



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

**SHORT DESCRIPTION**  
**REQUISITION No./CONTRACT No.**

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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.)**

\_\_\_\_\_  
Signature of Vendor's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Vendor's Authorized Representative

\_\_\_\_\_  
Vendor's FEIN, EIN or FTIN

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Vendor's Phone Number

\_\_\_\_\_  
Vendor's Address (Street Address)

\_\_\_\_\_  
Vendor's Fax Number

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

\_\_\_\_\_  
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).

County of Passaic  
Board of County Commissioners



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

**SHORT DESCRIPTION** Medical and Dental Supplies and Durable Medical Equipment Catalog % Discount Pricing

**REQUISITION No./CONTRACT No.** SB-23-072

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DocuSigned by:

Tajanae Mallett

(Attach Additional Sheets if Necessary.)

Signature of Vendor's Authorized Representative

Tajanae Mallett, General Counsel

Print Name and Title of Vendor's Authorized Representative

Arjo Inc.

Vendor's Name

2349 W. Lake Street, Suite 250

Vendor's Address (Street Address)

Addison, IL 60101

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

5/13/2025

Date

36-2999236

Vendor's FEIN, EIN or FTIN

800-323-1245

Vendor's Phone Number

630-307-6195

Vendor's Fax Number

USA.Contracts@arjo.com

Vendor's Email Address

#### Definitions:

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

**Christopher Fyffe**

Digitally signed by Christopher Fyffe  
Date: 2025.05.07 17:49:41 -0400'

Signature of Vendor's Authorized Representative

**Christopher Fyffe / Manager, Bids and Contracts**

Print Name and Title of Vendor's Authorized Representative

**Bound Tree Medical, LLC**

Vendor's Name

**5000 Tuttle Crossing Blvd**

Vendor's Address (Street Address)

**Dublin, OH 43016**

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

**5/7/2025**

Date

**31-1739487**

Vendor's FEIN, EIN or FTIN

**800-533-0537**

Vendor's Phone Number

**877-311-2437**

Vendor's Fax Number

**submitbids@boundtree.com**

Vendor's Email Address

**Definitions:**

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*(Attach Additional Sheets if Necessary.)*

Signature of Vendor's Authorized Representative

ISRAEL KELLSTEIN

Print Name and Title of Vendor's Authorized Representative

GGLRMDIX

Vendor's Name

5 HOLLWOOD CT

Vendor's Address (Street Address)

SOUTH PLAINFIELD NJ 07061

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

5/7/23

Date

11 278 96 87

Vendor's FEIN, EIN or FTIN

715 802 1055

Vendor's Phone Number

Vendor's Fax Number

ISRAEL@GGLRMDIX.COM

Vendor's Email Address

Definitions:

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Jeff Rainforth  
Signature of Vendor's Authorized Representative  
Jeff Rainforth - office manager  
Print Name and Title of Vendor's Authorized Representative  
JML Medical Inc.  
Vendor's Name  
1 Havenwood Ct Unit 502  
Vendor's Address (Street Address)  
Lakewood NJ 08701  
Vendor's Address (City/State/Zip Code)

5-7-25  
Date  
223098047  
Vendor's FBIN, EIN or FTIN  
732-901-1600  
Vendor's Phone Number  
732-901-1679  
Vendor's Fax Number  
order@jmlmed.com  
Vendor's Email Address

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*(Attach Additional Sheets if Necessary.)*

Signature of Vendor's Authorized Representative

**Abbas Ajmeri | Director**

Print Name and Title of Vendor's Authorized Representative

**Medicaleshop, Inc.**

Vendor's Name

**87 Danbury Road, Unit 1**

Vendor's Address (Street Address)

**New Milford, CT 06776**

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

**05/08/2025**

Date

**20-5770300**

Vendor's FEIN, EIN or FTIN

**(866) 563-6812**

Vendor's Phone Number

**(860) 838-4671**

Vendor's Fax Number

**bids@medicaleshop.com**

Vendor's Email Address

Definitions:

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**Chris Powers**

Digitally signed by Chris Powers  
Date: 2025.05.08 09:35:55 -0500

Signature of Vendor's Authorized Representative

**Chris Powers, VP of Government Markets**

Print Name and Title of Vendor's Authorized Representative

**Medline Industries, LP**

Vendor's Name

**3 Lakes Dr**

Vendor's Address (Street Address)

**Northfield, IL 60093**

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

**05/08/2025**

Date

**36-2596612**

Vendor's FEIN, EIN or FTIN

**800-633-5463**

Vendor's Phone Number

Vendor's Fax Number

**govbids@medline.com**

Vendor's Email Address

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Signature of Vendor's Authorized Representative

Amanda Rodriguez, Manager

Print Name and Title of Vendor's Authorized Representative

Health-Care Equipment & Parts Co., Inc. BDA Med-Part

Vendor's Name

1901 10th Avenue

Vendor's Address (Street Address)

Brooklyn, NY 11215

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

05/07/2025

Date

112659063

Vendor's FEIN, EIN or FTIN

718-436-5100

Vendor's Phone Number

718-228-4959

Vendor's Fax Number

amanda@medpart.com

Vendor's Email Address

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Brian Marcus  
 \_\_\_\_\_  
 Signature of Vendor's Authorized Representative

\_\_\_\_\_  
 Print Name and Title of Vendor's Authorized Representative

\_\_\_\_\_  
 Vendor's Name

\_\_\_\_\_  
 Vendor's Address (Street Address)

\_\_\_\_\_  
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\_\_\_\_\_  
 Date

\_\_\_\_\_  
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\_\_\_\_\_  
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 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).