

Vendor Onboarding Packet

Founding cohort now forming – reserve your kits with a non-binding Letter of Intent. Production begins once reservations reach our 5,000-kit first run.

MY FIRST DESK – 20-Kit Master Carton

SKU MFD-20 • \$599 / carton (20 student kits) • Age 4+ • CPSIA & ASTM F963-23 tested •
Designed by Dr. Aimee Ketchum, OTD, OTR/L

HOW TO ORDER – 3 STEPS

1 Download this packet for your AP to create our vendor record, which includes:

- Letter of Intent
- IRS Form W-9
- Certificate of Insurance
- Children's Product Certificate

2 Generate an estimated quote at:
myfirstdesk.info/pricing

3 Reserve your kits with a Letter of Intent – non-binding, no payment. Joins your school to our founding cohort for the first production run.

4 Issue your PO once the run is confirmed – when reservations reach our 5,000-kit first run, we produce and ship, invoicing Net 30.

PAYMENT & TERMS

- Net 30 from invoice date on approved POs
- FOB destination; shipping estimated on your quote
- Pay by PO, card, Google Pay, or Amazon Pay
- Tax-exempt with a valid certificate on file
- No interest or late fees unless agreed in writing

COMPLIANCE & CERTIFICATIONS

- CPSIA & ASTM F963-23 tested – Children's Product Certificate on file
- Not debarred or suspended (2 CFR Part 180)
- Non-collusion & no conflict of interest
- No on-site services or student contact (background-check rules N/A)
- Equal-opportunity & lawful conduct

Most orders need no formal bid

Under 2 CFR 200, purchases at or below the **\$15,000 micro-purchase threshold** need no competitive quotes (~25 cartons). Up to the **\$350,000** simplified-acquisition threshold, only a few quotes are needed – not a full RFP.

Questions or need help ordering? Email hello@myfirstdesk.info or visit myfirstdesk.info to download this packet, generate a quote, or place an order.

Non-binding Letter of Intent

Date: _____
School / Organization: _____
Primary Contact: _____
Title: _____
Email / Phone: _____

Pilot Program Interest

This Letter of Intent ("LOI") confirms that the above referenced school or organization ("Participant") is interested in exploring participation in the Kindergarten Readiness Box Pilot Program offered by Boston Labs for potential Spring 2027 implementation.

Participant is interested in the following estimated quantity:

Estimated Cost: \$30/box + shipping (orders of 240 boxes or more may be customized with logo)

Kindergarten Readiness Boxes (Units): _____

Estimated Rollout Timing: _____

Intended School(s) / Classroom(s): _____

Purpose

The purpose of this LOI is to support preliminary planning, budgeting, forecasting, and production discussions between the parties while Participant evaluates the program internally.

Participant understands that any future implementation may require:

- Formal quotation
- School-issued Purchase Order (PO)
- Production scheduling
- Delivery coordination
- Final procurement approval

Non-Binding Understanding

This LOI is non-binding and intended solely as an expression of current interest. It does not create a contractual obligation for either party and does not obligate Participant to purchase products or services. Any future agreement shall be subject to separate written quotation and mutually agreed purchasing documentation.

Acknowledged and Agreed

Participant MY FIRST DESK™

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Title: _____

Date: _____

IRS Form W-9

Our completed W-9 provides everything your accounts-payable team needs to create our vendor record: legal business name, EIN, entity type, address, and signature.

Form W-9 Form (Rev. March 2024) Department of the Treasury Internal Revenue Service		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 <i>Purpose of Form</i> , below.																																																																
Print or type. See Specific Instructions on page 3.	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.) Bryce Gibson	2 Business name/disregarded entity name, if different from above. Boston Labs Design and Manufacturing LLC																																																														
	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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P 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. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)																																																													
	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. ☐		Requester's name and address (optional)																																																													
	5 Address (number, street, and apt. or suite no.). See instructions. 11 Boyce Farm Road																																																															
	6 City, state, and ZIP code Lincoln, MA, 01773																																																															
	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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td></tr><tr><td colspan="10" style="text-align: center;">or</td></tr><tr><td colspan="10">Employer identification number</td></tr><tr><td style="text-align: center;">8</td><td style="text-align: center;">1</td><td style="text-align: center;">-</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td><td style="text-align: center;">6</td><td style="text-align: center;">9</td><td style="text-align: center;">7</td><td style="text-align: center;">0</td><td style="text-align: center;">3</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="10" style="text-align: center;">Social security number</td></tr><tr><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td></tr></table>															or										Employer identification number										8	1	-	2	8	6	9	7	0	3	Social security number																			
or																																																																
Employer identification number																																																																
8	1	-	2	8	6	9	7	0	3																																																							
Social security number																																																																
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 8/11/2026																																																														
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.																																																																
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																																																																
Cat. No. 10231X																																																																
Form W-9 (Rev. 3-2024)																																																																

Children's Product Certificate (CPC)

Confirms CPSIA & ASTM F963-23 safety compliance.

Available upon request

Certificate of Insurance (COI)

General & product-liability coverage; your district named as additional insured upon request.

Available upon request