

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

**SHORT DESCRIPTION**      **PHC AGENCY CLINICAL STAFF**  
**REQUISITION No./CONTRACT No.**      **RFQ-25-041**

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.)*

*Trevor Wrigge*

Signature of Vendor's Authorized Representative

Trevor Wrigge

Print Name and Title of Vendor's Authorized Representative

Aequor Healthcare Services, LLC

Vendor's Name

377 Hoes Lane

Vendor's Address (Street Address)

Piscataway, NJ 08854

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

5/6/2025

Date

223816425

Vendor's FEIN, EIN or FTIN

(734) 354-8000

Vendor's Phone Number

Vendor's Fax Number

trevor.wrigge@aequor.com

Vendor's Email Address

Definitions:

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*Stephanie saltzgaver*

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

stephanie@goardorhealth.com

05/01/2025

Signature of Vendor's Authorized Representative

Date

Stephanie Saltzgaver

65-1133176

Print Name and Title of Vendor's Authorized Representative

Vendor's FEIN, EIN or FTIN

All Source Recruiting Group, Inc. - DBA, Ardor Health Solutions

(866) 425-5768

Vendor's Name

Vendor's Phone Number

4301 Anchor Plaza Parkway, Suite 240

(888) 394-5183

Vendor's Address (Street Address)

Vendor's Fax Number

Tampa, FL 33634

procurement@ardorhealth.com

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

Vendor's Email Address

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

*Lorin Cone*

05/01/2025

Signature of Vendor's Authorized Representative

Date

Lorin Cone, President

205806678

Print Name and Title of Vendor's Authorized Representative

Vendor's FEIN, EIN or FTIN

GLC-On-The-Go, Inc.

877-782-3345

Vendor's Name

Vendor's Phone Number

55 Weston Rd Suite 300

Vendor's Address (Street Address)

Vendor's Fax Number

Weston, FL 33326

info@glcgroup.com

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

Vendor's Email Address

**Definitions:**

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5/1/2025

Signature of Vendor's Authorized Representative

**Dr. Abigail Mamboleo, Branch Director**

Date

**84-4187795**

Print Name and Title of Vendor's Authorized Representative

**Health Advocates Network, Inc. DBA Staff Today**

Vendor's FEIN, EIN or FTIN

**800-928-5561**

Vendor's Name

**100 N Barranca St. Suite 430**

Vendor's Phone Number

**877-858-6263**

Vendor's Address (Street Address)

**West Covina CA 91791**

Vendor's Fax Number

**contracts@hanstaff.com**

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

Vendor's Email Address

Definitions:

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

**Juan C Ruiz**

Digitally signed by Juan C Ruiz  
Date: 2025.05.06 12:21:39 -04'00'

Signature of Vendor's Authorized Representative

**Juan C Ruiz, Corporate Controller**

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, NY 10603**

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

**5/6/2025**

Date

**13-3746743**

Vendor's FEIN, EIN or FTIN

**914-428-2233**

Vendor's Phone Number

**888-854-9674**

Vendor's Fax Number

**jruiz@humanedge.com**

Vendor's Email Address

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*(Attach Additional Sheets if Necessary.)*

Signature of Vendor's Authorized Representative

**JANE KASEBWA, CEO**

Print Name and Title of Vendor's Authorized Representative

**NIRVANA SKY GROUP LLC DBA 24/7 HEALTHCARE PROS**

Vendor's Name

**1000 W 8th Street, Unit 507**

Vendor's Address (Street Address)

**Los Angeles, CA 90017**

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

**5/2/2025**

Date

**87-2352515**

Vendor's FEIN, EIN or FTIN

**(424) 832-2160**

Vendor's Phone Number

**(424) 832-2160**

Vendor's Fax Number

**info@247healthcarepros.com**

Vendor's Email Address

**Definitions:**

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*Morris Meisels*

Signature of Vendor's Authorized Representative

**MORRIS MEISELS**

Print Name and Title of Vendor's Authorized Representative

**QUEST STAFFING SOLUTIONS, INC**

Vendor's Name

**101 WALWORTH STREET #301**

Vendor's Address (Street Address)

**BROOKLYN, NY 11205**

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

**5/1/2025**

Date

**27-1546192**

Vendor's FEIN, EIN or FTIN

**718-388-2600**

Vendor's Phone Number

**888-778-2330**

Vendor's Fax Number

**mmeisels@queststaffing.com**

Vendor's Email Address

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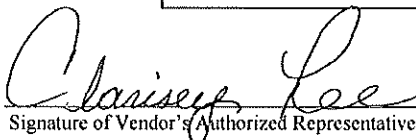
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*(Attach Additional Sheets if Necessary.)*



Signature of Vendor's Authorized Representative

**Clarisey Lee, Contracts Administrator**

Print Name and Title of Vendor's Authorized Representative

**RADgov, Inc.**

Vendor's Name

**101 Morgan Lane, Suite 304B**

Vendor's Address (Street Address)

**Plainsboro, New Jersey 08536**

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

**05/01/2025**

Date

**20-2752989**

Vendor's FEIN, EIN or FTIN

**(954) 938 - 2800**

Vendor's Phone Number

**(954) 938 - 2004**

Vendor's Fax Number

**Contracts@radgov.com**

Vendor's Email Address

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**SHORT DESCRIPTION** PHC AGENCY CLINICAL STAFF-EXPAND POOL  
**REQUISITION No./CONTRACT No.** RFQ-25-062

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*(Attach Additional Sheets if Necessary.)*

**Sandeep Harjani**

Digitally signed by Sandeep Harjani  
Date: 2025.05.01 12:42:33 -04'00'

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)

**05/01/2025**

Date

**20-4624920**

Vendor's FEIN, EIN or FTIN

**443-257-0086**

Vendor's Phone Number

**443-283-4249**

Vendor's Fax Number

**legal@infojiniconsulting.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).

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

**SHORT DESCRIPTION** PHC AGENCY CLINICAL STAFF-EXPAND POOL  
**REQUISITION No./CONTRACT No.** RFQ-25-062

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



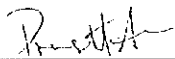
- B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

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

**Prashant Arni- Sr. V.P - Delivery and Operations**

Print Name and Title of Vendor's Authorized Representative

**LanceSoft, Inc.**

Vendor's Name

**2121 Cooperative Way, Suite 130**

Vendor's Address (Street Address)

**Herndon, VA 20171**

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

**05/01/2025**

Date

**54-1974095**

Vendor's FEIN, EIN or FTIN

**703-674-4500**

Vendor's Phone Number

**703-935-0339**

Vendor's Fax Number

**marketing@lancesoft.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).

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

**SHORT DESCRIPTION** 2025 Agency Staffing  
**REQUISITION No./CONTRACT No.** RFQ-25-062

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.

*Callaway Gregory*

*(Attach Additional Sheets if Necessary.)*

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, EIN or FTIN

**N/A**

Vendor's Phone Number

**N/A**

Vendor's Fax Number

**legalnotice@shccares.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).

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

**SHORT DESCRIPTION**      **PHC AGENCY CLINICAL STAFF-EXPAND POOL**  
**REQUISITION No./CONTRACT No.**      **RFQ-25-069**

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.)*

**Shreeprada Aachar**

Digitally signed by Shreeprada Aachar  
Date: 2025.05.01 11:23:48 -04'00'

Signature of Vendor's Authorized Representative

**Shreeprada 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)

**05/01/2025**

Date

**83-2976157**

Vendor's FEIN, EIN or FTIN

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. 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).

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

**SHORT DESCRIPTION** PHC AGENCY CLINICAL STAFF-EXPAND POOL  
**REQUISITION No./CONTRACT No.** RFQ-25-069

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.

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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.)*

  
Digitally signed by Amir Khedmatian  
Date: 2025.05.06 22:15:16 -0700  
\_\_\_\_\_  
Signature of Vendor's Authorized Representative  
**Amir Khedmatian, CEO**  
\_\_\_\_\_  
Print Name and Title of Vendor's Authorized Representative  
**BestNest Management LLC**  
\_\_\_\_\_  
Vendor's Name  
**3181 Crossroads Pkwy N, Suite 240**  
\_\_\_\_\_  
Vendor's Address (Street Address)  
**City of Industry, CA 91746**  
\_\_\_\_\_  
Vendor's Address (City/State/Zip Code)

**5/6/2025**  
\_\_\_\_\_  
Date  
**45-5279363**  
\_\_\_\_\_  
Vendor's FEIN, EIN or FTIN  
**562.457.3150**  
\_\_\_\_\_  
Vendor's Phone Number  
**866.661.5933**  
\_\_\_\_\_  
Vendor's Fax Number  
**amir@bestneststaffing.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).



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

**SHORT DESCRIPTION** PHC AGENCY CLINICAL STAFF-EXPAND POOL

**REQUISITION No./CONTRACT No.** RFQ-25-069

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OR



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*(Attach Additional Sheets if Necessary.)*

*Shaloo*

Signature of Vendor's Authorized Representative

Shaloo Mital, President

Print Name and Title of Vendor's Authorized Representative

Compu-Vision Consulting Inc.

Vendor's Name

2050 Route 27, Suite 202

Vendor's Address (Street Address)

North Brunswick, NJ 08902

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

05/01/2025

Date

23-2977235

Vendor's FEIN, EIN or FTIN

(732) 422-1500

Vendor's Phone Number

732-422-4667

Vendor's Fax Number

rfp@compuvis.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).

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

**SHORT DESCRIPTION**      **PHC AGENCY CLINICAL STAFF-EXPAND POOL**  
**REQUISITION No./CONTRACT No.**      **RFQ-25-069**

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OR



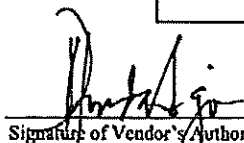
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OR



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 P. Go, President, Owner

Print Name and Title of Vendor's Authorized Representative

Nursing Network, LLC

Vendor's Name

8 Bobblink Court

Vendor's Address (Street Address)

Clifton, New Jersey 07013

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

05/01/2025

Date

22-3771109

Vendor's FEIN, EIN or FTIN

973-934-9143

Vendor's Phone Number

973-754-9312

Vendor's Fax Number

DG88888888@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(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).

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

**SHORT DESCRIPTION** PHC AGENCY CLINICAL STAFF-EXPAND POOL  
**REQUISITION No./CONTRACT No.** RFQ-25-069

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**CERTIFICATION**

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*(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.

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*(Attach Additional Sheets if Necessary.)*



Signature of Vendor's Authorized Representative

Aiesha Chambers

Print Name and Title of Vendor's Authorized Representative

Aiesha Chambers, President

Vendor's Name

Penlight Health Corp.

Vendor's Address (Street Address)

755 West Lancaster Avenue, Suite 1152 Bryn Mawr, Pa 19010

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

Date

05/07/2025

Vendor's FEIN, EIN or FTIN

33-2186217

Vendor's Phone Number

844-204-9918 (phone/fax)

Vendor's Fax Number

ac@penlighthealth.net

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).