

# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

POWER PLACE, INC.

Trade Name:

Taxpayer Name:

Address:

486 DRAKESTOWN ROAD LONG VALLEY, NJ 07853

Certificate Number:

January 16, 1985 January 29, 2007

0072799

Date of Issuance:

**Effective Date:** 

For Office Use Only: 20070129153004443

https://www1.state.ni.us/TYTR BRC/servlet/common/BRCI.ogin

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-Dec-2021 to 15-Mar-2029

07866



Slarp M. Mus

ELIZABETH MAHER MUOIO State Treasurer

**POWER PLACE INC. 319 ROUTE 46** ROCKAWAY

NJ

## NJ State Approved Cooperative Pricing System #65MCESCCPS EXHIBIT A

# MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127) and N.J.A.C. 17:27 et seq.

### GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES 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, 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 <u>N.J.S.A.</u>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. I7:27-5.2.

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; or

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: <u>http://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 N.J.A.C. 17:27-1.1 et seq.

Title of Company: Power Place Inc. Name: Karl Ottoson 5/9/2018 Signature: Date:

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 <u>Power Place Inc.</u> (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:

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

## **Reportable Contributions**

The Business Entity may attach additional pages if needed.

 $\square$  No Reportable Contributions (Please check ( $\checkmark$ ) if applicable.)

I certify that <u>Power Place Inc.</u> (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**

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

Name of Authorized Agent Karl Ottoson	-
Signature Title TitleTItleTItleTItleTItleTItleTItleTItleTITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLE TITLE	
Business Entity Power Place Inc.	

To be completed and signed below. Return with bid. STATEMENT OF OWNERSHIP DISCLOSURE
<u>N.J.S.A</u> . 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)
This statement should be completed, certified to, and included with all bid and proposal submissions.
Name of Organization:Power Place Inc.
Organization Address: 297 Route 22 East
City, State, ZIP:Whitehouse Station, NJ 08889
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 Limited Liability Partnership (LLP)
Other (be specific):

# <u>Part II</u> Check the appropriate box

X

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)

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

Home Address (for Individuals) or Business Address
486 Drakestown Rd; Long Valley, NJ 07853
486 Drakestown Rd; Long Valley, NJ 07853

# NJ State Approved Cooperative Pricing System #65MCESCCPS <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 eficial 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.

V	Vebsite (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s
*.		

**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 Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

# 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:	
		Karl Ottoson			President
	Signature:	$\subseteq$		Date:	
L		11	$\frown$		5/9/2018

### RETURN WITH BID

### AMERICANS WITH DISABILITIES ACT OF 1990

### Equal Opportunity for Individuals with Disability

The contractor and the 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 relieve 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.

Title of Company: Power Place Inc.	
Name: Karl Ottoson	
Signature:	
Date:5/9/2018	

To be completed and signed below.

**Educational Services Commission of New Jersey** 

Return with Bid

#### 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.

#### LEASE CHECK EITHER BOX:

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 nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

#### Part 2

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### 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:

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 below-referenced person or entity. I acknowledge that the ESCNJ 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 ESCNJ to notify the ESCNJ 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 p	prosecution under the law and that it will also constitute a material breach of my
agreements(s) with the ESCNJ and that the ESCNJ at its option may	declare any contract(s) resulting from this certification void and unenforceable.
Full Name (Print): Karl Ottoson	_Signature:
Title: President	Date: 5/9/2018

Date:

Title: President

Power Place Inc. Bidder/Vendor:

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May 24, 2018 @ 10:00 a.m.

### NJ State Approved Cooperative Pricing System #65MCESCCPS

#### To be completed and signed below. Educational Services Commission of New Jersey

Return with Bid

#### DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

#### PART 1: CERTIFICATION

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#### LEASE CHECK EITHER BOX:

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#### I will skip Part 2 and sign and complete the Certification

OR

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#### 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.

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	Bidder/Vendor:
Description of Activities:	
Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	
Contact Name:	Contact Phone Number:

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 below-referenced person or entity. I acknowledge that the ESCNJ 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 ESCNJ to notify the ESCNJ 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 ESCNJ and that the ESCNJ at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Karl Oftoson	Signature:
Title: president	Date: 3-18/2020
Bidder/Vendor: POWENPLACE 11C	
ESCNJ 18/19-09	Ma

Generators Equipment and Maintenance P

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May 24, 2018 @ 10:00 a.m.

### NJ State Approved Co-op #65MCESCCPS

#ESCNJ 18/19-09

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

### Part 1

### 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 <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. 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 below.

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

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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 a entity. I acknowledge that the Educational Serv	h, hereby represent and state that the foregoing information and any attachments thereto to the attest that I am authorized to execute this certification on behalf of the below-referenced person of ices 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 New Jersey at its option

may declare any contract(s) resulting from this certification void and	unenforceable.
Full Name (Print): LETER M. KITCHIN	Signature:
Title: SALES MANAGER	Date: 3/3/2021
Bidder/Vendor: POWER PLACE, INC.	5 1 ,

Name (as shown on your income tax return)

Power Place Inc												
Business name/disregarded entity name, if different from above												
Check appropriate box for federal tax classification:  Check appropriate box for federal tax classification:  Individual/sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)  Cother (see instructions)  Address (number, street, and apt. or suite no.) Partnership  Requester's name and address (optic												
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh	hip) 🕨					0	E>	emp	payee			
□ Other (see instructions) ►												
Address (number, street, and apt. or suite no.) 1 297 Route 22 East	Requester's	nam	e and	addre	ss (c	ption	al)					
City, state, and ZIP code												
Whitehouse Station, NJ 08889												
List account number(s) here (optional)												
t I Taxpayer Identification Number (TIN)												
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ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other as, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>				-								
lote. If the account is in more than one name, see the chart on page 4 for guidelines on whose			er ide	ntific	ation	num	ber	1	_			
er to enter.	2	2	-	2 !	5 8	8 8	3	4	0			
t II Certification		L	hand				-					
	Business name/disregarded entity name, if different from above         Check appropriate box for federal tax classification:         Individual/sole proprietor	Business name/disregarded entity name, if different from above         Check appropriate box for federal tax classification:         Individual/sole proprietor       C Corporation       S Corporation       Partnership       Trust/estate         Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶         Other (see instructions) ▶         Address (number, street, and apt. or suite no.)         297 Route 22 East         City, state, and ZIP code         Whitehouse Station, NJ 08889         List account number(s) here (optional)         til Taxpayer Identification Number (TIN)         your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line bid backup withholding. For individuals, this is your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see How to get a n page 3.         If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.	Business name/disregarded entity name, if different from above         Check appropriate box for federal tax classification:         Individual/sole proprietor       C Corporation       S Corporation       Partnership         Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶         Other (see instructions) ▶         Address (number, street, and apt. or suite no.)         297 Route 22 East         City, state, and ZIP code         Whitehouse Station, NJ 08889         List account number(s) here (optional)         It Taxpayer Identification Number (TIN)         your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line bid backup withholding. For individuals, this is your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s., it is your employer identification number (EIN). If you do not have a number, see How to get a en page 3.         If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.       Employ         2       2	Business name/disregarded entity name, if different from above         Check appropriate box for federal tax classification:         Individual/sole proprietor       C Corporation       S Corporation       Partnership         Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶         Other (see instructions) ▶         Address (number, street, and apt. or suite no.)         297 Route 22 East         City, state, and ZIP code         Whitehouse Station, NJ 08889         List account number(s) here (optional)         til       Taxpayer Identification Number (TIN)         your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line ind backup withholding. For individuals, this is your social security number (SSN). However, for a ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is, it is your employer identification number (EIN). If you do not have a number, see How to get a n page 3.         If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.       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Social security number         If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.       Employer identification nume         2       2       2       5       8	Business name/disregarded entity name, if different from above         Check appropriate box for federal tax classification:         Individual/sole proprietor       C Corporation       S Corporation       Partnership       Trust/estate         Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶       Example         Other (see instructions) ▶       Address (number, street, and abt or suite no.)         297 Route 22 East       City, state, and ZIP code         Whitehouse Station, NJ 08889       List account number(s) here (optional)         List account number(s) here (optional)       Social security number (SN). However, for a ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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Requester's name and address (optional)         297 Route 22 East       City, state, and ZIP code       Requester's name and address (optional)         Uist account number(s) here (optional)       Exemption       Social security number         Ust account number(s) here (optional)       Social security number       If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.       Social security number			

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
- 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).

**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 4

manuono	no on page 4.	0	<b>.</b>	· · · · · · · · · · · · · · · · · · ·		1
Sign Here	Signature of U.S. person ►		arece attorowler	Date > 61	171	13
		A	1C		T	

#### General Instructions

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

#### 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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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 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. Note. If 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 alien,
- 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.



# CERTIFICATE OF LIABILITY INSURANCE

SFRITCH

DATE (MM/DD/YYYY) 05/14/2018

POWEPLA-01

								00	5/14/2010		
CE	IIS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A	IVELY C	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTEND OR AL	TER THE CO	OVERAGE AFF	ORDED E	SY TH	E POLICIES		
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje	ct to the	e terms and conditions of	f the policy, certain	policies may	NAL INSURED p require an end	provisions orsement	sorb As	e endorsed. statement on		
	s certificate does not confer rights t	o the cer	tificate holder in lieu of si								
	UCER			CONTACT Valerie I							
Henry O. Baker, Inc. 7 South Warren Street				(A/C, No, Ext): (9/3)			FAX (A/C, No): (	973)	366-5116		
Dove	er, NJ 07801			E-MAIL ADDRESS: valerier(	@henryoba	ker.com					
				IN	SURER(S) AFFOI	RDING COVERAGE			NAIC #		
				INSURER A : Indiana	Insurance	Company			22659		
INSUF	RED		INSURER B : Excelsior Insurance Company 11045								
	Power Place, Inc.										
	486 Drakestown Road			INSURER D :							
	Long Valley, NJ 08953										
				INSURER E :							
001		TIFICAT		INSURER F :							
			E NUMBER:			REVISION NUM					
CE EX	IS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	IENT, TERM OR CONDITIO I, THE INSURANCE AFFOR 3. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA	CT OR OTHER		TH RESPE	CTTC	2 WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURREN		\$	1,000,000		
[	CLAIMS-MADE X OCCUR	x	BOP8089367	10/07/2017	10/07/2018	DAMAGE TO RENT PREMISES (Ea occ		\$	50,000		
[							50000 EE		5,000		
						MED EXP (Any one		\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV			2,000,000		
	X POLICY PRO- JECT LOC					GENERAL AGGRE			2,000,000		
-						PRODUCTS - COM	P/OP AGG	\$	2,000,000		
-	OTHER:							\$			
1	AUTOMOBILE LIABILITY				10/07/2018	COMBINED SINGLE (Ea accident)		\$	1,000,000		
	X ANY AUTO		BA8151119	10/07/2017		BODILY INJURY (Pe	URY (Per person) \$				
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$					
	X HIRED AUTOS ONLY X NON-OWNED					PROPERTY DAMAG (Per accident)	GE	s			
								\$			
В	X UMBRELLA LIAB X OCCUR					EACH OCCURREN	сг	\$	2,000,000		
	EXCESS LIAB CLAIMS-MADE		CU8089967	10/07/2017	10/07/2018				2,000,000		
	DED X RETENTION \$ 0					AGGREGATE		\$			
<u> </u>	WORKERS COMPENSATION					PFR	OTH-	\$			
	AND EMPLOYERS' LIABILITY					PER STATUTE	ĔŔ				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDE	NT	\$			
						E.L. DISEASE - EA	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POI	LICY LIMIT	\$			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101. Additional Remarks School	ule may be attached if mo		rod)					
RE:	RIPTION OF OPERATIONS / LOCATIONS / VEHIC Bid Number #ESCNJ 18/19-09 - GENI	RATOR	EQUIPMENT and MAINTEN	IANCE	re space is requi	rea)					
ESCN	IJ, the Consultant, and the Co-op Mem	ibers, rep	resentatives, and employe	es of the ESCNJ are	included as A	Additional Insure	ed for Gen	eral L	_iability if		
requi	red by written contract for work perfor	mea by t	ne named insured.								
CER	TIFICATE HOLDER			CANCELLATION	· · ·						
				SHOULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCEL	LED BEFORE		
	ESCNJ			THE EXPIRATIO	N DATE TH	EREOF, NOTICI	E WILL E	BE DI	ELIVERED IN		
	Bright Beginnings Learning	Center 2	nd Flr	ACCORDANCE W	ITH THE POLIC	CY PROVISIONS.					
	1660 Stelton Road 2nd Flr										
	Piscataway, NJ 08854			AUTHORIZED REPRESENTATIVE							
				Janufer Richolas McBuide							
				0	100 Arc <del>12</del> 520						
ACO	RD 25 (2016/03)			© 19	88-2015 AC	ORD CORPOR	ATION 4	All ric	this reserved		

NJ State Approved Cooperative Pricing System #65MCESCCPS

# ACCEPTANCE OF BID And **CONTRACT AWARD** GENERATOR AND MAINTENANCE

# 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 one or two years unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company Name Power Place Inc	Date 5/9/2018
Company Address297 Route 22 East	_ City City Vip Code08889
Contact Person Karl Ottoson	Title President
Authorized Signature (ink only)	Title President

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

Awarding Agency: Educational Services Commission of New Jersey	
1/2 Q Ba	
Agency Executive: 3 Jack Monora	

Patrick M. Moran, SBA/BS

Awarded this	_ day of _	JUNE	2018	_Contract Number	ESCNJ	18/19-09
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