08/25/04

Taxpayer Identification# 520-781-414/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely

John E. Tully, CP **Acting Director**

STATE OF NEW JERSEY **BUSINESS REGISTRATION CERTIFICATE**

DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252

TAXPAYER NAME:

STANDARDIZED SANITATION SYSTEMS, INC.

TAXPAYER IDENTIFICATION#:

520-781-414/000

ADDRESS:

2 EXECUTIVE PARK DRIVE BILLERICA MA 01862-1319

EFFECTIVE DATE:

07/01/00

FORM-BRC(08-01)

TRADE NAME:

TRIPLE S

SEQUENCE NUMBER:

0862747

ISSUANCE DATE:

08/25/04

Tull

Active Director
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

Certification

55435

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JAN-2016 to 15-JAN-2023

STANDARDIZED SANITATION SYSTEMS INC DBA TRIPL 2 EXECUTIVE PARK DR. BILLERICA MA 01862

FormBask

FORD M. SCUDDER
Acting State Treasurer

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age,

ESCNJ 17/18-47

race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

| Signatur | |
|----------|---|
| Name | Laura Shanley |
| [j+1] | Sales Coordinator |
| Compan | y Name Standardized Sanitation Systems Inc., dBA Triple S |
| | |
|)ate: | 1-5-2018 |

Educational Services Commission of New Jersey Business Office

1660 Stelton Road Piscataway, New Jersey 08854

Chapter 271 Political Contribution Disclosure Form (Contracts that Exceed \$17,500.00) Ref. N.J.S.A. 52:34-25

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that

| | | Reportable Contributions | |
|-------------------------|--|---|--|
| Date of Contribution | Amount of Contribution | Name of Recipient Elected Official/ Committee/Candidate | Name of Contributor |
| | *************************************** | | |
| | 3 | | |
| | | | 1 |
| certify that _Stand | ardized Sanitation Syons to any elected office | check (✓) if applicable.) stems Inc., dBA Triple S cial, political candidate or any politic | (Business Entity) made not all committee as defined in |
| <u>Certification</u> | | • | |
| certify, that the info | ormation provided above | ve is in full compliance with Public l | aw 2005 – Chapter 271. |
| | Agent Laura Shanl | ev | |
| Name of Authorized | AgentLaura Shan | ic y | |
| Name of Authorized | ra Shaenley | Title <u>Sales Coor</u> | dinator |

To be completed and signed below.

Return with bid.

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

| This statement shall be completed, certified to, a submit the required information is cause for aut | and included with all bid and proposal submissions. Failure to tomatic rejection of the bid or proposal. |
|---|--|
| Name of Organization: Standardized Sanitation | n Systems Inc., dBA Triple S |
| Organization Address: 2 Executive Park Dr | |
| City, State, ZIP: Billerica MA 01862 | |
| Part I Check the box that represents the type of | business organization: |
| Sole Proprietorship (skip Parts II and III, ex | xecute certification in Part IV) |
| Non-Profit Corporation (skip Parts II and I | II, execute certification in Part IV) |
| For-Profit Corporation (any type) | nited Liability Company (LLC) |
| Partnership Limited Partnership | Limited Liability Partnership (LLP) |
| Other (be specific): | |
| Part II Check the appropriate box | |
| more of its stock, of any class, or of all interest therein, or of all members in the | ddresses of all stockholders in the corporation who own 10 percent or individual partners in the partnership who own a 10 percent or greater limited liability company who own a 10 percent or greater interest TE THE LIST BELOW IN THIS SECTION) |
| OR | |
| in the partnership owns a 10 percent or g | wns 10 percent or more of its stock, of any class, or no individual partner greater interest therein, or no member in the limited liability company rein, as the case may be. (SKIP TO PART IV) |
| (Please attach additional sheets if more space is a | needed): |
| Name of Individual or Business Entity | Home Address (for Individuals) or Business Address |
| | |
| | |
| | |

<u>Part III</u> DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater benefic nt st in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equ. alent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the ederal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the nformation on each such person. Attach additional sheets if more space is needed.

| Website (URL) containing the last annual SEC (or foreign equivalent) filing | | | | | |
|---|--|---|--|--|--|
| ~ ' | | | | | |
| | | , | | | |

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been isted. Attach additional sheets if more space is needed.

| Stockholder/Partner/Member and Corresponding Entity Listed in Part II | Home Address (for Individuals) or Business Address | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

Part IV Certification

, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowled are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the *ESCNJ* relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the *ESCNJ* to notify the *ESCNJ* in writing of any changes to the information contained herein; that I are tware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to crimin prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the *ESCNJ* to declare any contract(s) resulting from this certification void and unenforceable.

| Full Name (Print): | C. Eric Flinton | Title: | President |
|--------------------|-----------------|--------|-----------|
| Signature: | Gott | Date: | 1-5-2018 |

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

APPENDIX A

AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The contractor and the Educational Services Commission of New Jersey (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, if any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relive the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

| Signatu | re Lau | ra Shanley | | | • | |
|---------|-----------|-------------------------|--------------------|------------|---|--|
| Name _ | Laura Sha | () | 7 | | | |
| Title | Sales Coo | ordinator_ | | | | |
| Compa | ny Name | Standardized Sanitation | n Systems Inc., dB | A Triple S | | |

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION
BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

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 neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take 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.

| PLEASE CHECK EITHER BOX: | |
|---|---|
| subsidiaries, or affiliates activities in Iran pursuant officer or representative of | lic Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an the entity listed above and am authorized to make this certification on its behalf. a and complete the Certification |
| listed on the Department's 2 below and sign and com | OR bove because I or the bidding entity and/or one or more of its parents, subsidiaries, or affiliates is Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part plete the Certification below. Failure to provide such will result in the proposal being rendered as non- |
| Part 2 PLEASE PROVIDE FURTHER IN You must provide a detailed, accurate or affiliates, engaging in the investme PROVIDE INFORMATION RELATION. | NFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN e and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries ent activities in Iran outlined above by completing the boxes below. TIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH AKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES |
| Name: Description of Activities: | Relationship to Bidder/Vendor: |
| Duration of Engagement: | Anticipated Cessation Date |
| Bidder/Vendor Contact Name: | Contact Phone Number: |
| Certification: I, being duly sworn up the best of my knowledge are true and completentity. I acknowledge that the Educational Seacknowledge that I am under a continuing observices Commission of New Jersey to notify information contained herein. I acknowledge certification, and if I do so, I recognize that I agreements(s) with the Educational Services (agreements) with the Educational Services (agreements). | pon my oath, hereby represent and state that the foregoing information and any attachments thereto to etc. I attest that I am authorized to execute this certification on behalf of the below-referenced person or rvices Commission of New Jersey is relying on the information contained herein and thereby igation from the date of this certification through the completion of contracts with the Educational the Educational Services Commission of New Jersey in writing of any changes to the answers of that I am aware that it is a criminal offense to make a false statement or misrepresentation in this am subject to criminal prosecution under the law and that it will also constitute a material breach of my Commission of New Jersey and that the Educational Services Commission of New Jersey at its option |
| Title: sales Coordinator | Date: 11/10/2020 Ced Sanitation Systems, Inc. dBA Triple S |
| Bidder/Vendor: Standardiz | Leu Gariitation Gysterns, Inc. UDA Triple G |

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

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 neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take 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.

| | PLEAS | SE CHECK EITHER BOX: | | | |
|--|--|--|---|---|---|
| | x X | subsidiaries, or affiliates is <u>l</u> activities in Iran pursuant to P or representative of the entity | Law 2012, c. 25, that neither the peristed on the N.J. Department of the Tr. L. 2012, c. 25 ("Chapter 25 List"). I fullisted above and am authorized to makind complete the Certification | easury's list of entities durther certify that I am the | etermined to be engaged in prohibited person listed above, or I am an officer |
| | | | OR | | |
| | | listed on the Department's C 2 below and sign and comple | we because I or the bidding entity ar hapter 25 list. I will provide a detail te the Certification below. Failure to halties, fines and/or sanctions will be as | ed, accurate and precise provide such will result | e description of the activities in Part in the proposal being rendered as non- |
| | Part 2 | | | | |
| | You mu or affilia PROVII | st provide a detailed, accurate a ates, engaging in the investment DE INFORMATION RELATIVE | ORMATION RELATED TO INVE nd precise description of the activities activities in Iran outlined above by co YE TO THE ABOVE QUESTIONS. P. E ADDITIONAL ENTRIES, USE AD | of the bidding person/ent impleting the boxes below LEASE PROVIDE THO | tity, or one of its parents, subsidiaries v. |
| | Name:_ | | | onship to | |
| | ъ . | | Bidder | /Vendor: | |
| | Descrip | tion of Activities: | | | |
| | | , | | | |
| | | | | | |
| | Duratio | on of Engagement: | | Anticipated Cessation | Date |
| | Bidder | /Vendor | | | |
| | | | Contac | et Phone Number: | |
| entity. I acknow Services informa certifica agreeme | Certification of my kraft acknowledge that as Committee action, and ents(s) with clare any | cation: I, being duly sworn upor nowledge are true and complete, edge that the Educational Service it I am under a continuing obliga- ssion of New Jersey to notify the ained herein. I acknowledge that I if I do so, I recognize that I am ith the Educational Services Con- contract(s) resulting from this c | n my oath, hereby represent and state to I attest that I am authorized to execut ces Commission of New Jersey is relytation from the date of this certification e Educational Services Commission of I am aware that it is a criminal offens subject to criminal prosecution under mmission of New Jersey and that the Electification void and unenforceable. | hat the foregoing informate this certification on belong on the information conthrough the completion of New Jersey in writing on the law and that it will all ducational Services Completion of New Jersey in writing of the law and that it will all ducational Services Completions. | ation and any attachments thereto to half of the below-referenced person or ontained herein and thereby of contracts with the Educational of any changes to the answers of ent or misrepresentation in this lso constitute a material breach of my mission of New Jersey at its option |
| | | | | | Turky |
| | Title: _ | Sales Coordinator | | Date:1-05-2018 | U |
| Bidder/ | Vendor: | Standardized Sanitation Sys | stems Inc., dBA Triple S | | |

EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF PURCHASE AND PROPERTY 33 WEST STATE STREET, P.O. BOX 230

TRENTON, NEW JERSEY 08625-0230

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION # 23CO

VENDOR/BIDDER:

PART 1 CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

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 neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of the Treasury's Chapter 25 list as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf . Vendors/Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a Vendor's/Bidder's proposal nonresponsive. If the Director finds a person or entity to be in violation of the law, s/he shall take 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.

| CHECK | THE | APP | ROP. | RIA | TE | BOX |
|-------|-----|-----|------|-----|----|-----|
| | | | | | | - |

| X | |
|---|--|
| | |

A. I certify, pursuant to Public Law 2012, c. 25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.

OR

B. I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department'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 information will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2 PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents,

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and my attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the ESCNJ is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the ESCNJ to notify the ESCNJ in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of any agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

aura Signature

hanky Saks cooldinates

8.6.19 Date

Print Name and Title

(Rev. August 2013) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| | Name (as shown on your income tax return) | | | - | | | | | | |
|---------------------|--|----------------|--------------|--------|------------------|-------------------|-----------------|------------------|--------------|----------------|
| | Standardized Sanitation Systems, Inc. Business name/disregarded entity name, if different from above | | | | | | | | | |
| 10 E | Check appropriate box for federal tax classification: ☐ Individual/scle proprietor | estate | | | | ptions (| | | | |
| Print or type | ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ | _ | | - 1 | | ption fro | m FA | TÇA r | eport | ting |
| Pri | ☐ Other (see instructions) ► | | | | | | | 100 | | |
| Cill | Address (number, street, and apt. or suite no.) | ester's | nam | te ar | id ad | dress (o | ptiona | I) | | |
| ğ [| 2 Executive Park Drive | | | | | | | | | |
| See | City, state, and ZIP code | | | | | | | | | |
| Ø [1 | Billerica, MA 01862 | | | | | | | | | |
| | List account number(s) here (optional) | | | | | | | | | |
| Part | Taxpayer Identification Number (TIN) | | | _ | | | | | | |
| THE RESERVE | our TIN in the appropriate box. The TIN provided must match the name given on the "Name" line | So | cial: | Sec. | irltv i | umber | | | | |
| to avoid | backup withholding. For individuals, this is your social security number (SSN). However, for a | | T | T | 1 | | 7 | T | T | |
| residen | t allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other | | | | - | | - | | | |
| | , it is your employer identification number (EIN). If you do not have a number, see How to get a page 3. | | _ | 1_ | 1 | | | | | |
| | the account is in more than one name, see the chart on page 4 for guidelines on whose | En | ploy | ver le | denti | ication | numi | per | _ | 7 |
| | to enter. | | T | 1 | Г | | T | ГТ | T | = |
| | | 5 | 2 | - | 0 | 7 8 | 1 | 4 | 1 | 4 |
| Part | | | | | | | | | _ | |
| | penalties of perjury, I certify that: | | | | | | | | | |
| 1. The | number shown on this form is my correct taxpayer identification number (or I am waiting for a number | nber t | o be | iss | ued : | to me), | and | | | |
| no lo | not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I havice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest or divionger subject to backup withholding, and | e not dend: | bee s, or | en no | otifie the li | d by th RS has | e Inte notif | ernal F ied m | Reve e th | nue at I am |
| 3. I am | a U.S. citizen or other U.S. person (defined below), and | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is co | | | | | | | | | |
| interest general | ation instructions. You must cross out item 2 above if you have been notified by the IRS that yo e you have falled to report all interest and dividends on your tax return. For real estate transaction paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an li ly, payments other than interest and dividends, you are not required to sign the certification, but y ions on page 3. | s, iter | n 2 d | doe | s not | apply. | For | nortg | age | and |
| Sign Here | Signature of U.S. person > Date > | - | 3/ | 3/ | 1- | , . | | | | |
| Gene | eral Instructions withholding tax on foreign par | | | | | | | | | |
| Section | references are to the internal Revenue Code unless otherwise noted. 4. Certify that FATCA code | s) ente | red o | on th | is for | m (If an | /) indi | cating | that | you are |
| | level primerts. The IRS has created a page on IRS gov for information | ung, I | CON | rect. | | | | | | |

about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 2. Certify that you are not subject to backup withholding, or
- 3. Cialm exemption from backup withholding if you are a U.S. exempt payes. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An Individual who is a U.S. citizen or U.S. resident allen,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 roquire a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income. and avoid section 1446 withholding on your share of partnership income.

SLAMARCHE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

01/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER License # 1780862 | CONTACT NAME: | | | |
|---|---|----------|--|--|
| HUB International New England 199 Ballardvale Street | PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978) 9 | 988-0038 | | |
| Vilmington, MA 01887 | E-MAIL ADDRESS: | | | |
| | INSURER(S) AFFORDING COVERAGE | | | |
| | INSURER A: The Travelers Indemnity Company | | | |
| NSURED | INSURER B: Travelers Property Casualty Company of America | 25674 | | |
| Standardized Sanitation Systems, Inc. | INSURER C : | | | |
| 2 Executive Park Drive | INSURER D: | | | |
| Billerica, MA 01862 | INSURER E : | | | |
| | INSURER F: | | | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER: | | | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

| INSR | TYPE OF INSURANCE | ADDL SUBR | LIMITS SHOWN MAY HAVE BEE | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | S | | | | | | | | |
|------|--|-----------|---------------------------|------------|----------------------------|--|----|-----------|--|--|--|--|--------------------------|----|--------|
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE | \$ | 1,000,000 | | | | | | | |
| | CLAIMS-MADE X OCCUR | | YP660717K4233COF17 | 01/31/2017 | 01/31/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 | | | | | | | |
| | | | | | | | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | | | | | | | |
| | POLICY PRO- JECT X LOC | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | | | | | | | |
| | OTHER: | | | | | | \$ | | | | | | | | |
| В | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | | | | | | | |
| | ANY AUTO | | BA8H91927916CAG | 01/31/2017 | 01/31/2018 | BODILY INJURY (Per person) | \$ | | | | | | | | |
| | OWNED X SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | | | | | | | | |
| | X HIRED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | |
| | | | | | | | \$ | | | | | | | | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 3,000,000 | | | | | | | |
| | EXCESS LIAB CLAIMS-MADE | | YSMCUP717K4270TIL17 | 01/31/2017 | 01/31/2018 | AGGREGATE | \$ | 3,000,000 | | | | | | | |
| | DED X RETENTIONS 10,000 | | | | | | \$ | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- STATUTE ER | | | | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L. EACH ACCIDENT | \$ | | | | | | | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | |
| | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| CERT | FICATE | HOLDER |
|------|--------|--------|
| | | |

CANCELLATION

Educational Services Commission of New Jersey 1660 Stelton Road Piscataway, NJ 08854 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

gra Truty

ACCEPTANCE OF BID and CONTRACT AWARD "Custodial Supplies"

TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award.

Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member. The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for up to 24 months unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company Name Standardized Sanitation Systems Inc., dBA Triple S Date 1-05-2018

| Company Address <u>2 Executive Park Dr</u> City <u>Bi</u> | Illerica State MA Zip Code 01821 |
|---|------------------------------------|
| Contact Person <u>Laura Shanley</u> | Title Sales Coordinator |
| Authorized Signature (ink only) | Title President |
| <i>U</i> Y | |
| ACCEPTANCE OF BID AND CONTRACT AWARD BE | ELOW TO BE COMPLETED ONLY BY ESCNJ |
| | |
| Awarding Agency: Educational Services Commission of Ne Agency Executive: | ew Jersey |
| 1 to the state of | ew Jersey |