ightarrow ICF Supplier Hub: Potential Supplier Registration Process



Purpose: This document outlines the process for potential suppliers to register on the ICF Supplier Hub through the Zycus Supplier Network (ZSN).

The potential supplier will need to register by entering the following information in the ZSN through this link: <u>https://dewdrops.zycus.com/zsp/guest/genericRegister/ICF225</u>

- Enter email address
- Create password
- Confirm password
- Answer authentication question
- Accept the Zycus Terms & Conditions (T&C)
- Click Register

	English (US) English (US)
	Click to select language option
Need help in signing up?	
Lowboys 22000 Zr N. Seamless Csoarding Redefining efficiency with convenience	Click for tutorial help pertaining to registration
New User? Register	
Email Address	
Type your email address here	
Password	
Type password here	Ø
Confirm Password	
Re-type password here	Ø
Please Answer 1 + 9 =	
I accept Terms and Conditions	
Register	

1. A **one-time password** (OTP) will be sent to the potential supplier's registered email address. Enter the OTP in the designated field and click **Verify OTP**.

Dear USER,
Thank you for registering with the Zycus supplier Network. Please use the below OTP to activate your account.
OTP: 695140
This OTP is only valid only for 10 Min. Please activate your account within 10 min of receiving this e-mail.
Regards,
Zycus Supplier Network

←

Welcome to ZSN

If an account exists for "testsupplier1@icf.com" in the Zycus Supplier Network, then One-Time Password (OTP) will be sent to the email ID. Please check your inbox and spam folder.

Thank you	for registering with ZSN	

Enter OTP	
Enter OTP	
Please Enter the OTP	
Resend OTP	Verify OTP

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2. Complete your User Profile Registration and click Submit at the bottom of the page.

(Fields marked with are mandatory) My Profile			
First Name *	Last Name *	Display Name *	Job Title *
Michael	Jones	Michael Jones	Sales and Marketing
Phone Number *	Fax number	Country *	
248-555-7654	Enter fax	United States	
Additional Details (To be filled based on your country) Time Zone *	Currency *	Number Format *	Date Format *
	US Dollar	1,222,333.04	< мм-dd-үүүү ∨
America/New_York			
America/New_York Time Format *	Language *		

3. You will receive a **Success** pop-up box. Click **Next** to continue with company registration.



Note: You can continue to complete your company profile or have the option to come back later to complete this step.



4. Complete the **Company Registration Form** and click **Create**. A red asterisk (*) denotes a mandatory field to be completed.

Company Registration Form			(Fields mar
Company *			
S Belle Consulting Services LLC			
Address Type *	Address 1 *		
Head Quarter Address(HQ), Ordering Address	123 N Main Street		
Address 2	Address 3		
Address 2	Address 3		
PO Box Number	Country *		
PO Box Number	United States	© ~	
State *	City *		
Michigan @	Clawson		
7. (0	Burlan Bhar •		
48017	555-555-5555		
Business Fax			
Business Fax			

5. On the **Terms & Conditions Page**, check the box stating you agree to the terms and conditions and click **Continue**.

<u>ک</u>	My Company Profile Settings V Help V M	~
G. Home	Here • Acceset	1
	REFERENCE DOCUMENTS	
	Terms & Conditions Page	
	Disclaimer	
	ICF uses a thirdparty vendor management software platform (Platform). The Platform is owned and controlled by Zycus Infotech Physics Limited (Zycus) (ICF has careful) velocited Zycus to exhance the efficiency of our operations with Vendors and your use of the Platform is adjust to separate term and controlled by Zycus Infotech Physics Limited (Zycus) (ICF has careful) velocited Zycus to exhance the efficiency of our operations with Vendors and your use of the Platform is adjust to separate term adjusted in any damaterie is availability. functionality or performance. Any interruptions, error, or malfunctions in the Platform is service as an existing ICF scottel, and we shall not be held labels for any descent for the controlled and adjusted the terms risks accounter in the Platform. The Platform is adjust to be held labels for any damateria is availability. Functionally, or performance. Any interruptions, error, or malfunctions in the Platform is service as an existing ICF scottel, and we shall not be held labels for any descent for the Platform. Yes control were investing for the Platform is adjust to a set or use of the Platform. The Platform is adjust to adjust on any damateria is availability. Functions, adjust to adjust to a set or use of the Platform. Yes control were into adjust to adjust to any out of the Platform. The Platform is adjust to adjust to adjust to a set or use of the Platform. The Platform is adjust to adjust to a set or use of the Platform. The Platform is adjust to adjust to adjust to a set or use of the Platform. The Platform is adjust to adjust to a set or use of the Platform is adjust to adjust to a set or use of the Platform. The Platform is adjust to	
	Privacy Statement	
	ICP Collects your personal information to facilitate your access and use of Bource to Pay, including monitoring contract compliance. Without this information ICF would be unable to provide these services. Your personal information may be shared with output the distance of these services. They personal information may be shared with output the distance of these services. They personal information may be shared with output the distance of these services. They personal information de matched with output the distance of these services. They personal information is a solution of the services and concerving up annotal model and as the term of the personal information of the personal information is a hadded in accordance with TCP index provides (you service that you personal information is a hadded in accordance with TCP index provides (you personal information is a hadded in accordance with TCP index personal information is a hadded in a service is a service output of the personal information is a hadded in the personal information information is hadded in the personal inform	
	ICF Values	
	In using this Site, you agree to adde by IOP's values/phtps://www.icf.com/company/adu/our-values) and comply with ICP's policies, including IOP's Code of Bunkses Ethics and Conduct, tappier Code of Donduct, resources available at ICP's Ethics and Compliance/https://www.icf.com/company/ethics and compliance) website and other policies that may be provided to poly by the Company (see Trats to there values, policies and <u>Langers</u> to the above in the above	
	Continue	
		_

6. Complete Company Details and Doing Business with ICF (both of these sections are mandatory).

Company Details *	Doing Business with ICF •	Supplier Info - US	Doing Business With ICF in US	Documents & Certifi < ゝ

7. In **Company Details**, complete the **Legal Structure**, **Tax Details**, **Unique Entity Identifier**, and **Tax ID**.

Company Details * Doir	ng Business with ICF *	Doing Business W	ith ICF in US	US Federal Bus Classifications	US Federal I 🔇	\sim
Company Details						
Global Supplier Identifier			Legal Name *			
18739			S Belle Cons	sulting Services, LLC		
Legal Structure * 🕕			Legal Entity Re	gistration Country?		
Legal Structure		~	Legal Entity	Registration Country?		~
DUNs Number (i)		Г	Unique Entity I	dentifier		
DUNs Number			O Yes () No		
Unique Entity Identifier 🛈			Company Esta	blishment Date		
Unique Entity Identifier			MM/DD/YYY	Y		Ħ
Website Address						
Website Address						
Tou Datalla		1				
Tax Details		_				
Tax ID Format *			Tax ID			
US Federal Tax ID	US Social Security Number		Tax ID			
		<u> </u>				
		-			 indicates mand 	atory

7.1. Note when you select a Legal Structure, a pop-up box will appear. Click Proceed.

		3 Belle Consulting Services LLG		
Legal Structure * 🕥		Legal Entity Registration Country? ①		
Single Member LLC (SMLLC)		Legal Entity Registration Country?		
		Confirm		
DUNs Number ①		Changes made may affect subvisues)		
		Company - Company Detail-Sole Proprietor		
Unique Entity Identifier ①		Company - Type of LLC		
Unique Entity Identifier		Cancel Proceed		
Website Address				

- 7.1.1. Tax Details are based on the Legal Structure you have identified.
- US Federal Tax ID is required under the following:
 - Corporation
 - Limited Liability Company (LLC)
 - Non-Profit/Not for Profit
 - o Partnership
 - Sole proprietorship
 - Corporation/Public Limited Company (PLC)
 - o Joint Venture
 - Limited Liability Partnership (LLP)



- Other (501(c)3, Religious Institution, Government Entity, etc.)
- US Social Security Number (SSN) is required under the following:
 - Independent Consultant
 - Single Member LLC (SMLLC) Please see W9 Instructions on page 4, 2nd full paragraph under "Part 1" (right hand column) for more information
- VAT/Other (non-domestic) is required under the following:
 - Independent Consultant
 - Private Limited Company (LTD S.A., GmbH, etc.)
 - Corporation
 - Partnership
 - Other (Foreign Government Entity, Non-Profit/Not for Profit, etc.)
- 7.2. If you select **Individual Consultant** or **Sole Proprietor** as your **Legal Structure**, you will be prompted to answer the following questions in the **Company Detail Sole Proprietor** subview. If you answer "No" to the question "**Have you ever been employed by ICF?"** leave the fillable box blank.

Have you ever been employed by ICF? •	What was your ICF employee ID number or provide the last four of your SSN? 12345
Are you a current or have you been a former Government Employee in the last 3 years (federal, national, state, local, or military)? If yes, you may be asked to provide a letter from your agency's ethics office or equivalent as part of the onboarding process.	
► 🔿 Yes 💿 No	

8. Complete the **Doing Business** with ICF section.

	Doing Business with ICF	
	Are You, Or Will You Be, Doing Business with ICF-North America? Are You, Or Will You Be, Doing Business with ICF in other Re Yes No	gions? *
_	Are You, Or Will You Be, Doing Business with ICF in the United States? *	
	* i	ndicates mandatory

- 8.1. **Answer: Are you or will you be doing business with ICF-North America?** (This includes work being done in Canada and Mexico).
- 8.2. Answer: Are you or will you be doing business with ICF in the United States? (This includes work being done in the US). If you click "Yes," complete the additional questions.

Doing Business With ICF in US	
Are You, Or Will You Be, Doing Business Under a United States Federal Government Contract? •	Are You, Or Will You Be, Doing Business Under a United States State or Local Government Contract? *
O Yes O No	O Yes O No
Are You, Or Will You Be, Doing Business Under a Commercial Business Contract? * Yes No	

* indicates mandatory

8.2.1. Answer: Are you, or will you be, doing business under a United States Federal

Government Contract? If you click "Yes," complete the additional questions.

Note: The answers shown below are for example purposes only, please answer based on your classifications.

U.S. Federal Government Classifications	
The following designations are used by our US federal government clients in accordance with applicable regulatory or contractual requirement. Definitions are consistent with the applicable regulatory reference given for each classification below.	
Alaskan Native Corporations and IndianTribes ① O Yes No	Historical Black Colleges and Universities (HBCU)/Minority Serving Institutions (MSI) ① O Yes No
8(a) ① () Yes () No	AbilityOne Non-Profit ① ④ Yes O No
Woman-Owned Small Business 🕕	Small Disadvantaged Business ①
O Yes (No	🔿 Yes 💿 No
Service-Disabled Veteran-Owned Small Business	Historically Under-Utilized Business Zone
🔿 Yes 💿 No	🔿 Yes 💿 No
Veteran-Owned Small Business	Mentor Protege Program ①
🔿 Yes 💿 No	🔿 Yes 💿 No
	* indicates mandatory

- 8.3. Answer: Are you, or will you be, doing business under a Commercial Business Contract? If you select "Yes," complete the additional questions.
- 8.4. Answer: Are you or will you be doing business under a United States State or Local Government Contract? If you select "Yes," complete the additional questions.

Note: The answers shown below are for example purposes only, please answer based on your classifications.

Other U.S. Classifications	
The following designations are used by our state, local, or commercial clients in accordance with applicable regulatory or contractual requirement. The definitions vary, but these are the core categories	
Diverse/Minority Business Enterprise	Small Minority-Owned Business ①
O Yes (No	Yes O No
Woman-Owned Business Enterprise (i)	Veteran-Owned Business Enterprise
● Yes ○ No	🔿 Yes 💿 No
	* indicates mandatory

8.5. Answer: Are you or will you be doing business with ICF in other regions? If you select "Yes," complete the additional questions.

Note: The answers shown below are for example purposes only, please answer based on your classifications.

✤ Is your company minority owned? ①
🔿 Yes 💿 No
Other under represented group? Please specify \bigcirc
Other under represented group? Please specify
•

9. In the US Federal NAICS Code section, click Add new.



10. Select the **Sector Name** that describes your qualifications from the drop-down.

Sector Code & Description	
Sector Code & Description	~
Î	
-	
* indicat	es mandator
Cancel	Save
	Sector Code & Description Sector Code & Description • indicat Cancel

11. Select the applicable **Sector Code & Description** from the drop-down.

US Federal NAICS Code	
Sector Name	Sector Code & Description
Sector 51 – Information 💿	✓ Sector Code & Description ✓
	512110: Motion Picture and Video Production
Supplier Business Size	512120: Motion Picture and Video Distribution
Small/Independent Consultant	512131: Motion Picture Theaters (except Drive Ins)
	512132: Drive In Motion Picture Theaters
_	512191: Teleproduction and Other Postproduction Services
l l l l l l l l l l l l l l l l l l l	512199: Other Motion Picture and Video

12. Select the applicable **Supplier Business Size** and click **Save**.

Sector Name		Sector Code & Description	
Sector 51 – Information	8~	512110: Motion Picture and Video Producti	⊗~
Supplier Business Size			
C Large			
<u> </u>			

13. The **Documents & Certifications** section allows you to add additional documentation to support yourself or organization. To add supporting documentation, click **Add New**.

Documents & Certifications	Add New
No Records Available	
	* indicates mandatory

14. Select the **Document Type** you are uploading from the drop-down menu.

Documents & Certifications		
Document Type	Document	
Document Type	Drop a file here or browse file	
Official Name Change	A	
US Federal Documents	 indicates mandato 	ory
Other Supporting Document	Cancel Sav	e
Representations & Certifications	ness (i)	
Socio-economic Classifications		
Diveristy Certifications	nterprise ①	
Insurance Documents		
	* indicates mandatory	

15. Click **Browse** and select the files you would like to add to your profile. Once the files are attached, click **Save**. File size may not be larger than 10 mb.

ľ	Documents & Certifications				×
l	Document Type Insurance Documents	8 v	Document Drop a file here or browse file	0	P Browse
ocal				* indicate	s mandatory
	Small Minority	-Owned Rusines	s (i)	Cancel	Save

16. In the DBA / Alias section, you can add other names for the company for business purposes. Click Add New.

DBA / Alias		Add New
	No Records Available	
		* indicates mandatory

17. Enter the Alias Name.

17.1. Select Alias Type from the **drop-down.**

17.2. Select if the DBA/Alias Has Separate Addresses. Click Save.

Alias Name *	Alias Type *	
Healthy Kids of DMV	DBA	8
Has Separate Addresses?		
🔿 Yes 💿 No		

17.3. Repeat for each DBA/ Alias you or the entity uses.

18. Add additional addresses and contacts in the **Associated Address(es)** section as needed by clicking **Add New**.

ACCOUNT REFERENCE DOCU	MENTS							
Complete the supplier profile by providi	ng all required details in the main	views and the	ir sub-views.			∇	Q Search	
Company *	All Locations * Cont	act Details *						
Address *	Associated Address(e	s)						Add New
Capabilities								
	Select Legal/DBA supplie	er name Add	ress ID Accou	int Group	Address	Pho	ne Pho	one Extens Actions
	S Belle Consulting S	-	Head (Quarter Address	123 N Main St	reet, C 555-	555-5555 -	Edit
								indicates mandatory
	Showing Contact Deta	ills for All Loc	cations					Add New
	For Address	Contact Type	First Name	Middle Name	Last Name	Title	Email	Actions
	(HQOART)123 N Main S	Other	Shanay	-	Belle	Account Manag	jer sbelleconst	ultingserv Edit
				-				 indicates mandatory

19. Complete the fields with the red asterisk (*). Note if you are entering a **PO Box Number**, enter in the number without spaces.

Select Legal/DBA supplier name *	Account Group *
S Belle Consulting Services LLC	 ✓ Account Group
Address 1 *	Address 2
Address 1	Address 2
Address 3	PO Box Number *
Address 3	PO Box Number
Country *	State *
Country	✓ State √
City * 🗲	Zip / Postal Code *
City	Zip / Postal Code
Phone *	Phone Extension
Phone	Phone Extension
Fax	Fax Extension
Fax	Fax Extension
	* indicates mandator

20. Under **Account Group**, identify the type of address you are adding from the drop-down menu.

Account Group *		
Account Group	~	
Ordering Address (OA)	^ 	
Remit To Address (RT)		
Head Quarter & Orderi	ng Address	
Head Quarter Address Address(RT)	(HQ), Remit To	
Ordering Address(OA)	, Remit To Address(RT)	
Head Quarter Address	(HQ), Ordering	

21. Click Save.

Select Legal/DBA supplier name *		Account Group *	
S Belle Consulting Services LLC	~	Remit To Address (RT)	\otimes \sim
Address 1*		Address 2	
98765 Ratio Road		Address 2	
Address 3		PO Box Number	
Address 3		PO Box Number	
Country *		State *	
United States	⊗~	Michigan	\otimes \sim
City *		Zip / Postal Code *	
Troy		48088	
Phone *		Phone Extension	
248-555-5555		Phone Extension	
Fax		Fax Extension	
Fax		Fax Extension	
		* in	idicates mandator

22. View the Associated Address(es).

Associated Address(es)

Address Select Legal/DBA supplier name Address ID Account Group Phone Phone Exten Actions Edit S Belle Consulting S... Head Quarter Address... 123 N Main Street, C... 555-555-5555 _ _ S Belle Consulting S... Remit To Address (RT... 98765 Ratio Road, Tr... 248-555-5555 Edit --S Belle Consulting S... Remit To Address (RT... PO Box 6528, Royal O... 248-555-5555 Edit _ _ * indicates mandatory

Add New

23. In the Showing Contact Details for All Locations section, click Add New.

ACCOUNT REFERENCE DOCU	JMENTS				1	1.1.1.1			
Complete the supplier profile by providi	ing all required details in the mair	views and their	sub-views.			∇	Q Search		
Company *	All Locations * Con	act Details *						_	
Address *	Associated Address(e	s)							Add New
Capabilities	Select Legal/DBA supplie	er name Addre	ess ID Accou	unt Group	Address	Pho	ne	Phone Extens	Actions
	S Belle Consulting S	-	Head	Quarter Address	123 N Main St	reet, C 555-	555-5555	-	Edit
	Showing Contact Deta	ails for All Loca	ations					* indica	Ites mandatory
	For Address	Contact Type	First Name	Middle Name	Last Name	Title	Email		Actions
	(HQOART)123 N Main S	Other	Shanay	-	Belle	Account Manag	ger sbellec	onsultingserv	Edit
		4		-				indication	ites mandatory

24. Complete the fields with the red asterisk (*).

For Address *		Contact Type * 🛛 🕂 🕂	
Select	~	Contact Type	\sim
First Name * 🔶		Middle Name	
First Name		Middle Name	
Last Name *		Title * 🔶	
Last Name		Title	
Email * 🔶		Phone Number * 🔶	
Email		Phone Number	
Phone Extension		Cell Number	
Phone Extension		Cell Number	
Fax		Fax Extension	
Fax		Fax Extension	
Time Zone		Base language	
Time Zone	~	Base language	\sim
Date Format		Number Format	
Date Format	~	Number Format	\sim
Date Format	~	Number Format	
Currency		Supplier Portal Access?	

25. Select the **For Address** associated with the contact from the drop-down.



26. Select the **Contact Type** from the drop-down.

С	ontact Type *		
	Contact Type	×	~
	Other		Î
	Sales		I
	Accounts Receiv	able	I
	Technical Assista	ance	I
	Customer Servic	e	I
	Contracts Admin		ľ
	General		÷

27. Click Save.

Showing Contact Details for All Locations		
For Address *	Contact Type *	
(HQOART)123 N Main Street, Clawson, MI, \vee	Owner	O ~
First Name *	Middle Name	
Lilly	Middle Name	
Last Name *	Title *	
Josephs	CEO	
Email *	Phone Number *	
lillyjosephs.2006@gmail.com	248-555-5555	
Phone Extension	Cell Number	
Phone Extension	Cell Number	
Fax	Fax Extension	
Fax	Fax Extension	
Time Zone	Base language	
Time Zone V	Base language	~
Date Format	Number Format	
Date Format ~	Number Format	~
Currency	Supplier Portal Access?	
	Cano	cel Save

28. View new contact.

Showing Contact Deta	ils for All Loca	tions				l	Add New
For Address	Contact Type	First Name	Middle Name	Last Name	Title	Email	Actions
(HQOART)123 N Main S	Other	Shanay	-	Belle	Account Manager	sbelleconsultingserv	Edit
(HQOART)123 N Main S	Owner	Lilly		Josephs	CEO	lillyjosephs.2006@gm. ▶	Edit
			_			* indica	tes manda

29. Navigate to the **Capabilities** section. While **Capabilities** and **Business Certifications** are not required, adding them may assist you or your organization being chosen for a project.

Complete the supplier profile by providing all r	equired details in the main views and their sub-views.	Q Search	7
Company *	Capabilities (add up to 10) Business Certifications		
Address *	Capabilities (add up to 10)		Add New
Capabilities	No Records Availabl	le	
			* indicates mandatory
	Business Certifications		Add New
	No Records Availabl	le	
			* indicates mandatory

30. Click Add New.

Capabilities (add up to 10)	Add New	
No Records Available		
•1	ndicates mandatory	

31. Add up to 10 capabilities using the drop-down menus. Click **Save**. Note the **Provide any comments based on your selection** field may be completed, but is not mandatory.

ligh Level Capability	Sub Level Capability
Human Resources-Employee Benefits & C 💿	Employee Benefits & Compensation
Continent	Region ①
North America	North America
Country	State/Province
United States of America	Virginia 💿 🗸

32. Under the Business Certifications section, click Add New.

Complete the supplier profile by providing all r	Q Search	7	
Company *	Capabilities (add up to 10) Business Certifications		
Address *	Capabilities (add up to 10)		Add New
Capabilities			
	No Records Available	9	
			indicates mandatory
	Business Certifications		Add New
	No Records Available	9	indicates mandatory

33. Select the **Certification Type** from the drop-down, click **Browse** to add documentation, and then click **Save**.

ľ	Business Certifications		×			
	Certification Type	Certificate				
	Certification Type	Drop a file here or browse file	@ Browse			
b-\	ISO 27001 Certification					
	ISO 20000 Certification	* inc	idicates mandatory			
icat.	ISO 9001 Certification	Ca	ncel Save			
	SOC 2 Type 1	_				
	SOC 1 Type 1	Add New				
	SOC 1 Type 2					
	NIST 800-171 Compliant					

Note: If you need to come back to complete the registration or add more information, click **Save as Draft**.

Save as Draft	Submit

34. Once all your information is completed, click Submit.



35. A pop-up box will appear. Click **Submit** again.



Note: If there are errors, an **Errors/Warnings** message will appear at the top of the page. This message will list all items which require updating before the request can be resubmitted.



36. If all required documentation has been successfully submitted, you will receive a **Success** message. Click **OK**.



37. View your request and its current status.

							A A A AAAA		
Request Number 0	Company Name 🔉	GSID	Request Type	Supplier Type	ICF Region	Requested On 😄	Elapsed time 🗘	Status 🗘	Actions
29789	Steel and Company, Inc.	7829	Create	Potential	-NA-	03/15/2025	00:00	Pending Approval	
Show records 10 $$ $$ $$					100				Go to page 1

38. Click the **Home** button on the left side of your screen. Once your request has been approved, it will show here.

ZΥ			
Home	Show all cards		
		Incomplete Profiles (0)	
ICF		Pending Completion	
		No action required on the profiles	
		Supplier Requests	:
		S Belle Consulting Services LLC APPROVED	
		GSID Requested On 8430 05/02/2025	
		1 of 1 records	