

Purchase Change Request



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
MU19MAINT

FY 24	Buyer MD	Date 12/13/23	Account Varies	P.O. Date 01/25/2019	Contract MU19MAINT
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement	Document Action <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input checked="" type="checkbox"/> Change of Vendor Name/Address <input checked="" type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. GDI Services, Inc. 24300 Southfield Rd. Suite 300 Southfield, MI 48075	Vendor Code 392079800	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 502-608-6457	Fax	FEIN# 39-2079800

Item#	Quantity	Description of Change	Unit Price	Extended Price
		<p align="center">Change Order # 18</p> <p>To make the following change(s) in accordance with the same terms and conditions, prices, and specifications contained in the original contract and all authorized change orders.</p> <p>1. To update the vendor information per the attached letters, as noted below: Change from: Atalian US Ohio Valley Inc. DBA Atalian Global Services 525 Washington Blvd. 25th Floor Jersey City, NJ 07310 Change to: GDI Services, Inc. 24300 Southfield Rd., Suite 300, Southfield, MI 48075</p> <p>2. Issue emergency extension to allow time to rebid and award new contract for Janitorial services.</p> <p>Extension Dates: January 1, 2024 - June 30, 2024.</p>		

Reason for Change: 1. Update Vendor information 2. Process Emergency Extension Vendor Email Addresses: Gary Sawyers, Jr, District Manager gary.sawyers@atalianworld.us Todd Given, Branch Manager, todd.given@atalianworld.us	Previous Total	\$	Open-End
	Increase	\$	-
	Decrease	\$	-
	New Total	\$	Open-End

Approved: Misty DiSilvio 12/20/23
 Authorized Signature Date

N/A
 Attorney General if required Date



Office of Purchasing

Renewal Letter

12/18/2023

GDI Services, Inc.
24300 Southfield Rd. Suite 300
Southfield, MI 48075

Re: Contract Extension for Contract MU19MAINT

Hello,

The above-referenced contract expires on 12/31/2023. There is a provision for extension upon written mutual agreement of the parties.

Please complete the section below if you agree to extend the contract effective 01/01/2024 through 06/30/2024, under the same terms and conditions as the original contract including all approved change orders.

Please return the executed letter via email at your earliest convenience.

If you have any questions, please feel free to contact me at delong16@marshall.edu.

Sincerely,

Misty DiSilvio
Contract Specialist

I agree to renew the contract referenced above for an additional one (1) year period under the same terms and conditions as the original contract.

Yes No

Yes, subject to the following changes indicated below or in the attached letter.

Signature

12-20-23

Date



December 1, 2023

Misty DiSilvio
Assistant Director
Office of Purchasing
Old Main 125
One John Marshall Drive
Huntington, WV 25705

Letter Reviewed by:

A handwritten signature in blue ink that reads "Misty DiSilvio".

Misty:

In reference to your email to District Manager Gary Sawyers, please be advised that in contract MU19MAINT, all terms and conditions will remain in place until the end of the contract.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Angie Price".

Angie Price
Regional Vice President
GDI Integrated Facility Services
4695 Hilton Corporate Drive
Columbus, OH 43232
(740) 877-9105
Email: angie.price@gdi.com



PRIVATE & CONFIDENTIAL

BY EMAIL

To whom it may concern

Object: New Billing Information Atalian Global Services US, Inc.

Dear Madam or Sir,

As announced on October 16, 2023, Atalian Global Services US ("Atalian") has been acquired by GDI Services, Inc. effective November 1, 2023. GDI Services, Inc. is a wholly owned subsidiary of GDI Integrated Facility Services Inc., one of the largest facility services providers in North America with more than 26,000 employees operating across Canada and the USA.

As of the November 1, 2023, all payments owing to Atalian should be remitted to GDI Services, Inc. using the banking information enclosed.

GDI Services, Inc. will continue to perform its services in the same manner as they were performed by Atalian before the acquisition. It is important to note that there will be no change in our relationship with you. You will still be serviced by the same personnel and managers. We look forward to sharing GDI Services, Inc. full line of service offerings with you and your team soon. The terms and conditions of our outstanding agreements will remain the same.

As of November 1, 2023, please update your accounting and billing information as follows:

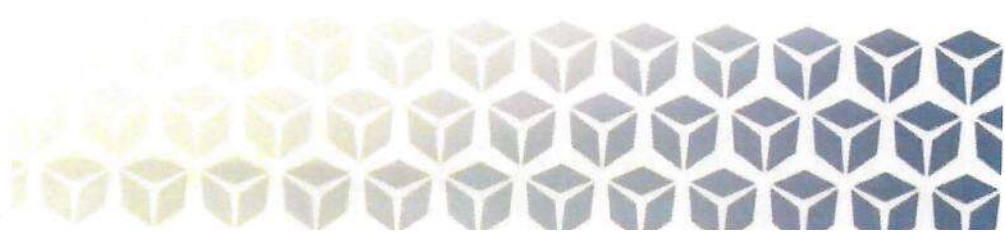
Supplier Name	GDI SERVICES, INC.
Supplier Address	24300 Southfield Rd. Suite 300 Southfield, MI 48075
Tax Registration Information	39-2079800

If you have any questions, please contact matt.nesbett@gdi.com. Unless an objection to this notice is received within 10 days, GDI Services, Inc. will presume that you have accepted the terms contained herein.

Best regards,

GDI Services, Inc.

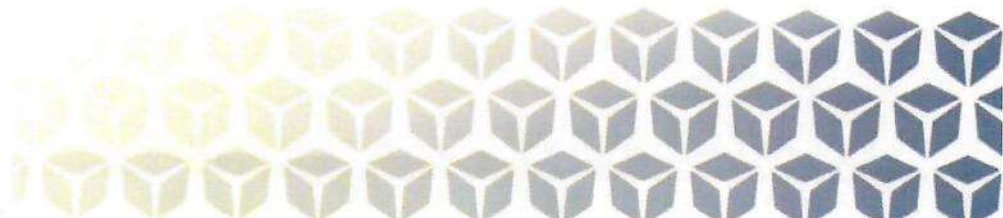
By: Matt Nesbett, SVP





Banking and Payment Information :

Bank Name: BMO Harris Bank
Address: 111 W. Monroe St., Chicago, IL 60603
Routing No: 071000288
Account No: 2645679 **SWIFT Address:** HATRUS44
Account Type: Corporate Checking
Account Name: GDI Services Inc.



Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. GDI Services Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 24300 Southfield Road, Suite 300	Requester's name and address (optional)
	6 City, state, and ZIP code Southfield, Michigan 48075	
	7 List account number(s) here (optional)	

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.

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

Social security number								
			-					
or								
Employer identification number								
3	9	-	2	0	7	9	8	0

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ <i>Denise Smith</i>	Date ▶ 02/13/2023
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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.

Purpose of Form

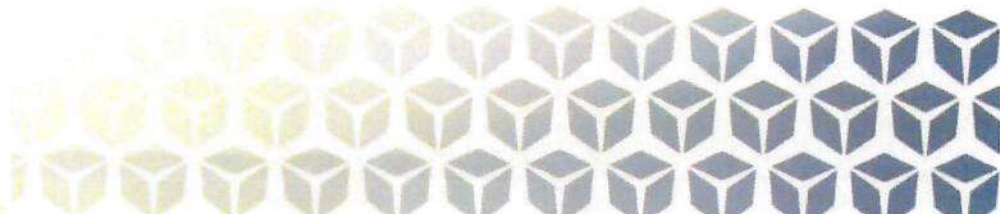
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.



Vendor/Customer

[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ VC0000135570	GDI SERVICES INC		Active	Inactive	

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▼ **General Info**

<p>Vendor/Customer : VC0000135570</p> <p>Legal Name : GDI SERVICES INC</p> <p>Alias/DBA : <input type="text"/></p> <p>Vendor Active Status : Active <input type="text"/></p> <p>Vendor Approval Status : Complete <input type="text"/></p> <p>Customer Active Status : Inactive <input type="text"/></p> <p>Customer Approval Status : Incomplete <input type="text"/></p> <p>Location Name : <input type="text"/></p> <p>First Name : <input type="text"/></p> <p>Middle Name : <input type="text"/></p> <p>Last Name : <input type="text"/></p> <p>Company Name : GDI SERVICES INC</p> <p>Previous Name : <input type="text"/></p> <p>Previous Street : <input type="text"/></p> <p>Previous City : <input type="text"/></p> <p>Previous State/Province : <input type="text"/></p> <p>Previous Country : <input type="text"/></p>	<p>Restrict Use by Department : <input type="checkbox"/></p> <p>Miscellaneous Account : <input type="checkbox"/></p> <p>Internal Account : <input type="checkbox"/></p> <p>Third Party Only : <input type="checkbox"/></p> <p>Third Party Vendor : <input type="checkbox"/></p> <p>Third Party Customer : <input type="checkbox"/></p> <p>Inventory Customer : <input type="checkbox"/></p> <p>Healthcare Provider : <input type="checkbox"/></p> <p>Never Archive : <input type="checkbox"/></p> <p>Restrict VSS Access : No <input type="text"/></p> <p>Discontinue - No New Business : <input type="checkbox"/></p> <p>Prevent MA Reference : <input type="checkbox"/></p> <p>PunchOut Enabled : <input type="checkbox"/></p> <p>Re-PunchOut Enabled : <input type="checkbox"/></p> <p>Electronic Order Enabled : <input type="checkbox"/></p> <p>W-9 Received : <input checked="" type="checkbox"/></p> <p>W-9 Received Date : 02/13/2023 <input type="text"/></p> <p>W-8 Received : <input type="checkbox"/></p> <p>W-8 Received Date : <input type="text"/></p> <p>Accepts Credit Cards : <input type="checkbox"/></p> <p>Active From : 11/14/2023 <input type="text"/></p> <p>Active To : <input type="text"/></p> <p>Last Usage Date : 11/15/2023 <input type="text"/></p> <p>Department : <input type="text"/></p> <p>Unit : <input type="text"/></p>
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▶ **Disbursement Options**

▶ **Prenote/EFT**

▶ **Remittance Advice**

▶ **Vendor Terms**

▶ **Accounts Receivable**

▶ **eMALL**

▶ **Location Information**

▶ **Fee and Vendor Compliance Holds**

Fee Exempt : <input type="checkbox"/>	Tax Clearance : <input type="checkbox"/>
Registration Application Date : <input type="text"/>	Unemployment Insurance : <input type="checkbox"/>
Registration Effective Date : <input type="text"/>	Worker's Compensation : <input type="checkbox"/>
Registration Expiration Date : <input type="text"/>	Secretary of State Registration : <input type="checkbox"/>
Pre-Registration Code : <input type="text"/>	Federal Debarred : <input type="checkbox"/>

▶ **Executive Compensation**

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▶ **Travel**

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