

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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 *Purpose of Form*, 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.) <b>Ares Holdings LLC</b>		
	2 Business name/disregarded entity name, if different from above. <b>CMS/Nextech</b>		
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>C</b> <b>Note:</b> 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. <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 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 . . . . . <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. <b>1045 S. John Rodes Blvd.</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Melbourne, FL 32904</b>		
	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.

Social security number									
				-					
or									
Employer identification number									
6	5	-	1	1	6	2	4	3	6

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

### 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>[Handwritten Signature]</i>	Date	<i>1/1/2024</i>

### 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](http://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.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### 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



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

<b>Taxpayer Name:</b>	ARES HOLDINGS LLC
<b>Trade Name:</b>	CMS/NEXTECH
<b>Address:</b>	1045 S. JOHN RODES MELBOURNE, FL 32904
<b>Certificate Number:</b>	2405985
<b>Effective Date:</b>	December 10, 2019
<b>Date of Issuance:</b>	March 08, 2024

**For Office Use Only:**  
20240308162833831



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

**SHORT DESCRIPTION** Preakness Healthcare Center Preventative Maintenance and Service of Dietary Food Service Equipment

**REQUISITION No./CONTRACT No.** SB-22-010

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 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.

(Attach Additional Sheets if Necessary.)

*Kim Bunn-Milinsky*  
Signature of Vendor's Authorized Representative  
Kim Bunn-Milinsky Director of Sales  
Print Name and Title of Vendor's Authorized Representative  
ARES Holdings, LLC DBA CMS/Mxteh  
Vendor's Name  
1045 S John Road  
Vendor's Address (Street Address)  
Melbourne FL 32904  
Vendor's Address (City/State/Zip Code)

3/18/24  
Date  
65-1162436  
Vendor's FEIN, EIN or FTIN  
866-773-7717  
Vendor's Phone Number  
516-681-3134  
Vendor's Fax Number  
Kim@ProtekNY.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. 262r(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).

**Preakness Healthcare Center Preventative Maintenance and Service of Dietary Food Service Equipment (SB-24-028)**

**Contract Period: Commence Upon Award through February 28, 2025 with One (1) one-year option to renew**

**Preventative Maintenance Requirements**

**SECTION A - KITCHEN (Cook Equipment, Cold Equipment, Mixers, Griddles, Ranges, Convection Ovens, Combi Ovens and Fryers)**  
**Vendor must bid on all service items. Award will be to one vendor for Section A.**

**Kitchen-Cook Equipment**

- Check operation and condition of all components
- Check all controls for proper operation and adjust as necessary
- Adjust all burners to operate at maximum efficiency
- Lubricate valves as necessary
- Calibrate thermostats
- Check all operation mechanisms, such as springs, hinges, etc.
- Clean and adjust gas/air ratios and pilots as necessary

**Kitchen-Cold Equipment**

- Lubricate all moving parts
- Clean coils with CO2 tank
- Blow out condensate drains
- Check and record voltages to all units
- Blow out and brush air cooled condensers
- Inspect oil levels
- Inspect for vibrations and noise
- Inspect heaters
- Inspect fan assemblies
- Clean and adjust temperature and pressure
- Check and adjust all belts
- Check and adjust operation and safety controls
- Check all electrical components
- Check all refrigerant levels and test for leaks
- Inspect equipment drains and condensate pans for deterioration

**Kitchen-Mixers**

- Check power cord and plug
- Check for tight belts and excessive wear

Check lubrication per manufacturer specification
<b><u>Kitchen-Griddles</u></b>
Check power cord and plug
Check proper pilot light burning and burners for blue flame
Check thermostats for 350 degrees with thermostat
<b><u>Kitchen-Ranges</u></b>
Inspect burners for cracks
Keep burner valves greased
Keep burner ports clear and open
Check that oven door close tightly
Check that gas cocks turn smoothly
<b><u>Kitchen-Convection Ovens</u></b>
Check that snorkel tube is not blocked
Inspect blower wheel for obstructions
Check door openings and closings for proper alignment and seal
Check that temperature is within 15 degrees of 350
Check to make sure flue is free of all obstructions when oven is in operation
Gas units on casters must have a restraining device to prevent gas line breaks
<b><u>Kitchen-Combi Ovens</u></b>
De-time broiler according to manufacturer guidelines
Check for leaks
<b><u>Kitchen-Fryers</u></b>
Check all areas for gas leaks and grease leaks
Check that pilot light is lit and holds
Check operation and condition of burners
Check thermostat and hi-limit probes for leaks
Check that flue is open and clean

SECTION A-KITCHEN (Cook Equipment, Cold Equipment, Mixers, Griddles, Ranges, Convection Ovens, Combi Ovens and Fryers)		SECTION A-KITCHEN - (Cook Equipment, Cold Equipment, Mixers, Griddles, Ranges, Convection Ovens, Combi Ovens and Fryers)	
CONTRACT YEAR 1	COST	1 <sup>ST</sup> YEAR OPTION TO RENEW	COST
Section A: Monthly Service Charge – Inclusive of equipment inspection, preventative maintenance service	\$ 1200 <sup>00</sup> /100	Section A: Monthly Service Charge – Inclusive of equipment inspection, preventative maintenance service	\$ 1200 <sup>00</sup> /100
Hourly Labor Rate – Regular time for items not covered	\$ 130 <sup>00</sup> /100	Hourly Labor Rate – Regular time for items not covered	\$ 130 <sup>00</sup> /100
Holiday Hourly Labor Rate – For items not covered	\$ 260 <sup>00</sup> /100	Holiday Hourly Labor Rate – For items not covered	\$ 260 <sup>00</sup> /100
Parts – For parts, the % off discount shall be the % off the lowest current manufacturers published list price available.	5 %	Parts – For parts, the % off discount shall be the % off the lowest current manufacturers published list price available.	5 %
Example: Discount off Catalog for preventive maintenance and general repair parts \$100,000 minus _____ % discount =	\$ 95,000	Example: Discount off Catalog for preventive maintenance and general repair parts \$100,000 minus _____ % discount =	\$ 95,000
Note: \$100,000 is the estimated dollar amount for parts needed.		Note: \$100,000 is the estimated dollar amount for parts needed.	

**SECTION B - REFRIGERATION/FREEZERS**

**Vendor must bid on all service items. Award will be to one vendor for Section B.**

Refrigeration/Freezers

- Pressure clean/degrease condenser coils
- Clear condensate drain lines
- Check condition of door gaskets, door hinges, and closers
- Monitor/adjust as needed thermostat operation/defrost timers
- Monitor temperature and cycling
- Check compressor operation and control wiring
- Check refrigerant level and unit thermometer
- Check oil motors at oil ports
- Check suction line insulation

SECTION B-REFRIGERATION/FREEZERS		SECTION B-REFRIGERATION/FREEZERS	
CONTRACT YEAR 1	COST	1 <sup>ST</sup> YEAR OPTION TO RENEW	COST
Section B: Quarterly Service Charge – Inclusive of equipment inspection, preventative maintenance service	\$ 1,000 <sup>00</sup> /100	Section B: Quarterly Service Charge – Inclusive of equipment inspection, preventative maintenance service	\$ 1,000 <sup>00</sup> /100
Hourly Labor Rate – Regular time for items not covered	\$ 130 <sup>00</sup> /100	Hourly Labor Rate – Regular time for items not covered	\$ 130 <sup>00</sup> /100
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Note: \$100,000 is the estimated dollar amount for parts needed.		Note: \$100,000 is the estimated dollar amount for parts needed.	

**SECTION C - ICE MAKERS**

**Vendor must bid on all service items. Award will be to one vendor for Section C.**

**Ice Makers**

- All removable parts to be cleaned
- Bin drain to be pressure cleaned
- Replace water filters per manufacturer recommendation
- Clean condenser coils

SECTION C - ICE MAKERS		SECTION C - ICE MAKERS	
CONTRACT YEAR 1	COST	1 <sup>ST</sup> YEAR OPTION TO RENEW	COST
Section C: Quarterly Service Charge -- Inclusive of equipment inspection, preventative maintenance service	\$ 3,300 <sup>00</sup> /100	Section C: Quarterly Service Charge -- Inclusive of equipment inspection, preventative maintenance service	\$ 3,300 <sup>00</sup> /100
Hourly Labor Rate -- Regular time for items not covered	\$ 130 <sup>00</sup> /100	Hourly Labor Rate -- Regular time for items not covered	\$ 130 <sup>00</sup> /100
Holiday Hourly Labor Rate -- For items not covered	\$ 260 <sup>00</sup> /100	Holiday Hourly Labor Rate -- For items not covered	\$ 260 <sup>00</sup> /100
Parts -- For parts, the % off discount shall be the % off the lowest current manufacturers published list price available.	5 %	Parts -- For parts, the % off discount shall be the % off the lowest current manufacturers published list price available.	5 %
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Note: \$100,000 is the estimated dollar amount for parts needed.		Note: \$100,000 is the estimated dollar amount for parts needed.	

To the Passaic County Board of County Commissioners:

The undersigned hereby declares that he/she has carefully examined the Bid Documents and that he will contract to carry out and complete said Project at the following prices:

Total Amount of Section A for Year 1 in Words: fourteen thousand four hundred /year plus parts

Total Amount of Section A for Year 1 Numbers: \$ 14,400 /year plus parts

Total Amount of Section A for Option Year 1 in Words: fourteen thousand four hundred /year

Total Amount of Section A for Option Year 1 Numbers: \$ 14,400 /year plus parts

Total Amount of Section B for Year 1 in Words: four thousand per year plus parts

Total Amount of Section B for Year 1 Numbers: \$ 4,000 /yr plus parts

Total Amount of Section B for Option Year 1 in Words: four thousand per year plus parts

Total Amount of Section B for Option Year 1 Numbers: \$ 4,000<sup>00</sup> /yr plus parts

Total Amount of Section C for Year 1 in Words: thirteen thousand two hundred /year

Total Amount of Section C for Year 1 Numbers: \$ 13,200<sup>00</sup> /100 /year plus parts

Total Amount of Section C for Option Year 1 in Words: thirteen thousand two hundred /year

Total Amount of Section C for Option Year 1 Numbers: \$ 13,200<sup>00</sup> /100 /year plus parts

Signature of Authorized Representative: Kim Bunn-Minsky

Name (Please Print or Type): Kim Bunn-Minsky

Title (Please Print): Director of Sales Date: 3/1/24

Telephone Number: 917-361-3318 Fax Number: 516-681-3134

Email Address: Kim@ProtekNY.com