicinity cts and locations.	on the East Coast, you can
Location Label 🗢	Location Type	
Office	Headquarters (Primary)	Edit 💌
Add Location 🔻		Hide Inactive Locations
		< Previous Next >

7. <u>Diversity</u>

In the Diversity section you will be asked to select any applicable diversity classifications or decline to respond.

• Click "Add Diversity Classifications"

Diversity	?
We strive to do business with diverse companies. By entering applicable diversity classifications, you will help us meet certain spending goals for our organization.	
Required Information Please click on the "Add Diversity Classifications" button to declare any Diversity Classifications that are applicable to you or to state that you do not qualify.	
Click the button below to choose the diversity classifications that apply to your business.	
Add Diversity Classifications Click Diversity Classifications	
< Previous Net	kt >

• Check the appropriate classifications or Decline to Answer, and click Done.

Diversity Classifica	ations ×
	Select Appropriate Classifications
 No Classification 	
Does Not Qualify As A Diverse Support of the second sec	plier (DoesNotQualify) 🛛 🔲 Decline to Answer (DeclineAnswer)
 Federal Diversity Classifica 	tions
Small Business Enterprise (SBE)	Disadvantaged Business Enterprise (DBE)
	Click Done Done Close

• Click Next.

8. <u>Payment Information</u>

In the Payment Information section, you will be asked to provide the necessary information to receive payment for your services from OPD.

- Click "Add Payment Information"
- Select whether you'd like to receive payment via ACH (Direct Deposit) or check (mailed).

Payment Information	?
Information on this page is used to determine how and where you will receive payment. If you have any Account Payable questions please contact the State Accounting Bureau helpdesk at (406) 444-3092.	
Required Information At least one payment type is required to complete this section.	
No payment information has been entered. Add Payment Information	
Additional Questions	
Did you select ACH as Payment Method? ★ ○ Yes ○ No	
< Previous Next > Save Changes	

• Fill out your banking information for ACH or mailing information for Check and Click "Save Changes."



• If you've selected ACH, select "Yes" and upload either a voided check or Direct Deposit form from your bank, then click Next.

Payment Information				?	
Information on this page is use If you have any Account Payab	ed to determine how and where y ole questions please contact the S	rou will receive payment. State Accounting Bureau help	odesk at (406) 444-3092.		
Title 🗢	Payment Type		Currency	Active	
Checking	Direct Deposit (ACH)		USD	Yes	Edit
Add Payment Information 🔻					
Additional Questions					
Did you select ACH as Paymen	to Re	ect Yes if You've Cho ecieve Payment via A	sen ACH		
Direct Deposit (ACH) Documer	ntation (Direct Deposit form signe	ed by bank representative or co	opy of a voided check) \star		
Select file	Done 🕑	Upload Vo D	ided Check or Direct eposit Form		Click Next
Voided Check.pdf	⊥ 100% ×				
			¢ p	Previous Nex	t > Save Changes

9. <u>Tax Information</u>

In the Tax Information section, you'll be asked to provide a W9 form. You'll be able to generate a pre-populated W9 and electronically sign it within the registration wizard.

- Click "Add Tax Document"
- Select W9.

Tax Information	?
Tax information is used for payment and the tax document should be uploaded using a PDF format. If you have any tax information questions please contact the State Accounting Bureau helpdesk at (406) 444-3092.	
Required Information The following tax document are required to complete registration: - W-9	
No tax information has been entered Add Tax Document	

• Next, click on "Download Pre-populated Tax Document"

Add Tax Docu	ment ×
Tax Type * Tax Document Name * Tax Document Year Signature Status Tax Documentation * Click to Download W9	W-9 Not Signed Select file Download Pre-populated Tax Document I certify this tax document
* Required to Complete Registrat	tion Save Changes Close

- Open the Downloaded W9 and complete it. Ensure the W9 reflects your firm, business, or legal entity's information, which, except for the name, should be prepopulated.
- Once you are sure the information in the W9 is correct, save the document.

rm ev. N parti ernal	W-9 Request for Taxpay overmber 2017) Identification Number and C nent of the Treasury Go to www.irs.gov/FormW9 for instructions and	ertification the latest information.	Give Form to the requester. Do not send to the IRS.
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this I	ne blank.	
	Schandellaw LLC		
	2 Business name/disregarded entity name, if different from above		
s on page 3.	Check appropriate box for federal tax classification of the person whose name is entered on following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partne single-member LLC	line 1. Check only one of the ship Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
ő			Exempt payee code (il any)
fic Instruct	Note: About 20 Standard 20	nember owner. Do not check less the owner of the LLC is ise, a single-member LLC that of its owner.	Exemption from FATCA reporting code (if any)
ŝ	Other (see instructions)		(Applies to accounts maintained outside the U.S.)
ŝ	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name ar	nd address (optional)
ee ee	610 Woody Street		
0)	6 City, state, and ZIP code		
	Missoula, MT 59802		
	7 List account number(s) here (optional)		
ar	Taxpayer Identification Number (TIN)		
ter	our TIN in the appropriate box. The TIN provided must match the name given on lin	e 1 to avoid Social sec	urity number
cku ide titie	o withholding. For individuals, this is generally your social security number (SSN). Ho nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. Fo s, it is your employer identification number (EIN). If you do not have a number, see H	wever, for a r other ow to get a	
I, la	ter.	or	
	If the account is in more than one name, see the instructions for line 1. Also see What	at Name and Employer i	dentification number
ote:	To Ohen the Democrates for an idealized an ordered more bands on the		

 Next, upload the saved W9 into the Registration Window, check the box to certify, name the tax document, select the tax year, and type your Vendor Portal password to electronically sign the W9, and click "Save Changes."

Add Tax Docu	ment	×			
Tax Type *	W-9	Name the Tax Document			
Tax Document Name *	W9 🔺				
Tax Document Year	2018	Select the			
Signature Status	Not Signed	Tax Year			
Tax Documentation *	Select file	Done 🕢			
Select the W9 You Just Saved	W9.pdf	.⊥ 100% ×			
Check this Box to Certify Your W9					
Under penalties of perjury, I c	Under penalties of perjury, I certify that:				
 I am the same person this form as identified By submitting this form payee identified on thi equivalent of my manu 	(or payee's agent) accessing the syster on this form. n electronically, I am offering my elect is form and I agree my electronic sign Jal signature.	n and submitting ronic signature as the ture is the legal Type Your Vendo Portal Password			
eSignature	Enter Portal Password Cli	ck Save Changes			
* Required to Complete Registra	ation Sat	ve Changes Close			

• Confirm the information on this screen is correctly entered and click Next.

Tax Information						?
Tax information is used for payme If you have any tax information qu	nt and the tax do Jestions please co	cument should be uploaded ontact the State Accounting	using a PDF format. Bureau helpdesk at (406) 444-	3092.		
Tax Document Name 🗵	Тах Туре	Tax Document Year	Tax Documentation	e-Signed	Signature Status	
W9	W-9	2018	L View Document	*	e-Signed	Edit 💌
Add Tax Document 🔻						
			Click	Vext		
			< Previou	s Ne	xt > Proceed to Certif	y and Submit »

10. Certify & Submit

In the Certify & Submit section, you will finalize your Vendor Registration and click Submit.

- Ensure all sections have been completed and have green checks.
- Add your title.
- Check the box to certify your registration.
- Click Submit.

Brett Schandelson	Certify & Submit		
Registration In Progress for: MONTANA ACQUISITION & CONTRACTING SYSTEM (eMACS)	Please type your initials in the box below acknowledging that you are a company official and that all information is correct. It is the Supplier's responsibility to ensure company information is accurate and that company information is kept current. Inaccurate company information may result in payment delays.		
8 of 8 Steps Complete	Additionally, by submitting this registration, you certify all information provided is true and accurate. Knowingly providing false information may result in disqualifying		
Make Sure All Section Welcome Have Green Check	you or your company from doing business with us.		
Company Overview 🗸 🗸	Preparer's Initials * B S		
Business Details 🗸 🗸	Preparer's Name * Brett Schandelson		
Addresses 🗸	Preparer's Title * Owner		
Contacts 🗸	Preparer's Email Address * brett.schandelson@mt.gov		
Locations 🗸	Today's Date 7/24/2018		
Diversity 🗸	Certification * 🔽 I certify that all information provided is true and accurate.		
Payment Information	Check this Box to Certify		
Tax Information	Your Registration		
Certify & Submit	Click Submit		
Registration FAQ View History	★ Required to Complete Registration Submit		

You will see this screen when your registration is complete.



Congratulations, you have completed your OPD eMACS Vendor Registration!