

PHILLIPS INFRASTRUCTURE HOLDINGS

SUPPLIER REGISTRATION INSTRUCTIONS October 2022





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1. SUPPLIER REGISTRATION FORM

The Phillips Infrastructure Holdings, Inc. ("Phillips") Supplier Registration Form is designed to streamline the registration process and ensure your organization's information is as current and accurate as possible in our Contract Lifecycle Management (CLM) system, Conga Contracts.

Click on the following link to access the Phillips Subcontractor Registration page: <u>https://pandj.com/subcontractor-registration/</u>. Review the information on the page and then click on the **Vendor Registration Portal** link to access the Conga Contracts Portal login screen.





2. REGISTERING IN THE CONGA CONTRACTS PORTAL

2.1 NEW REGISTRATION

1. When you click on the Vendor Registration Portal link, you are taken to the **Conga Contracts Portal** login screen. If you have never registered before, select **I need to register.**

con	CONga Contracts [®]							
	Login							
	● I have an account							
	Email Address:							
	Password:							
	Login Forgot Password							
	I need to register							
	1.866.502.3334							
	© COPYRIGHT 2006-2022 CONGA. ALL RIGHTS RESERVED.							

2. Enter all the required information and click Register.

NOTE: Do not create more than one account for your company.

	Pogistor		
Ľ	egister		
	 I have an account 		
	 I need to register 		
	User Information		-
	First Name:		9
	Last Name:		
	Company Name:		0
	Email Address:		0
	Email Address Confirm:		0
	Password:		
		This field is required	
	Password Confirm:	This field is required	
	Password Reset		7
	Questions:	Select a question	• •
	Password Reset Answer:		0
	- Portal Settings		





3. In the **Supplier Registrations** section there are two tabs – **Registrations** and **Supplier**.

Conga Contracts [®]					
Supplier Registrations	Registrations Supplie				
User Settings	 Edit Supplier Registration (?) Company Name: (?) DUNS Number: 	ABC Consulting, Inc.			

4. In the **Supplier** tab, click **Edit** to complete all fields in this section. Company Name is automatically populated with the name you provided during the account registration process.

CONGA Contracts					
Supplier Registrations	Registrations Supplie				
User Settings	Sedit				
	Supplier Registration	Information			
	[?] Company Name:	ABC Consulting, Inc.	(?) Tax ID:		
	[?] DUNS Number:				
	Supplier Address Info	rmation			
	[?] Address Line 1:		[?] Country:	Select a country	
	(?) Address Line 2:		(?) Web Address:		
	[?] City:		[?] Phone Number:		
	[7] State:	Select a state	[?] Fax Number:		
	(?) Postal Code:				

5. Click Save.

CONga Contracts						
Supplier Registrations	Registrations Supplie	r			-	
User Settings						
	Save					
	Please fill out the form I You will then be taken to t	pelow and click Save. the Supplier Registration page where you will be able to revi	ew/update documents and submit your reg	gistration.		
	A Supplier Registration Information					
	[?] Company Name:	ABC Consulting, Inc.	[?] Tax ID:			
	[?] DUNS Number:					
	Supplier Address Info	rmation				
	[?] Address Line 1:	100 Main Street	[?] Country:	United States	Ŧ	
	[?] Address Line 2:		[?] Web Address:			
	[?] City:	Franklin	[?] Phone Number:	(508) 123-4567		
	[?] State:	Massachusetts	- [?] Fax Number:			
	(?) Postal Code:	02038				

6. In the Registrations tab, select Supplier Registration Form.

CONga Contracts							Logout
Supplier Registrations	Registrations Supplier						
User Settings	Name	Ŷ	Company	Description	Status	Notes	
	Supplier Registration Form		Phillips Infrastructur	Supplier Registratio	Pending	Saved changes to the supplier registration.	





7. You are taken to the Supplier Registration Form. Read the Instructions.

conga Co	Conga Contracts					
Supplier Registrations	Registrations Supplier					
User Settings	Back to Browse Edit Submit Instructions	Status : Pending				
	This form is designed to streamline the registration process and ensure your organization's informa as complete an accurate as possible. If you have questions or concerns please email contracts@pt	tion is as current and accurate as possible. Please fill out this form in its entirety, ensuring your answers are illilipsih.com if you have any questions.				
	Suppler Registration	$^{\textcircled{0}}$ Please answer the following questions to be best of your ability and provide any requested supporting documentation with your registration.				
	Contact Information	Assessment Criteria - Primary Evaluation Questions				
	Parent Company Name (if applicable): County:	During the past five-year period, has your company received a judgment for the commission () of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract or subcontract?				
	(?) Contact Name:	Public Performance Violation:				
	Contact Phone 1: Contact Phone	0 During the past five-year period, has your company received a judgment for the violation of Federal or State antitrust statutes relating to the submission of bids?				
	2: Contact Email:	Bid Submission Violation:				

8. Click Edit.

NOTE: Please fill out the form in its entirety, ensuring your answers are as complete an accurate as possible. At the bottom of the form, above the Documents section, you must click **Save** to register and save all your answers. If you have questions or concerns, please email <u>contracts@phillipsih.com</u>.

NOTE: Required fields are outlined in **red**.

Registrations	Supplier
ack to Br	rowse 🔀 Edit 🗸 Submit
(i) Instructio	ons
This form is deal	signed to streamline the registration process and ensure your organization's information accurate as possible. If you have questions or concerns please email contracts@phillip
Supplier Registration Date:	

9. Enter a Supplier Registration Date and then complete Contact Information.





(i) Instruction	IS					
This form is designed to streamline the registration process and ensure your organization's information as complete an accurate as possible. If you have questions or concerns please email contracts@phillip						
Supplier Registration Date:	09/13/2022					
Contact Inform	ation					
Parent Company Name (if applicable):						
County:	Norfolk					
[?] Contact Name:	James Smith					
Contact Phone 1:	555-123-4567					
Contact Phone 2:						
Contact Email:	james@abcconsulting.com					

10. Complete the **Company Background / Socioeconomic Status** section. If a required field is not applicable, enter or select N/A.

Company Back	ground / Socioeconomic Status	
No. of Employees:	201-500	Ŧ
Do you use temporary		
employees,	Both	~
both?:		
[?] Name of product supplied / services	services performed	
performed:	Expand	
Geographic	Entire Midwest	
areas willing to	Entire Northeast	
WOIN.	Entire Northwest	
	Entire Southeast	
	Entire Southwest	
	Entire United States	
[?] Other/additiona areas:	a N/A	
	Expand	





Annual Revenue size:	1-1,000,000	Ŧ
Social economic status:	Minority-Owned Business	
	Other	
	Service-Disabled/Veteran-Owned Business	
	Small Business	
	Small Disadvantaged Business	
	Veteran-Owned Business	• •
[?] Social		
economic status	N/A	
(oution).		
Method:		*
[?] If 3rd Party,	N/A	
Certifier's Name:		
[?] 3rd Party	· · · ·	
Certification	N/A	
Numbers.		

11. Complete **Authorization for Signature**. You are required to enter the name and title of at least one Authorized Signatory, and if your business is a Corporation, you must attach a copy of the certified Corporate Resolution granting the individual the right to sign on behalf of the Corporation.

Authorization for Signature		
(i) The following	g individuals are authorized to sign contracts and change order documents binding our business:	
Authorized Signatory 1:	Jennifer Smith	
Authorized Signatory 1 Title:	CEO	
Authorized Signatory 2:		
Authorized Signatory 2 Title:		
Authorized Signatory 3:		
Authorized Signatory 3 Title:		
Authorized Signatory 4:		
Authorized Signatory 4 Title:		
Authorized Signatory 5:		
Authorized Signatory 5 Title:		
If your busine the right to s	ess is a Corporation, please attach a copy of the certified Corporate Resolution granting the individual ign on behalf of your Corporation	

12. In the second column, answer all **Assessment Criteria questions**. Each question is in a blue panel and the answer is provided in the field that follows it.





Please answer the following questions to be best of your ability and provide any requested supporting			
O documentation with your registration.			
Assessment Cr	iteria - Primary Evaluation Questions		
During the pa offense in co or subcontra	ast five-year period, has your company received a judgment for the commission of fraud or a criminal nnection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract ct?		
Public Performance Violation:	No		
Ouring the partition of	ast five-year period, has your company received a judgment for the violation of Federal or State utes relating to the submission of bids?		
Bid Submission Violation:	No		
During the pathent the forgery	ast five-year period, has your company received a judgment for the commission of embezzlement, bribery, falsification or destruction of records, or making false statements?		
Fraud:	No 🔻		

During the past five-year period, has your company received a judgment for tax evasion, violating Federal or State criminal tax laws, or receiving stolen property?				
ax Evasion: No				
Ouring the particular debarment b	ast five-year period, has your company been debarred or is currently under consideration for y any Federal or State governmental entity?			
Debarment:	No 👻			
Ouring the particular State or Federation	ast five-year period, has your company declared bankruptcy or filed for protection from creditors under eral proceedings?			
Bankruptcy:	No 👻			
(i) During the pa	ast five-year period, has your company defaulted on a contract?			
Contract Default:	No 👻			
(i) During the pa	ast five-year period, has your company had any job-related fatalities?			
Fatalities:	No 👻			
Ouring the parameters amount that	ast five-year period, has your company been notified of any delinquent Federal or State taxes in an exceeds \$3,000 for which the liability remains unsatisfied?			
Delinquent Taxes:	No]		





-

		-
(i) During the p	ast five-year period, has your company been assessed liquidated damages?	
Liquidated Damages:	No	Ŧ
(i) During the p	ast five-year period, has your company had any type of bond called?	
Bond Called:	No	Ŧ
(i) During the p	ast five-year period, has your company defaulted on a loan with its financial institution?	
Delinquent Payments:	No	Ŧ
(i) Is your comp EMR letter v	pany's current Worker Compensation Experience Modification Rating greater than 1.0? Please provide with verification from your insurance company.	;
EMR Rating:	No	Ŧ
() Is your comp company sa	bany's current OSHA Total Recordable Case Rate greater than 3.8? Please provide documentation of fety statistics from your OSHA 300 log for the past 3 years.	
OSHA Recordable Rate:	No	Ŧ
(i) During the p	ast five-year period, has your company received an OSHA citation (active or pending)?	
OSHA Citation:	No	Ŧ
Ouring the p Local)?	bast five-year period, has your company received any type of environmental citation (Federal, State, or	
Environmental Citation:	No	Ŧ
Oces your of form.	company have a written Health & Safety Program, Manual, and/or Handbook? Provide a copy with this	
Health & Safety Program:	Yes	Ŧ
(i) Does your o	company have a documented Substance Abuse Program? Provide a copy with this form.	

Complete the Insurance Information section. When submitting the registration form, you must upload a current Certificate of Insurance (COI).

() Does your company have a written Quality Control Program? Provide a copy with this form.



SAP Program:

QC Program:

Yes

Yes



\$

Insurance Information		
Please provide a current COI with the submission of this form.		
Can you con our minimum	nply with our minimum requirements listed below? Please check "Yes" or "No" for each. Please note, n standards may increase to conform with prime contract requirements.	
General Liability Each Occurance Yes \$1,000,000:		Ŧ
General Liability Aggregate \$2,000,000:	Yes	Ŧ
Auto Liability \$1,000,000:	Yes	Ŧ
Worker Comp Statutory?:	No	*
General Liability Carrier:	General Liability Carrier ABC	
G/L Amount:	1,000,000.00	÷
Auto Carrier:	Auto Carrier ABC	
Auto Amount:	1,000,000.00	÷
Work Comp Carrier:	Work Comp Carrier ABC	
[?] Work Comp Amount:	1,000,000.00	-
Excess Liability Carrier:	Excess Liability Carrier ABC	
Excess Liability Amount:	1,000,000.00	-
Employer Liability Carrier:	Employer Liability Carrier	

14. At the bottom of the screen, after the Insurance Information section, <u>click Save</u> to save all the completed data in the form. If you need to edit any information before submitting, click Edit again at the top of the screen.

Excess Liability Amount:	1,000,000.00	4
Employer Liability Carrier:	Employer Liability Carrier	
Employer Liability Amount:	1,000,000.00	-
	Save Save	Cancel

- 15. Two documents are required for the registration process a W-9 and a Certificate of Insurance (COI).
 - a) Documents that are required are marked with a **red** left border (see below).
 - b) Some document types include a sample.

1,000,000.00

c) To attach a document, click **Upload**.

Employer

Liability Amount:





C	locuments	
	W-9	① This document is required for the registration process.
	W-9 Form 2018	
	W-9 FORM 2018.pdf	
	129 KB	
	application/pdf	
	Please upload a completed W-9 form	Upload
Γ	Certificate of Insurance	① This document is required for the registration process.
	This is a SAMPLE Certificate of Insurance	
	Sample ACORD Insurance Cert.pdf	
	44.6 KB	
	application/pdf	
	Please upload a COI	Upload

- d) Select the file.
- e) Enter any relevant notes regarding the document.
- f) Click Submit.

Upload Document		8
File:	C:\fakepath\Certificate of Insurance.docx Select	
Notes:	Certificate of Insurance	
	Expand	
	Submit 🔀 Cano	el

g) Once a document is uploaded the **red** border converts to **green**.

ocuments		
W-9	① This document is required for the registration process.	
W-9 Form 2018		
W-9 FORM 2018.pdf		
129 KB		
application/pdf		
Please upload a completed W-9 form	Upload	
Certificate of Insurance	This is a SAMDLE Confidente of Texasono	
	Samela ACORD Insurance Cert adf	
	44.6 KB	
	application/pdf	
Please upload a COI	Certificate of Insurance.docx	
	12.8 KB	
	application/vnd.openxmlformats-officedocument.wordprocessingml.document	
	Download Upload Delete	

h) Repeat the process for the second required document.





Documents	
W-9	
	W-9 Form 2018
	W-9 FORM 2018,pdf
	129 KB
	application/pdf
Please upload a completed W-9 form	W-9.docx
	13.1 KB
	application/vnd.openxmlformats-officedocument.wordprocessingml.document
	Download Upload Delete
Certificate of Insurance	
	This is a SAMPLE Certificate of Insurance
	Sample ACORD Insurance Cert.pdf
	44.6 KB
	application/pdf
Please upload a COI	Certificate of Insurance.docx
	12.8 KB
	application/vnd.openxmlformats-officedocument.wordprocessingml.document
· ·	Download Delete

16. There are **seven additional, optional document types** that you can upload to the registration form – EMR Letter, OSHA 300 Log, Health & Safety Program/Manual/Handbook, Substance Abuse Program Document, Quality Control Program Document, Right to Sign and Disadvantage Business Third Party Certificate. These documents have a **yellow** border.

NOTE: <u>If you answered Yes to any of the Assessment Questions and the instructions indicate providing a</u> <u>relevant document</u>, **please upload the relevant document to the registration form**. If all proper forms are not uploaded, approval of the registration can be delayed.

EMR Letter	
Please provide EMR letter with verification from your insurance company.	Upload
OSHA 300 Log	
Please provide documentation of company safety statistics from your OSHA 300 log for the past 3 years.	Upload
Health & Safety Program/Manual/Handbook	
If you answered Yes to Health & Safety Program, please upload a copy.	Upload
Substance Abuse Program Document	
If you answered Yes to SAP Program, please upload a copy.	Upload
Quality Control Program Document	
If you answered Yes to QC Program, please upload a copy.	Upload
Right to Sign	
If your business is a Corporation, please attach a copy of the certified Corporate Resolution granting the individual the right to sign on behalf of your Corporation.	Upload
Disadvantage Business Third Party Certificate	
If you have a Third Party Certification, please upload your certificate.	Upload

17. Once you have completed all fields, answered all questions, and uploaded all required and relevant documents, scroll back to the top of the screen, and click the **Submit** button.





CONga Contracts [®]				
Supplier Registrations	Registrations	Supplier		
User Settings	a Back to Browse a Edit v Submit			
	() Instructions			
	This form is designed to streamline the registration process and ensure your organization's inform questions or concerns please email contracts@phillipsih.com.			
	Supplier Registration 09/13/2022 Date:			
Contact Information				

18. A pop-up screen appears asking to confirm that you are ready to submit. Click **Submit**.

Confirm Submission	8
Are you sure you want to submit this registration? Once submitted all approvers will be notified by email that the registration has been completed.	
Submitted for approval	
<u>Expand</u>	
Submit Cancel	

19. Your registration is submitted, all approvers are notified, and you are brought back to the Registrations screen where Status is *Submitted*.

conga co	2a Contracts"							
Supplier Registrations	Registrations Supplier							
User Settings	Name	Company Description Status Note		Notes				
	Supplier Registration Form	Phillips Infrastructure Holdi	Supplier Registration Form	Submitted	Submitted for approval			
						_		

20. You can now log out of the Portal by clicking Logout.

Ī	conga Co	ntracts	24			 Logout
	Supplier Registrations	Registrations	Supplier			
	User Settings					

21. When your registration is approved, you receive an email notification from the **Conga Contracts Portal** indicating that the Registration has been accepted.





Conga Contracts Portal							
Conga Contracts Supplier Registration	Conga Contracts Supplier Registration Accepted Yahoo/Inbox *						
Conga Contracts Supplier Registration Ac To: rzandbergs@yahoo.com	🕞 • Conga Contracts Supplier Registration Accepted < donotreply@app1.congacontracts.com> 👼 Tue. Sep 13 at 3.00 PM 🜟						
	Conga Contracts Sup	oplier Registration Accepted					
	Registration Accepted						
	Testing Company, Inc.						
	Company	Phillips Infrastructure Holdings, Inc					
	Supplier Registration Type Registration Description	Testing Company, Inc. Supplier Registration Form Supplier Registration Form					
	Go To Supplier Registration »						

22. If you log back into the Conga Contracts Portal, Status is Accepted.

CONGA Contracts"										
Supplier Registrations	F	Registrations	Supplier							
User Settings					_					
		Name			Ť	Company	Description	Status	Notes	
		Supplier Regis	tration Form			Phillips Infrastructur	Supplier Registratio	Accepted	Accepted registration.	
	1									_

2.2 MODIFY AN ACCEPTED (APPROVED) REGISTRATION

1. If you have registered before in the Conga Contracts Portal and would like to modify the answers in your accepted (approved) Supplier Registration Form, select **I have an account**.

con	<mark>ga</mark> Cont	racts∗			
	Login				
	 I have an accord 	ount			
	Email Address:	1		9	
	Password:			0	
			Login	Forgot Password	
	I need to regis	ster			
1.866.502.3334					
	© COPYRIG	GHT 2006-2022 CON	GA. ALL RIGHTS	RESERVED.	

2. Enter you Email Address and Password and click Login.





con	Conga Contracts [®]						
	Login						
	I have an accord	punt					
	Email Address:	email@email.com					
	Password:						
		Login Forgot Password					
	I need to register						
1.866.502.3334							
© COPYRIGHT 2006-2022 CONGA. ALL RIGHTS RESERVED.							

- 3. Once you are in the Portal, select **Supplier**, if you need to update any **general information**.
 - a) Click **Edit** to modify the data.
 - b) Click Save.

CONQA Contracts					
Supplier Registrations	Registrations Supplier	r i			
User Settings					
	🔊 Edit				/
	- A Supplier Registration I	Information			
	[7] Company Name:	Testing Company, LLC	(7) Tax ID:		
	[7] DUNS Number:				
	🔺 Supplier Address Infor	simation			
	(?) Address Line 1:	200 Main Street	(?) Country:	United States	
	(?) Address Line 2:		(?) Web Address:		
	[?] City:	Franklin	(?) Phone Number:	(508) 555-1234	
	(?) State:	Massachusetts	(?) Fax Number:		
	[?] Postal Code:	02038			

- 4. Click **Registrations** if you need to update any data in the **Supplier Registration Form**.
 - a) Select the form.
 - b) Click Edit to modify the data.
 - c) Click Save at the bottom of the data section.
 - d) Upload any relevant documents.
 - e) Scroll back to the top of the screen and click Submit.

conga Co	ntracts			Logout					
Supplier Registrations	Registrations	Registrations Suppler							
User Settings	ack to Bro	wse 📝 Edit 🖌 Submit	Status : Accepted - Accepted registration						
	Instructions This form is designed to streamline the registration process and ensure your organization's information is as current and accurate as possible. Please fill out this form in its entirety, ensuring your answers are as complete an accurate as possible. The bottom of the form, above the Documents section, you must click. Since to save all your answers. If you have questions or concerns please email contracts@philipshi.com.								
	Supplier Registration Date:	10/17/2022	$^{\odot}$ Please answer the following questions to be best of your ability and provide any requested supporting documentation with your registration.						
	Contact Inform	ation	Assessment Criteria - Primary Evaluation Questions						
	Parent Company Name (if applicable):		During the	past five-year period, has your company received a judgment for the commission of fraud or a fense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, notified or sub-contrat?					
	County:	Norfolk	or cooury o						
	19 Contact Name: Jane	Public Performance Violation:	No						
	Contact Phone 1:	508-555-1234	During the past five-year period, has your company received a judgment for the violation of Feder						
	Contact Phone 2:		Bid Submission	ual algules reliaing to the automisation of prast					
	Contact Email:	iane@email.com	Violation	NO					

