

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

SHORT DESCRIPTION HU	JMC AHCH Clinical Services
REQUISITION No./CONTRACT No. Rec	q#
including a local government agency, for the provision of good indicating whether or not the Vendor is identified on the Off available here: https://sanctionssearch.ofac.treas.gov/ . If the County	son or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency s or services, or the purchase of bonds or other obligations, must complete the certification below fice of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons listy of Passaic finds that a Vendor has made a certification in violation of the law, it shall take any action cluding but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the
	CERTIFICATION
i, the undersigned, certify that I have read the definition of "Vendo Nationals and Blocked Persons list, and having done so certify:	or" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated
	(Check the Appropriate Box)
and/or Belarus.	Specially Designated Nationals and Blocked Persons list on account of activity related to Russia
B. That I am unable to certify as to "A" above, bec	rause the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons or Belatus.
Persons list. However, the Vendor is engaged i	cause the Vendor is identified on the OFAC Specially Designated Nationals and Blocked in activity related to Russia and/or Belarus consistent with federal law, regulation, license or Jendor's activity related to Russia and/or Belarus is consistent with federal law is set forth
Signed by: Aluris kewalshi	(Attach Additional Sheets if Necessary.)
J Signer Name: Alexis Kowalski	5/6/2025
Signature Signature Solving Process of the State of the S	Date orth Region
rint Name and Title of Vendor's Authorized Representative	Vendor's FEIN, EIN or FTIN
Hackensack University Medical Center	551-996-5346
endor's Name	Vendor's Phone Number
30 Prospect Avenue	
(endor's Address (Street Address)	Vendor's Fax Number

Definitions:

Vendor's Address (Street Address) Hackensack, NJ 07663

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

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).

alexis.kowalski@hmhn.org

Vendor's Email Address

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Part 1: Certification

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran.

The Chapter 25 list is found on the State of New Jersey Division of Purchase and Property website at http://www.state.ni.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review the list prior to completing the certification below. Failure to complete the certification will render a bidder's proposal non-responsive.

PLEASE CHECK THE APPROPRIATE BOX:

	I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed herein nor any of the bidder's parents, subsidiaries, or affiliates is listed on the New Jersey Department of Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below. OR I am unable to certify as above because the bidder and/or one of more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of Treasury's Chapter 25 list. I will provide a detailed, accurate, and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.
Dart 7: Plages r	provide further information related to investment activities in Iran.
t art 2. I least p	Relationship to
Name	Bidder/Offeror
Duration of En	gagement Anticipated Cessation Date
Bidder/Offeror Contact Name	
Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above referenced person or entity. I acknowledge that Passaic County is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County to notify the County in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Passaic County, New Jersey and that the County at its option may declare any contract(s) resulting from this certification void and unenforceable. Name of Bidder (Please Print):	
Signature of A	wthorized Penresentative.
	Syner Nemer Abusin Kowalahi Syner Nemer Abusin Kowalahi Syner Raseor I approve and docurrent Synery Raseor II approve Approve II approve Approve II approve Approve II appr
Title (Please P	rint): Director, Children's Hospital, North Date: 5/6/25