

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: Trade Name:	TURN-KEY TECHNOLOGIES, INC.
Address:	2500 MAIN STREET #10 SAYERVILLE, NJ 08872-1473
Certificate Number:	0080025
Effective Date:	November 14, 1991
Date of Issuance:	January 28, 2019
For Office Use Only: 20190128112745385	,

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

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-JUN-2017 to 15-JUN-2024

TURN-KEY TECHNOLOGIES, INC.2500 MAIN STREET EXT SUITE 10SAYREVILLENJ 08872

15-JUN-2017 to 15-JUN-2024 5, INC. SUITE 10 J 08872

45101

Certification

FORD M. SCUDDER State Treasurer (REVISED 4/10)

RETURN WITH BID

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, national or sexual orientation, gender identity or expression, disability, national or sexual orientation, gender identity or expression, disability, national 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, 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 <u>www.state.nj.us/treasury/contract_compliance</u>)

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 <u>Subchapter 10 of the Administrative Code at</u> <u>N.J.A.C. 17:27</u>.

Signature	. Ar	16 Bar	
_		BADRick	
Title	CFO		

NJ State Approved Cooperative Pricing System #65MCESCCPS

Educational Services Commission of New Jersey Business Office

1660 Stelton Road – Second Floor 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 (Business Entity) has made the following **reportable** political contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26 during the twelve (12) months preceding this award of contract:

Reportable Contributions

Date of Contribution	Amount of Contribution	Name of Recipient Elected Official/	<u>Name of</u> Contributor
		<u>Committee/Candidate</u>	

The Business Entity may attach additional pages if needed.

I certify that <u>TURN-KEN</u> TETHOLOGIES (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26.

Certification

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I certify, that the information provided above is in full compliance with Public law 2005 - Chapter 271.

Name of Authorized Agent SADRic BADRic	CK
Signature Um Ba	_TitleCEO
Business Entity TURN - KEI TECHNOLOGIET	

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, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: TUIN-Key Technologies IWC, Organization Address: 2400 MAIN St. EXT. Swite 12 City, State, ZIP: Sayreville NJ 08872
Part I Check the box that represents the type of business organization:
Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
For-Profit Corporation (any type)
Partnership Limited Partnership
Other (be specific):
<u>Part II</u> Check the appropriate box
The list below contains the names and addresses of all stockholders in the corporation who own 10 percenters of all stockholders in the corporation who own 10 percenters and addresses of all stockholders in the corporation who own 10 percenters are addresses of all stockholders in the corporation who own 10 percenters are addresses of all stockholders in the corporation who own 10 percenters are addresses of all stockholders in the corporation who own 10 percenters are addresses of all stockholders in the corporation who own 10 percenters are addresses of all stockholders in the corporation who own 10 percenters are addresses of all stockholders in the corporation who own 10 percenters are addresses are addresses of all stockholders are addresses a

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION) OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV)

Name of Individual or Business Entity		Home Address (for Individuals) or Business Address		
CRAIG BADRICK	33.33	18 WINDING WOODS WAY, FREEHOLD, NJ		
STEVE BADRICK	33.33	20 BAT HILL RO, LEO NARDO, NS		
GARY BAORICK	33.33	11 BAT HULL DID, LEONARDO, NJ		

(Please attach additional sheets if more space is needed):

<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 beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information 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 <u>N.J.S.A.</u> 52:25-24.2 has been listed. Attach additional sheets if more space is needed.

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

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the *ESCNJ* is 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 am aware 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 criminal 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):	Title:	
Signature:	Date:	

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.

Form W-9	1
(Rev. December 2014)	¢
Department of the Treasury Internal Revenue Service	ŧ
Internal Revenue Service	ł

Request for Taxpayer Identification Number and Certification

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

, <u> </u>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
	TURN-KEY TECHNOLOGIES, INC.							
,	2 Business name/disregarded entity name, if different from above							
page								
6	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
/pe	single-member LLC	shio) 🕨	Exempt payee code	(if any)				
Print or type Specific Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above		Exemption from FATCA reporting		g			
int Tsti	the tax classification of the single-member owner.		code (if any)					
<u>لة م</u>	Other (see instructions)		(Applies to accounts mainta		J.S.J			
cifi	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional	0				
be be	2400 MAIN STREET EXT., SUITE # 12							
See 0	6 City, state, and ZIP code							
Ň	SAYREVILLE, NJ 08872							
	7 List account number(s) here (optional)							
Par	t I Taxpayer Identification Number (TIN)							
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		ecurity number					
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other		·						
	es, it is your employer identification number (EIN). If you do not have a number, see How to ge							
	n page 3.	or	r identification numb		7			
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for		4 for Employe			4			
guide	lines on whose number to enter.	2 2	- 3 1 3 6	4 9 4				
Par	t II Certification	<u>1</u>			<u> </u>			

Under 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 to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ►	Digitally signed by Steve Badrick DN: cn⇒Steve Badrick, o, ou, email=sbadrick@tti-wireless.com, c=US Date: 2016.05.18 14:06:27 -04'00*	Date 🕨	01/28/2019	
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information return sinclude, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- · Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 Form 1099-B (stock or mutual fund sales and certain other transactions by

brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TiN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. 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 withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) Indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

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:

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I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's 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"). 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

OR.

I am unable to certify as above because I or the bidding entity 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 will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Part 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name:	Relationship to
Description of Activities:	Bidder/Vendor:
Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	_
Contact Name:	Contact Phone Number:
knowledge are true and complete. I attest that I am authorized to execute th Educational Services Commission of New Jersey is relying on the informatii the date of this certification through the completion of contracts with the Edu Commission of New Jersey in writing of any changes to the answers of info make a false statement or misrepresentation in this certification, and if I do constitute a material breach of my agreements(s) with the Educational Serv Jersey at its option may declare any contract(s) resulting from this certificat Full Name (Print): <u>CRACC BADRICK</u> Signatur	
TUDAL KEY FOR HUS	
Bidder/Vendor:	

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

Part 1

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

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Part 2

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Name:	_ Relationship to		
Description of Activities:	Bidder/Vendor:		
Duration of Engagement:	Anticipated Cessation Date		
Bidder/Vendor			
Contact Name:	Contact Phone Number:		
best of my knowledge are true and complete. I attest that I am author entity. I acknowledge that the Educational Services Commission of N acknowledge that I am under a continuing obligation from the date of Services Commission of New Jersey to notify the Educational Servic information contained herein. I acknowledge that I am aware that it is certification, and if I do so, I recognize that I am subject to criminal p	ent and state that the foregoing information and any attachments thereto to the ized to execute this certification on behalf of the below-referenced person or New Jersey is relying on the information contained herein and thereby f this certification through the completion of contracts with the Educational es Commission of New Jersey in writing of any changes to the answers of s a criminal offense to make a false statement or misrepresentation in this prosecution under the law and that it will also constitute a material breach of my resey and that the Educational Services Commission of Ne Jersey at its option unenforceable.		
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Full Name (Print):	Tony Ridzyowski	Signatur	e:
Title: Sales an	d Marketing Coordinator	Date:	1/7/2021
Bidder/Vendor:	Turn-key Technologies, Inc.		

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

Part 1

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Part 2

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Name:	Relationship to Bidder/Vendor:
Description of Activities:	
Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	
Contact Name:	Contact Phone Number:
	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 below-referenced person or entity. I acknowledge that the Educational Services Commission of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of contracts with the Educational Services Commission of New Jersey to notify the Educational Services Commission of New Jersey 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 agreements(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of Ne Jersey at its option on for a chia

may declare any contract(s) resulting from this certification volu and	u unemorceable.
Full Name (Print): CRAIG BADRICK	_Signature:
Title: CED	Date: 11-16-2021
Bidder/Vendor: TURN-KEY TECHNOLOGIE	S, INC.

Educational Services Commission of New Jersey New Jersey State Approved Co-op #65MCESCCPS

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.

Signature
Name CRAis BADRisc
Title CEO
Company Name: TWAN-KEY TECHNOLOgies INC.
Date: 2-5-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/12/2019

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 c	ertifi	cate holder in lieu of such	CONTAC					
PRODUCER				NAME:	Delli Fall		FAX	(0-0) -	
Sanford Insurance Group				PHONE (A/C, No	, Ext): (010) 11	83-6600	(A/C, No):	(973) 7	'83-2904
210 Bellevue Ave				E-MAIL	ss: ^{bpanucci}	@sanfordinsur	e.com		
					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Upper Montclair			NJ 07043	INSURE	RA: Selective	e Fire and Cas	ualty Co		14377
INSURED				INSURER B : Selective Insurance Co. of America 1257				12572	
Turn-Key Technologies Inc.				INSURER C: AXIS Insurance Company				37273	
2400 Main Street Extension				INSURE	RD:				
Suite 12				INSURE	RE:				
Sayreville			NJ 08872	INSURE	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER: 2019-20 Maste				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF I INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT/ EXCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TH	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER ES DESCRIBE ED BY PAID CI	R DOCUMENT \ D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH TH		
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
								_{\$} 1,00	
CLAIMS-MADE 🗙 OCCUR								_{\$} 1,00	
								_{\$} 15,000	
A			S 2064146		02/21/2019	02/21/2020		\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	_{\$} 2,00	0,000
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED S 2064146		02/21/2019	02/21/2020	BODILY INJURY (Per accident)				
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS AUTOS ONLY AUTOS						PROPERTY DAMAGE	\$		
					(Per accident)	\$			
									0,000
			S 2064146		02/21/2019	02/21/2020	EACH OCCURRENCE	φ	
CLAIMS-MADE			0 2004140	02/21/2013	02/21/2020	AGGREGATE	\$		
							PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N							STATUTE ER	\$ 1,00	0.000
B ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A	N/A WC 7991823		02/21/2019	02/21/2019	9 02/21/2020			
(Mandatory in NH)								\$ 1,00	
DESCRIPTION OF OPERATIONS below								\$ 1,00	
Professional Liability			D 004 000007774 04		00/01/0010	00/04/0000	\$1,000,000 each claim	\$ <u>5</u> ,0	00 deductible
C			P-001-000097771-01		02/21/2019	02/21/2020	\$1,000,000 aggregate		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bid #ESCNJ 18/19-52 Wireless Duress Monitoring Systems and Services									
CERTIFICATE HOLDER				CANC	ELLATION				
Educational Services Commissi 1660 Stelton Road	on of I	New J	lersey	THE ACC	EXPIRATION D	DATE THEREOI	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
				AUTO	NILLU NEFREƏEI		<i>A</i> , , ,		
Piscataway NJ 08854				Be 2 Sufer					

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ACCEPTANCE OF BID And CONTRACT AWARD Wireless Duress Monitoring Services

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 twelve or twenty-four months unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company Name TURN-Key Technologies INC.	Date
Company Address 2400 MAIN St. EXT. City Sayle	ville State NJ Zip Code 08872
Contact Person MARK Trezza	Title <u>RSM</u>
Authorized Signature (ink only)	TitleCEO

ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ

Awarding Agency: Educational Services Commission of New Jersey					
Agency Executive:					
Patrick M. Moran, SBA/BS					
Awarded this					

ESCNJ 18/19-52 Wireless Duress Monitoring Systems

Page 68 of 76

February 12, 2019 @ 11:00 a.m.

To be completed and signed below.

Return with bid.

Prevailing Wages Certification

Bid No. ESCNJ 18/19-52

Bid Date: February 6, 2019

It is the determination of the ESCNJ that this is a public works project that in total will exceed \$2,000.00 (two thousand dollars), therefore prevailing wages rules and regulations apply as promulgated by the New Jersey Prevailing Wage Act and in conformance with N.J.S.A. 34:11-56:25.

CERTIFICATION

1. I certify that our company understands that this project of the ESCNJ requires prevailing wages to be paid in full accordance with the law.

2. I further certify that all subcontractors named in this bid understand that this project requires the subcontractor to pay prevailing wages in full accordance with the law.

NOTIFICATION OF VIOLATIONS - New Jersey Department of Labor

Has the bidder or any person having an "interest" with the bidder, been notified by the New Jersey Department of Labor by notice issued pursuant to N.J.S.A. 34:11-56:37 that he/she has been in violation for failure to pay prevailing wages as required by the New Jersey Prevailing Wage Act within the last five (5) years?

*Yes _____ No ____

*If yes, please attach a signed document explaining any/or all administrative proceedings with the NJDOL within the last five (5) years.

Please include any pending administrative proceedings with the NJDOL, if any.

Name of Company TUIN-Key Technic	logier MC.
Authorized Agent CRAIG BAORIC	K
Authorized Signature	Bm -

Certificate Number 688675



Registration Date: 1 Expiration Date: 1

e: 12/16/2018 12/15/2020

State of New Jersey

Department of Labor and Workforce Development Division of Wage and Hour Compliance

Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:



Responsible Representative(s): Craig Badrick, CEO

Gary Badrick, Treasurer Steven Badrick, COO

Responsible Representative(s):

Robert Asaro-Angelo, Commissioner Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.