



**CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN  
RUSSIA OR BELARUS**

**SHORT DESCRIPTION** Agency Staffing

**REQUISITION No./CONTRACT No.** RFQ-24-021

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency, including a local government agency, for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the County of Passaic finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debtment or suspension of the party.

**CERTIFICATION**

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets if Necessary.)

Signature of Vendor's Authorized Representative

*Dr. Dely Go*  
DR. DELY GO, President

Print Name and Title of Vendor's Authorized Representative

Nursing Network, LLC

Vendor's Name

8 Bobbink Ct.

Vendor's Address (Street Address)

CLIFTON, NJ, 07013

Vendor's Address (City/State/Zip Code)

Date

01/31/25

FEIN ID # 22-3771109

Vendor's FEIN, EIN or FTIN

973 931-9143, 973 754 9035

Vendor's Phone Number

973 754 9312

Vendor's Fax Number

DG 88888888@aol.com

Vendor's Email Address

**Definitions:**

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(e)(3) of the International Financial Institutions Act, 22 U.S.C. 262(e)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).



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*(Attach Additional Sheets if Necessary.)*

Juan C Ruiz

Digitally signed by Juan C Ruiz  
Date: 2025.01.30 14:03:09 -0500

Signature of Vendor's Authorized Representative

Juan C Ruiz

Print Name and Title of Vendor's Authorized Representative

HumanEdge, Inc.

Vendor's Name

30 Glenn Street, Suite 401

Vendor's Address (Street Address)

White Plains, N.Y. 10603

Vendor's Address (City/State/Zip Code)

1/30/2025

Date

13-3746743

Vendor's FEIN, EIN or FTIN

914-428-2233

Vendor's Phone Number

888-854-9674

Vendor's Fax Number

jrui@humanedge.com

Vendor's Email Address

Definitions:

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*(Attach Additional Sheets if Necessary.)*

**Sandeep Harjani**

Digitally signed by Sandeep Harjani  
Date: 2025.02.04 18:11:32 -0500

Signature of Vendor's Authorized Representative

**Sandeep Harjani, President**

Print Name and Title of Vendor's Authorized Representative

**Infojini, Inc**

Vendor's Name

**10015 Old Columbia Road, Suite B215**

Vendor's Address (Street Address)

**Columbia, MD 21046**

Vendor's Address (City/State/Zip Code)

**02/04/2025**

Date

**20-4624920**

Vendor's FEIN, EIN or FTIN

**443-257-0086**

Vendor's Phone Number

**443-283-4249**

Vendor's Fax Number

**statebids@infojiniconsulting.com**

Vendor's Email Address

**Definitions:**

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**(Attach Additional Sheets if Necessary.)**

*Vandana Kumar*

Signature of Vendor's Authorized Representative

**Vandana Kumar (Head of Finance- North America)**

Print Name and Title of Vendor's Authorized Representative

**Greenstaff Medical Staffing LLC**

Vendor's Name

**6900 Dallas Parkways, Suite 300**

Vendor's Address (Street Address)

**Plano, TX 75024, USA**

Vendor's Address (City/State/Zip Code)

**02/14/2025**

Date

**82-3640822**

Vendor's FEIN, EIN or FTIN

**+14695519680**

Vendor's Phone Number

-

Vendor's Fax Number

**remittance@greenstaffmedical.com**

Vendor's Email Address

Definitions:

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Signature of Vendor's Authorized Representative

Aryeh Magid

Print Name and Title of Vendor's Authorized Representative

SHiftster llc dba ESHYFT

Vendor's Name

4547 us highway 9

Vendor's Address (Street Address)

howell nj 07731

Vendor's Address (City/State/Zip Code)

1/30/2025

Date

Vendor's FEIN, EIN or FTIN

732.701.8399

Vendor's Phone Number

Vendor's Fax Number

info@eshyft.com

Vendor's Email Address

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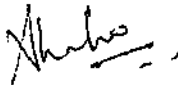
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 Signature of Vendor's Authorized Representative <b>Shaloo Mital, President</b> Print Name and Title of Vendor's Authorized Representative <b>Compu-Vision Consulting Inc.</b> Vendor's Name <b>2050 Route 27 Suite 202</b> Vendor's Address (Street Address) <b>North Brunswick, NJ 08902</b> Vendor's Address (City/State/Zip Code)	1/31/2025 Date <b>23-2977235</b> Vendor's FEIN, EIN or FTIN <b>732-422-1500</b> Vendor's Phone Number <b>732-422-4667</b> Vendor's Fax Number <b>rfp@compuvis.com</b> Vendor's Email Address
---	---

Definitions:

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Morgan Sheppard  
Signature of Vendor's Authorized Representative  
Morgan Sheppard  
Print Name and Title of Vendor's Authorized Representative  
Wise Medical Staffing  
Vendor's Name  
6 Health Dr  
Vendor's Address (Street Address)  
Chillicothe OH 45601  
Vendor's Address (City/State/Zip Code)

2/3/24  
Date  
30-0011724  
Vendor's FEIN, EIN or FTIN  
614 977 1863  
Vendor's Phone Number  
740 775 3733  
Vendor's Fax Number  
m.sheppard@wisemedicalstaffing.com  
Vendor's Email Address

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*Stephanie Saltzgaver*

*(Attach Additional Sheets if Necessary.)*

stephanie@ardorhealth.com

01/30/2025

Signature of Vendor's Authorized Representative

Stephanie Saltzgaver

Date

65-1133176

Print Name and Title of Vendor's Authorized Representative

All Source Recruiting Group, DBA - Ardor Health Solutions

Vendor's FEIN, EIN or FTIN

(866) 425-5768

Vendor's Name

4301 Anchor Plaza Parkway, Suite 240

Vendor's Phone Number

(888) 394-5183

Vendor's Address (Street Address)

Tampa, FL 33634

Vendor's Fax Number

procurement@ardorhealth.com

Vendor's Address (City/State/Zip Code)

Vendor's Email Address

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Shreepada Aachar

Digitally signed by Shreepada Aachar  
Date: 2025.02.03 14:45:28 -0500

Signature of Vendor's Authorized Representative

Shreepada Aachar, Assistant Controller

Print Name and Title of Vendor's Authorized Representative

Amergis Healthcare Staffing, Inc.

Vendor's Name

7223, Lee Deforest Drive

Vendor's Address (Street Address)

Columbia, MD 21046-3236

Vendor's Address (City/State/Zip Code)

02/03/2025

Date

83-2976157

Vendor's FEIN, EIN or FTIN

410-910-1500

Vendor's Phone Number

Vendor's Fax Number

mssbillingqueries@amergis.com

Vendor's Email Address

#### Definitions:

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262f(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).



**CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN  
RUSSIA OR BELARUS**

**SHORT DESCRIPTION** Agency Staffing  
**REQUISITION No./CONTRACT No.** RFQ-24-021

Pursuant to N.J.S.A. 52:32-60.i, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency, including a local government agency, for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the County of Passaic finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**CERTIFICATION**

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

*(Check the Appropriate Box)*

A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

n/a

*(Attach Additional Sheets if Necessary.)*

Signature of Vendor's Authorized Representative

Abigail Mamboleo

Print Name and Title of Vendor's Authorized Representative

Health Advocates Network, Inc. DBA Staff Today

Vendor's Name

100 N Barranca St. Suite 430

Vendor's Address (Street Address)

West Covina CA 91791

Vendor's Address (City/State/Zip Code)

Date

01/30/2025

Vendor's FEIN, EIN or FTIN

800-928-5561

Vendor's Phone Number

877-858-6263

Vendor's Fax Number

contracts@hanstaff.com

Vendor's Email Address

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*(Attach Additional Sheets if Necessary.)*

*Callaway Gregory*

Signature of Vendor's Authorized Representative

Callaway Gregory

Print Name and Title of Vendor's Authorized Representative

SHC Services, Inc. d/b/a Supplemental Health Care

Vendor's Name

6955 S. Union Park Center Drive, Suite #400

Vendor's Address (Street Address)

Cottonwood Heights, UT 84047

Vendor's Address (City/State/Zip Code)

February 4, 2025

Date

16-1216796

Vendor's FEIN, BIN or FTIN

N/A

Vendor's Phone Number

N/A

Vendor's Fax Number

legalnotice@shccares.com

Vendor's Email Address

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