

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

SHORT DESCRIPTION

REQUISITION No./CONTRACT No. _____

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
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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

800-323-1246

Vendor's Phone Number

630-307-6195

Vendor's Fax Number

USA.Contracts@arjo.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).

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(Attach Additional Sheets if Necessary.)

Christopher Fyffe

Digitally signed by Christopher Fyffe
Date: 2025.05.07 17:49:41 -04'00'

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 Crosssing 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 GELLMAN

Print Name and Title of Vendor's Authorized Representative

GGLEMDIX

Vendor's Name

5 HOLLWOOD CT

Vendor's Address (Street Address)

SOUTH PLAINFIELD NJ 07061

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

Date

5/7/23 11:48 278 96 87

Vendor's FEIN, EIN or FTIN

718 802 1055

Vendor's Phone Number

Vendor's Fax Number

ISRAEL@GGLEMDIX.COM

Vendor's Email Address

Definitions:

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(Attach Additional Sheets if Necessary.)

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 FEIN, EIN or FTIN
732-901-1600
Vendor's Phone Number
732-901-1679
Vendor's Fax Number
order@jmlmed.com
Vendor's Email Address

Definitions:

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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:

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).

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Chris Powers

Digitally signed by Chris Powers
Date: 2025.05.08 09:35:55 -05'00'

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

Definitions:

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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

Definitions:

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Brian Marcus

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)

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