



City of Yonkers/Yonkers Public Schools
 One Larkin Center – 3rd Floor
 Yonkers, New York 10701
 (914) 377-6030

CITY OF YONKERS/YONKERS PUBLIC SCHOOLS
Purchasing

Mike Spano, Mayor
Tom Collich, Director

Request for New Vendor Code

Dear Vendor:

In order for the City to issue your company a contract or purchase order, we must assign your company a new vendor code.

The Internal Revenue Service (IRS) regulations require that the City have on file a Taxpayer Identification Number (TIN) for all individuals and businesses supplying the City with taxable goods and services. Please complete (type or print) this form and the attached W-9 form and return to this office via email. Please note, PO Box Numbers are not acceptable as formal street addresses (only remit) for tax purposes.

After receiving this completed form via email, another representative from our Accounting office will reach out to you to provide instructions on electronic payment options.

Person and/or Vendor Name: Children's Plus, Inc.

D.B.A. Name: (If applicable) Libraria

Address: 1387 Dutch American Way Address line 2: _____

City: Beecher State: IL Zip: 60401

Remit address (If different from above): P.O. Box 847

City: Beecher State: IL Zip: 60401

Vendor website: www.libraria.com

Contact Person Ansley Walsh Title Bid Specialist

Telephone No. (800) 230-1279 Fax No. (800) 896-7213

E-Mail: bids@libraria.com

Industry: Library Book Industry Receives a 1099 Form Yes No

Do you qualify as a 501C business for non profit: Yes No

Are you a Law Firm? Yes No Is this a Rent Payment? Yes No

RETURN TO: Name: _____
E-mail: _____



REQUEST FOR NON-COMPETITIVE CONTRACT - FOR BOCS APPROVAL ON: January 15, 2025

This form must be completed by Department Heads or their designee when requesting contracts where a determination has been made that seeking competition would not be in the best interest of the taxpayers. Completed form must be attached to all resolutions and requisitions. Check off each box that applies and provide the required detailed reasons in the JUSTIFICATION section.

VENDOR INFORMATION

Vendor Legal Business Name: Children's Plus, Inc. (D.B.A. Name) Libraria
Vendor Address: 1387 Dutch American Way
Vendor Main Point of Contact: Ansley Walsh
Title: Bid Specialist Phone: 800.230.1279 Email: bids@libraria.com
Detailed Description of Service and Contract Term: Providing books for select campus libraries
Total Cost and Method of Compensation: \$ 9,615.86

EXCEPTIONS PER SECTIONS 6 (D) AND 6 (Q) OF THE CITY'S PROCUREMENT POLICY

- Contracts with medical or health-related entities.
- Contracts with lecturers, other educational professionals or experts, and institutions.
- Procurements which involve the expenditure of federal or state assistance where and to the extent that federal or state law, rules, or regulations conflict with the provisions of the procurement policy.
- Contracts with not for profit organizations for the support, enhancement, or preservation of cultural resources and the arts.
- Other contracts deemed to be in the best interests of the District; however, any such request for this exemption shall be made by submission of a written recommendation, including sufficient justification by the department head certifying that such exemption is necessary and appropriate in order to further the best interests of the District.

SOLE SOURCE: Only one vendor is capable of providing the service.
SINGLE SOURCE: The service is available from more than one source, but for particular reasons it must be procured from a specific vendor.

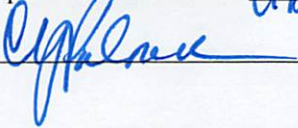
- Single Source: Upgrade to existing software available only from the software developer who sells on a direct basis.
- Single Source: Upgrade to existing software available only from the software developer's designated Value Added Reseller for this territory.
- Single Source: Continuation of an on-going service already procured from this vendor. Provide the reasons why it would not be prudent to procure these services from another vendor.
- Single / Sole Source: Sole provider of a patented or licensed service.
- Single / Sole Source: The requesting Department can demonstrate that such services, due to unique or special circumstances, cannot be procured through a competitive Request for Proposal process.

REQUIRED JUSTIFICATION: Provide detailed reasons why it is in the best interest of the taxpayers to contract with this vendor without competition. List other vendors and quotes that were obtained during the process.

This vendor enables an increase in book assortment/selections for campus libraries to choose from to grow collections. Service provides delivery of library book selections for collection development.

APPROVAL: I certify that to the best of my knowledge the information above is a complete and accurate justification for the competitive procurement of these services.

Department / Department Head Name: Library Services Dr. Cynthia Y. Palmer

Signature: 

Date: 12/20/24

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Children's Plus, Inc.</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>Libraria</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>5</u></p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>1387 Dutch American Way</p> <p>6 City, state, and ZIP code</p> <p>Beecher, IL 60401</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
			-						
or									
Employer identification number									
3	6	-	4	0	7	8	9	6	6

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 7/12/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



LIBRARIA®

Company Name: Libraria Book Company

1387 Dutch American Way
Beecher, Illinois 60401

Remit to Address: Libraria Book Company

1387 Dutch American Way
Beecher, Illinois 60401

New York State Contract: # PC 69905

Website: www.libraria.com

Send Orders: orders@libraria.com

Fax: 800.8275988

A/P Contact: Juliana Veenstra

Phone: 800-255-0965 Fax: 800-827-5988

Email: ap@libraria.com

Jim Swartz

203.2713957 Phone/Fax 203.6712177 Mobile Email: jimswartz1@outlook.com

YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Dr. Cynthia Y. Palmer

Role: Director, Library Services

General Information			
Grant Name		Contract Amount	
Partner/Partner	Libraria	Date of Service(s)	January 2025-June 2025
School Site(s)	Select school libraries		

1. Were there three quotes for vendor services?

- YES (if yes, please list vendors below)
 NO (if no, please explain)
 N/A

Explain:

On going services, purchasing books to increase library collections

2. In what ways does this vendor/partnership align to our Districts mission/vision/strategic plan?

The fiction and nonfiction books increase available titles, including diverse characters for all student and a variety of populations.

3. What was the primary goal of the partnership? (Fill the option(s) that most closely relates to the main objective of the partnership.)

- To provide PD to a certain population of the schools.
 To provide programmatic support to the schools.
 To provide tutoring or instructional support.
 To help to assess current practices.
 To connect the schools with other resources.
 To help to develop curriculum and activities for the district, school or classroom.
 To support mental and emotional health
 Other: _____

4. Were the specified goal(s) and objectives reached?

- YES
 NO (if no, please explain)
 N/A

Explain: Yes, specific goals and objectives are reached.

5. Did this partner deliver on the expected agreement and outcomes?

- YES
 NO (if no, please explain)

Explain: Yes, we anticipate Libraria will deliver on the expected agreement and outcomes.

6. Did this partner supply appropriate materials and supplies necessary to accomplish goals and outcomes?

- YES
- NO (if no, please explain)
- N/A

Explain: Yes, appropriate materials are supplied to accomplish goals and outcomes.

7. Did this partner provide adequate feedback and support?

- YES
- NO (if no, please explain)
- N/A

Explain: Adequate feedback and support have been provided.

8. Please complete the Vendor/Partner Assessment Criteria scale below and rank this partner on the following areas:

Vendor/Partner Assessment Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Preparation: <i>Provides high-quality services to meet goals</i>				X	
Competency: <i>Knowledge of craft</i>					X
Flexibility: <i>Willingness to change or compromise</i>				X	
Consistency: <i>Schedule & routine</i>					X
Organization: <i>Structured, orderly, & efficient use of time management</i>					X
Professionalism: <i>Interactions are cordial & respectful</i>					X
Overall Experience with partner					X

9. Please indicate specifically how the vendor/partner impacted student achievement, leadership development or district operations. **Note: Please provide documentation and evidence of impact of vendor/partner services.**

Libraria assists in impacting student academic and SEL growth and outcomes with the selection of materials offered.

10. Use the space below to provide any additional feedback you think would be helpful:

Signature of Evaluator

C. Palma

Date:

12/20/24

***** FOR PEER REVIEW ONLY *****

Vendor/Partner Peer Review Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Impact: Based on artifacts/evidence/ evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overall Experience with partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Peer Reviewer

A. Colon Garcia

Date:

12/20/24

Signature of Peer Reviewer

Agg

Date:

12/20/24