



E-Supplier Portal Guide

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Introduction

Welcome to Florida State College at Jacksonville’s (FSCJ) E-Supplier Portal. Thank you for your interest in becoming a supplier with FSCJ. This portal is designed to assist companies and individuals in registering as suppliers and accessing payment information.

Before starting your registration, please ensure the following documentation and details are readily available. Note: The application must be completed in one session, as it cannot be saved and resumed later. If you have any questions, please contact us at suppliercontact@fscj.edu.

Required Information:

- A completed and signed IRS Form W-9, signed & dated within the same month as your application submission.
- ACH payment requires a completed ACH form & a **voided check** or **a bank letter** (required for ACH payment setup).
- A completed, signed, and dated Human Trafficking Attestation (HTA) form for companies.
 - Individuals and government entities are excluded from the HTA requirement.
- Remittance and invoice addresses (if different from the address listed on your W-9).
- A primary contact name, email address, and phone number.
- Certification from the Department of Management Services (DMS) for businesses certified as disadvantaged, woman-owned, minority-owned, or veteran-owned (if applicable).
- Certifying agency name and certification number (for minority-owned businesses) if applicable.
- The first and last name of your FSCJ point of contact.

We appreciate your cooperation and look forward to working with you.

Welcome Registration Page

Welcome Identifying Information Addresses Contacts Payment Information Submit

Exit Previous Next

Welcome - Step 1 of 6

To complete your registration, please fill in the information for each step of the registration process. Use the navigation buttons Next and Previous to move between steps. Once you have provided all the required information proceed to the Submit step where you may submit your registration for consideration. You will receive an email confirmation shortly after submittal.

You will need the following information to complete your registration:
 Current Signed W-9
 Copy of Voided Check or Letter from Banking Institution
 Signed Human Trafficking Attestation

For better experience please use **Chrome** or **Firefox** browsers.

Select an activity below: ? Click on the "?" to see more information.

☒ Start a new registration form

What type of entity do you represent?

☒ Business **1**

☐ Individual

* Required field

Exit Previous Next **2**

1. Choose your entity type (business or individual).
 - a. When choosing "individual" the below box will populate. Click on "yes" to continue.

Default template entity type does not match selected entity type. Do you wish to proceed? (10320,1020)

Yes No

2. Click the 'Next' button to proceed.
 - a. **Note** that anything asterisked "*" is a required field and must be entered to move to the next section of the application process.
3. When choosing "individual" please note the below box will populate. Click on "yes" to proceed.

Identifying Information Page

Welcome Identifying Information Addresses Contacts Payment Information Submit

Exit < Previous Next >

Identifying Information - Step 2 of 6

The purpose of collecting the Employer Identification Number (EIN) or the Social Security Number (SSN) is to comply with Florida Statutes {119.071(5)} and the IRS regulations {CFR 60-4.3} to file 1099 forms when applicable.

Unique ID & Company Profile ?

* Tax Identification Number 1

* Entity Name 2

Additional Name 3

http://URL [Open URL](#)

Unique ID & Company Profile ?

Example

* Tax Identification Number 123456778 1

* Entity Name ABC Inc. 2

Additional Name BLUE HAVEN CO.

http://URL www.bluehaveco.com 3 [Open URL](#)

1. Enter your Tax ID number **without** dashes (e.g., 123456789).
2. Enter the name registered with the IRS under the Tax ID.
3. If applicable, enter an alternative payment name in the 'Additional Name' field.

Profile Questions ?

* Please attach a completed and signed W9 here. Ensure it is the most recent IRS form. 

* Select appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following boxes. 

If Other, please provide tax classification details.

* Please attach a completed "FLORIDA STATE COLLEGE AT JACKSONVILLE Human Trafficking Attestation" form 

* Are you or the business owner or any company owner an employee of Florida State College at Jacksonville (FSCJ)? 

If yes to the previous question, give the name of the employee(s)/faculty/adjunct instructor or Board Member and describe in detail their relationship with your company and the College.

1. Upload a signed and dated W-9 using the 'Add Attachment' button. **Note:** The W-9 must be signed within the same month of the application submission.
2. Select the appropriate federal tax classification using the magnifying glass icon.

Pick List

List Line Number	List Item
1	Individual/sole proprietor or single-member LLC
2	C Corporation
3	S Corporation
4	Partnership
5	Trust/Estate
6	Limited Liability Company - C Corporation
7	Limited Liability Company - S Corporation
8	Limited Liability Company - P Partnership
9	Other

3. If "other" is chosen, please use this field to list what classification the entity is. For example, "503C".
4. Upload your completed Human Trafficking Attestation (HTA) form. *If you are a government entity, upload a blank form.*
 - a. All other entities are **required** to submit a signed HTA form.
 - b. If the entity type is "individual" the HTA is *not required* and will not be asked to submit.

5. Indicate whether you, the business owner or any company owner are an FSCJ employee.
6. If the answer was yes to being an employee at FSCJ, please answer the following question.

* Is your business greater than 5% disadvantaged, woman or minority owned and controlled?		1	
If yes to the previous question, please check the appropriate group(s).		2	
If your company is certified disadvantaged, woman or minority owned through DMS or VA, attach a copy of certification.		3	Add Attachment
If your company is certified minority owned, please enter the certification agency and number.		4	
* Please check the category of goods you request the College consider procuring from your company.		5	
If you chose "Other-Not Listed" as the category type please provide the details of the category/categories of goods or services your company provides.		6	
* Please enter your College point of contact.		7	

1. Select either "yes" or "no" regarding the business being greater than 5% disadvantaged, woman or minority owned.
2. If the answer was yes to the previous question, please select the magnifying glass to see the picklist of answers to choose from.
3. If the company is a certified disadvantaged woman or minority owned through DMS or VA please attach a copy of the certification here.
4. Enter the certification agency and number if this question is applicable to the company.
5. Select the magnifying glass and choose from the picklist of items of what goods or services the company offers.
6. If the goods or services are not listed in the previous question select "other-not listed" please type in the goods or services, that are offered in this field.
7. Enter the FSCJ college point of contact with both the first and last name.

Addresses Page

Addresses - Step 3 of 6

Please insure your Primary Address is the address where the requester of the W-9 will mail their information returns.

Primary Address ⓘ

* Country **1**

Address 1

Address 2

Address 3

City

County Postal

State

Email ID

Other Addresses ⓘ

Check boxes below to indicate addresses that are different from your Primary Address above:

☐ Remit To Address **2**
Address for remitting payment

☐ Invoice Address **3**
Address from which you send invoice **4**

Exit **< Previous** **Next >**

1. Enter the main address listed on the W-9.
2. If applicable, enter remit-to addresses.
3. If applicable, enter invoice addresses.

Other Addresses ⓘ

Check boxes below to indicate addresses that are different from your Primary Address above:

☒ Remit To Address **1**
Address for remitting payment

* Country

Address 1

Address 2

Address 3

City

County Postal

State

Email ID

☒ Invoice Address **2**
Address from which you send invoice

* Country

Address 1

Address 2

Address 3

City

County Postal

State

4. Click 'Next' to proceed.

Contact Page

The screenshot shows a multi-step form with six steps: Welcome, Identifying Information, Addresses, **Contacts** (highlighted with a green box), Payment Information, and Submit. Below the progress bar, the text reads 'Contacts - Step 4 of 6' and 'Please ensure you enter at least one company contact.' A section titled 'Company Contacts' with a help icon contains the instruction: 'You have not added any contact information to your application. Choose "Add Contact" to add new contact information.' A blue 'Add Contact' button is highlighted with a green circle containing the number 1. At the bottom, there is a legend for '* Required field' and navigation buttons: 'Exit', '< Previous', and 'Next >'.

1. Click 'Add Contact' to enter contact details for your contact information or primary contact information for your organization.

The 'Add Contacts' dialog box is shown with a close button (X) and a 'Help' link. It is divided into two main sections: 'Contact Information' and 'User Profile Information', each with a help icon. In the 'Contact Information' section, fields for 'Description', '* First Name', '* Last Name', 'Title', '* Email ID', '* Telephone', 'Ext.', 'Fax Number', and 'Contact Type' are visible. The 'Primary Contact' checkbox is also present. In the 'User Profile Information' section, fields for '* Requested User ID', 'Password', 'Confirm Password', 'Description', '*Language Code', 'Time Zone', '*Currency Code', and '*Rate Type' are visible. Numbered callouts 1 through 5 point to the following fields: 1. * First Name, 2. * Email ID, 3. * Telephone, 4. Password, and 5. * Requested User ID. At the bottom are 'OK' and 'Cancel' buttons.

1. Provide the contact's name.
2. Provide the contact's email address.
3. Provide the contact's phone number.
4. Create a User ID and password. Save this information for future login.
5. Click 'OK' to continue.

Payment Information Page

Payment Information - Step 5 of 6

The preferred payment method for FSCJ is ACH. If ACH is chosen please ensure you check off the "Enable Email Payment Advice" and add a valid email address below the check box.

Payment Preferences

☐ Enable Email Payment Advice

Email Address

Payment Method

Supplier Banking Information

Country: USA United States

Bank Name

Branch Name

Bank ID Qualifier: 001

Bank ID

Branch ID

Bank Account Number

DFI Qualifier: 01

IBAN

Account Type: Checking Account

Check Digit

DFI ID

Both the bank ID qualifier & the DFI qualifier are required fields.

1. Enable email payment advice.
2. Enter the recipient email address.
3. Select your payment method: **ACH** or **system check**.

These are the only two you should choose from.

Payment Method: System Check

Automated Clearing House

Manual Check

System Check

Virtual Payment

4. For ACH, enter the Bank ID Qualifier (**001**), DFI Qualifier (**01**), routing number, account number, and account type.

Supplier Banking Information ⓘ

Country United States

Bank Name

Branch Name

Bank ID Qualifier United States Bank

1 Bank ID

Bank Account Number

3 DFI Qualifier Transit Number

IBAN

Account Type

2 DFI ID

4

The "Bank ID" & "DFI ID" is the bank routing number. Both fields are required to be filled out.

1. The **"bank ID"** is the bank's **routing number**.
2. The **"DFI ID"** is the bank's **routing number**.
 - a. Please enter in the routing number in **both places**.
3. Enter in the bank account number in this field.
4. Select if this is a checking or savings account.

Bank Phone

Prefix

Phone

Ext

Fax

1

Attachments ⓘ

[Add Attachment](#)

Attach the ACH form & a voided check or bank letter here.

1. Attach the ACH form, a voided check or bank letter for verification.

Submit Page

Submit - Step 6 of 6

Select the "Review" button to review the registration information.
Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

Email communication regarding this registration will be sent to:

Terms and Conditions ⓘ

Make sure you read terms of agreement fully before submitting your registration.
☒ Select to accept the Terms of Agreement below.
[Terms of Agreement](#)

1. Verify the email address.
2. Read & accept the "Terms of Agreement".
3. Select the submit button.
4. Click 'Next' to complete the registration.

Thank you

Thank you for registering with the E-Supplier system at Florida State College at Jacksonville. We appreciate your time and interest in becoming a supplier with us.

You will soon receive two separate emails:

- A registration confirmation
- Your User ID and password credentials

Once your application has been reviewed and approved, you will receive a formal approval notification. At that point, your supplier registration will be considered complete.

If additional information is required during the review process, a system-generated email will be sent to the email address provided during registration.

For any questions or assistance, please feel free to contact us at suppliercontact@fscj.edu.

Thank you again for partnering with FSCJ.