# PROOF OF BUSINESS REGISTRATION

Please see below for SHI's New Jersey business registration certification:

## STATE OF NEW JERSEY
## BUSINESS REGISTRATION CERTIFICATE

| | |
|---|---|
| **Taxpayer Name:** | SHI INTERNATIONAL CORP. |
| **Trade Name:** | |
| **Address:** | 290 DAVIDSON AVENUE<br>SOMERSET, NJ 08873-3135 |
| **Certificate Number:** | 0078008 |
| **Effective Date:** | December 11, 1989 |
| **Date of Issuance:** | October 25, 2021 |

**For Office Use Only:**

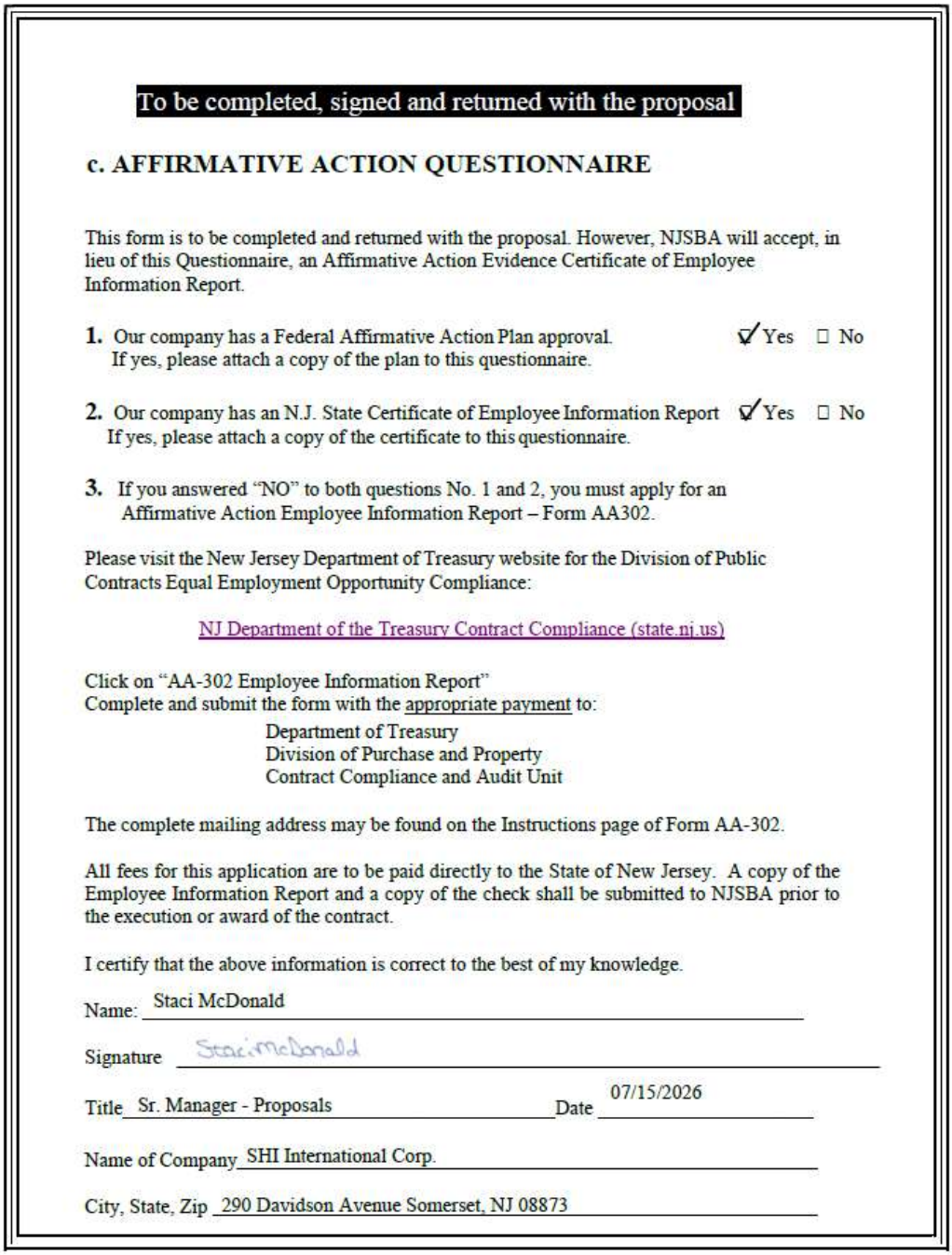
**20211025173135067**

# Affirmative Action Questionnaire or Certificate of Employee Information Report

**SHI Response:**

SHI's affirmative action plan is a confidential document; therefore, we cannot provide this during the proposal stage.

We are happy to provide a copy upon a mutually signed NDA.



**To be completed, signed and returned with the proposal**

**c. AFFIRMATIVE ACTION QUESTIONNAIRE**

This form is to be completed and returned with the proposal. However, NJSBA will accept, in lieu of this Questionnaire, an Affirmative Action Evidence Certificate of Employee Information Report.

1. Our company has a Federal Affirmative Action Plan approval. ☑ Yes ☐ No
   If yes, please attach a copy of the plan to this questionnaire.

2. Our company has an N.J. State Certificate of Employee Information Report ☑ Yes ☐ No
   If yes, please attach a copy of the certificate to this questionnaire.

3. If you answered "NO" to both questions No. 1 and 2, you must apply for an Affirmative Action Employee Information Report – Form AA302.

Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment Opportunity Compliance:

NJ Department of the Treasury Contract Compliance (state.nj.us)

Click on "AA-302 Employee Information Report"
Complete and submit the form with the appropriate payment to:

Department of Treasury
Division of Purchase and Property
Contract Compliance and Audit Unit

The complete mailing address may be found on the Instructions page of Form AA-302.

All fees for this application are to be paid directly to the State of New Jersey. A copy of the Employee Information Report and a copy of the check shall be submitted to NJSBA prior to the execution or award of the contract.

I certify that the above information is correct to the best of my knowledge.

Name: Staci McDonald

Signature Staci McDonald

Title Sr. Manager - Proposals Date 07/15/2026

Name of Company SHI International Corp.

City, State, Zip 290 Davidson Avenue Somerset, NJ 08873

A copy of SHI's Employee Information Report is below:

Certification **15505**

## 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-Feb-2026** to **15-Feb-2029**

**SHI INTERNATIONAL, CORP.**
**290 DAVIDSON AVE.**
**SOMERSET** **NJ** **08873**

AARON BINDER
ACTING STATE TREASURER

# CHAPTER 271 – POLITICAL CONTRIBUTION DISCLOSURE FORM

**To be completed, signed and returned with the proposal**

**New Jersey School Boards Association Chapter 271**
**d. POLITICAL CONTRIBUTION DISCLOSURE FORM**
**(Contracts that Exceed $17,500.00)**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that SHI International Corp. (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/ Committee/Candidate | Name of Contributor |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

The Business Entity may attach additional pages if needed.

☑ No Reportable Contributions (Please check (☐) if applicable.)

I certify that SHI International Corp. (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 Staci McDonald

Signature Staci McDonald Title Sr. Manager - Proposals

Business Entity:
SHI International Corp.

# Bid Security/Bonding & Consent of Surety

Per RFP instructions, a bid bond/bonding & consent of surety is not required.

# INSURANCE AND INDEMNIFICATION

SHI maintains a comprehensive suite of insurance policies designed to meet contractual and operational requirements. SHI carries industry standard insurance coverage, including commercial general liability, auto liability, workers compensation, error and omission, and cyber liability. Each policy is subject to its own terms, exclusions, and conditions, and may include provisions for additional insureds or waivers of subrogation when endorsed appropriately.

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/1/2025

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 | CONTACT NAME: |
|---|---|
| Marsh & McLennan Agency LLC<br>250 Pehle Avenue, Suite 400<br>Saddle Brook NJ 07663 | PHONE (A/C, No, Ext): FAX (A/C, No):<br>E-MAIL ADDRESS: jennifer.juarez@marshmma.com |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| SHI International Corp.<br>290 Davidson Avenue<br>Somerset NJ 08873 SHINTER1 | INSURER A : Continental Insurance Co of NJ | 42625 |
| | INSURER B : National Union Fire Ins Co PittsburghPA | 19445 |
| | INSURER C : Chubb National Insurance Company | 10052 |
| | INSURER D : Federal Insurance Company | 20281 |
| | INSURER E : ACE Insurance Company of the Midwest | 26417 |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 931427552 **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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| C | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY X PRO-JECT X LOC<br>OTHER: | | | 36094214 | 9/30/2025 | 9/30/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 1,000,000<br>$ |
| D | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>X HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>X NON-OWNED AUTOS ONLY | | | 73655160 | 9/30/2025 | 9/30/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| D | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | 56731160 | 9/30/2025 | 9/30/2026 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $ 15,000,000<br>$ 15,000,000<br>$ |
| E | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | 71845092 | 9/30/2025 | 9/30/2026 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A<br>B | Errors & Omissions/Cyber Liab<br>Crime | | | 596831142<br>097666431 | 9/30/2025<br>4/4/2025 | 9/30/2026<br>9/30/2026 | $5,000,000 Occ/Agg<br>$5,000,000/$300,000ded | claims made/no ret |

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

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| SHI International Corp<br>290 Davidson Ave<br>Somerset NJ 08873 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE |



ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

# CONFLICT OF INTEREST CERTIFICATION/REFERENCES

**To be completed, signed, and returned with the proposal.**

## g. CONFLICT OF INTEREST CERTIFICATION/REFERENCES

Proposal Number **NJSBA 2026-03** Proposal Date: **Tuesday, July 28, 2026**

Name of Company SHI International Corp.
Address 290 Davidson Avenue PO Box _____ City,
State, Zip Somerset, New Jersey 08873
Business Phone Number (888 ) 764-8888 Emergency Phone Number (____) _____
FAX No. (____)_____ Email Staci_McDonald@shi.com
FEIN No. 22-3009648
Unique Entity Identifier (If Applicable) CEFCD41CLDJ8 CAGE Code (if applicable) 1HTF0

**References – Work previously done for School Systems in New Jersey**

| | Name of District | Address | Contact Person/Title | Phone |
|---|---|---|---|---|
| 1. | | | | |
| 2. | We've included references in our main response document. | | | |
| 3. | | | | |

**VENDOR CERTIFICATION**

**Direct/Indirect Interests**
I declare and certify that no member of the New Jersey School Boards Association, nor any officer or employee, or person whose salary is payable in whole or in part by said NJSBA or their immediate family members are directly or indirectly interested in this proposal or in the supplies, materials, equipment, work, or services to which it relates, or in any portion of profits thereof. If a situation so exists where a Board member, employee, officer of NJSBA has an interest in the proposal, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

**Gifts; Gratuities; Compensation**
I declare and certify that no person from my firm, business, corporation, association, or partnership offered or paid any fee, commission, or compensation, or offered any gift, gratuity, or other things of value to any school official, board member, or employee of NJSBA.

**Debarment Certification**
I certify that my company and any person employed by my company, nor any affiliates, are not debarred from contracting with a federal government agency, nor debarred from contracting with the State of New Jersey.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award, or performance of a government contract.

Staci McDonald — Staci McDonald
**President or Authorized Agent (Print)** — **SIGNATURE**

# STOCKHOLDER DISCLOSURE CERTIFICATION

**To be completed, signed and returned with proposal**

## h. STOCKHOLDER DISCLOSURE CERTIFICATION

*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 proposal and proposal submissions. Failure to submit the required information is cause for automatic rejection of the proposal or proposal.**

Name of Organization: SHI International Corp.

Organization Street Address: 290 Davidson Avenue

City, State, ZIP: Somerset, New Jersey 08873

**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) ☐Limited Liability Company (LLC)

☐ Partnership ☐Limited Partnership ☐Limited Liability Partnership (LLP)

☐ Other (be specific): _____

**Part II Check the appropriate box.**

☑ 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 owns 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):

| Name of Individual or Business Entity | Address |
|---|---|
| Thai Lee | 290 Davidson Avenue Somerset, NJ 08873 |
| KoGuan Leo | 290 Davidson Avenue Somerset, NJ 08873 |
| | |
| | |

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS, OR LLC MEMBERS LISTED IN PART II**

**If a respondent 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 | Page #'s |
|---|---|
| N/A SHI is not a public company and does not trade on the federal SEC. | |
| | |

**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 listed. **Attach additional sheets if more space is needed.**

| Stockholder/Partner/Member and Corresponding Entity Listed in Part II | Address |
|---|---|
| Thai Lee | 290 Davidson Avenue Somerset, NJ 08873 |
| KoGuan Leo | 290 Davidson Avenue Somerset, NJ 08873 |
| | |
| | |
| | |
| | |
| | |

**Stockholder Name.** _____

Address _____

Percentage of Ownership____%
(**Note:** *Attach additional pages if necessary)*
(Respondent/Respondent Authorized Signature) (Date) (Print name of authorized signatory) (Title)

**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 respondent/respondent; that the *New Jersey School Boards Association* 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 NJSBA to notify NJSBA 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 NJSBA to declare any contract(s) resulting from this certification void and unenforceable.

| | | | |
|---|---|---|---|
| Full Name (Print): | Staci McDonald | Title: | Sr. Manager - Proposals |
| **Signature:** | Staci McDonald | Date: | 07/15/2026 |

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

# NON-COLLUSION AFFIDAVIT

**To be completed, signed and returned with proposal**

**i. NON-COLLUSION AFFIDAVIT**

**Innovative K-12 Classroom Products and Services**

Proposal Date: Tuesday, July 28, 2026

I, Staci McDonald of the City of Somerset

in the County of Somerset and the State of New Jersey

being of full age, being duly sworn according to law, on my oath, depose and say that:

I am Sr. Manager - Proposals (Position in Company) of the SHI International Corp. (Name of Company)

and the respondent making the Proposal for the above named contract, and that I executed the said Proposal with full authority so to do; that I have not, directly or indirectly, entered into any agreement, participated in any collusion, discussed any or all parts of this proposal with any potential respondents, or otherwise taken any action in restraint of free, public respondent in connection with the above-named proposal, and that all statements contained in the said proposal and this affidavit are true and correct, and made with full knowledge that NJSBA relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said proposal.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees of bona fide established commercial or selling agencies maintained by

SHI International Corp.

**(Print Name of Contractor/Vendor)**

Subscribed and sworn to: Staci McDonald

**(SIGNATURE OF CONTRACTOR/VENDOR)**

before me this 15 day of July (Month), 2026 (Year).

**NOTARY PUBLIC SIGNATURE** — Maya Lynch (Print Name of Notary Public)

My commission expires June (Month) 28 (Day), 2028 (Year).

(SEAL)

MAYA LYNCH
Commission # 50211505
Notary Public, State of New Jersey
My Commission Expires
June 28, 2028

# DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**To be completed, signed, and returned with the proposal**

## j. DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**PROPOSAL SOLICITATION/PROPOSAL**

**TITLE:** **Innovative K-12 Classroom Products and Services**

**VENDOR/RESPONDENT**
**NAME** SHI International Corp.

Pursuant to *N.J.S.A.* 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a proposal or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey 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 https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Vendors/Respondents must review this list prior to completing the certification below. If the Director of the Division of Purchase and Property 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 APPROPRIATE BOX**

☑ I certify, pursuant to *N.J.S.A.* 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the Vendor/Respondent listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.

**OR**

☐ I am unable to certify as above because the Vendor/Respondent and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Respondent, or one of its parents, subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

Entity Engaged in Investment Activities _____
Relationship to Vendor/ Respondent _____
Description of Activities _____
_____
_____

Duration of Engagement _____
Anticipated Cessation Date _____
*Attach Additional Sheets If Necessary*

## CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Respondent, that the foregoing information and any attachments hereto, to the best of my knowledge, are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor/Respondent is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State 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 my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Staci McDonald — 07/15/2026

**Signature** **Date**

# CERTIFICATION OF FEDERAL NON-DEBARMENT

**To be completed, signed and returned with proposal**

## k. CERTIFICATION OF FEDERAL NON-DEBARMENT

PROPOSAL SOLICITATION # 2026-03

PROPOSAL TITLE: **Innovative K-12 Classroom Products and Services**

VENDOR NAME: SHI International Corp.

**CERTIFICATION OF NON-DEBARMENT FOR FEDERAL GOVERNMENT CONTRACTS**

*N.J.S.A.* 52:32-44.1 (P.L. 2019, c.406)

**This certification shall be completed, certified to, and submitted to the contracting unit prior to contract award, except for emergency contracts where submission is required prior to payment.**

| **PART I: VENDOR INFORMATION** | |
|---|---|
| Individual or Organization Name | SHI International Corp. |
| Physical Address of Individual or Organization | 290 Davidson Avenue Somerset, NJ 08873 |
| Unique Entity ID (if applicable) | CEFCD41CLDJ8 |
| CAGE/NCAGE Code (if applicable) | 1HTF0 |

**Check the box that represents the type of business organization:**

☐Sole Proprietorship (skip Parts III and IV) ☐Non-Profit Corporation (skip Parts III and IV)
☑For-Profit Corporation (any type) ☐Limited Liability Company (LLC) ☐Partnership
☐Limited Partnership ☐Limited Liability Partnership (LLP)
☐Other (be specific): _____

**PART II – CERTIFICATION OF NON-DEBARMENT: Individual or Organization**

I hereby certify that the **individual or organization listed above in Part I** is not debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***New Jersey School Boards Association*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by *body corporate and politic* to notify the *body corporate and politic* 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 body corporate and politic, permitting the *body corporate and politic* to declare any contract(s) resulting from this certification void and unenforceable.

| | | | |
|---|---|---|---|
| Full Name (Print): | Staci McDonald | Title: | Sr. Manager - Proposals |
| Signature: | Staci McDonald | Date: | 07/15/2026 |

| PART III – CERTIFICATION OF NON-DEBARMENT: Individual or Entity Owning Greater than 50 Percent of Organization | |
|---|---|
| **Section A (Check the Box that applies)** | |
| ☑ | Below is the name and address of the stockholder in the corporation who owns more than 50 percent of its voting stock, or of the partner in the partnership who owns more than 50 percent interest therein, or of the member of the limited liability company owning more than 50 percent interest therein, as the case may be. |
| **Name of Individual or Organization** | Thai Lee |
| **Physical Address** | 290 Davidson Avenue Somerset, NJ 08873 |
| **OR** | |
| ☐ | No one stockholder in the corporation owns more than 50 percent of its voting stock, or no partner in the partnership owns more than 50 percent interest therein, or no member in the limited liability company owns more than 50 percent interest therein, as the case may be. |
| **Section B (Skip if no Business entity is listed in Section A above)** | |
| ☑ | Below is the name and address of the stockholder in the corporation who owns more than 50 percent of the voting stock of the organization's parent entity, or of the partner in the partnership who owns more than 50 percent interest in the organization's parent entity, or of the member of the limited liability company owning more than 50 percent interest in organization's parent entity, as the case may be. |
| **Stockholder/Partner/Member Owning Greater Than 50 Percent of Parent Entity** | Thai Lee |
| **Physical Address** | 290 Davidson Avenue Somerset, NJ 08873 |
| **OR** | |
| ☐ | No one stockholder in the parent entity corporation owns more than 50 percent of its voting stock, no partner in the parent entity partnership owns more than 50 percent interest therein, or no member in the parent entity limited liability company owns more than 50 percent interest therein, as the case may be. |

| Section C – Part III Certification | | | |
|---|---|---|---|
| I hereby certify that no individual or organization that is debarred by the federal government from contracting with a federal agency owns greater than 50 percent of the **Organization listed above in Part I** or, if applicable, owns greater than 50 percent of a parent entity of *New Jersey School Boards Association*. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the *New Jersey School Boards Association* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award ***body corporate and politic*** to notify the ***body corporate and politic*** 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 **body corporate and politic**, permitting the ***body corporate and politic*** to declare any contract(s) resulting from this certification void and unenforceable. | | | |
| Full Name (Print): | Staci McDonald | Title: | Sr. Manager - Proposals |
| Signature: | Staci McDonald | Date: | 07/15/2026 |

| Part IV – CERTIFICATION OF NON-DEBARMENT: Contractor – Controlled Entities | |
|---|---|
| **Section A** | |
| ☑ | Below is the name and address of the corporation(s) in which the **Organization listed in Part I** owns more than 50 percent of voting stock, or of the partnership(s) in which the **Organization listed in Part I** owns more than 50 percent interest therein, or of the limited liability company or companies in which the **Organization listed above in Part I** owns more than 50 percent interest therein, as the case may be. |
| **Name of Business Entity** | **Physical Address** |
| Thai Lee | 290 Davidson Avenue Somerset, NJ 08873 |
| | |
| | |
| **Add additional sheets if necessary** | |
| **OR** | |
| ☐ | The **Organization listed above in Part I** does not own greater than 50 percent of the voting stock in any corporation and does not own greater than 50 percent interest in any partnership or any limited liability company. |
| **Section B (skip if no business entities are listed in Section A of Part IV)** | |
| ☑ | Below are the names and addresses of any entity in which an entity listed in Part III A owns greater than 50 percent of the voting stock (corporation) or owns greater than 50 percent interest (partnership or limited liability company). |
| **Name of Business Entity Controlled by Entity Listed in Section A of Part IV** | **Physical Address** |
| Thai Lee | 290 Davidson Avenue Somerset, NJ 08873 |
| | |

| | |
|---|---|
| **Add additional Sheets if necessary** | |
| **OR** | |
| ☐ | No entity listed in Part III A owns greater than 50 percent of the voting stock in any corporation or owns greater than 50 percent interest in any partnership or limited liability company. |

**Section C – Part IV Certification**

I hereby certify that the **Organization listed above in Part I** does not own greater than 50 percent of any entity that is debarred by the federal government from contracting with a federal agency and, if applicable, does not own greater than 50 percent of any entity that in turn owns greater than 50 percent of any entity debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the *New Jersey School Boards Association* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by the *New Jersey School Boards Association* to notify the *New Jersey School Boards Association* 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 *New Jersey School Boards Association*, permitting the *New Jersey School Boards Association* to declare any contract(s) resulting from this certification void and unenforceable.

| | | | |
|---|---|---|---|
| Full Name (Print): | Staci McDonald | Title: | Sr. Manager - Proposals |
| Signature: | Staci McDonald | Date: | 07/15/2026 |

# PROHIBITED ACTIVITIES WITH RUSSIA OR BELARUS

**To be completed, signed, and returned with the proposal.**

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

Pursuant to *N.J.S.A.* 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor[1]") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: https://sanctionssearch.ofac.treas.gov/. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule, or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default, and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so, certify:

*(Check the Appropriate Box)*

☑ That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

*OR*

☐ That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

*OR*

☐ That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

_____

_____

_____

_____

_____

_____

*(Attach Additional Sheets If Necessary.)*

| | |
|---|---|
| Staci McDonald | 07/15/2026 |
| Signature of Vendor's Authorized Representative | Date |
| Staci McDonald | 22-3009648 |
| Print Name and Title of Vendor's Authorized Representative | Vendor's FEIN |
| Vendor's Name | 888-764-8888 Vendor's Phone Number |
| 290 Davidson Avenue | |
| Vendor's Address (Street Address) | Vendor's Fax Number |
| Somerset, New Jersey 08873 | Staci_McDonald@shi.com |
| Vendor's Address (City/State/Zip Code) | Vendor's Email Address |

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

# STATEMENT OF COMPLIANCE WITH NJSBA POLICIES

**To be completed, signed, and returned with the proposal.**

**m. STATEMENT OF COMPLIANCE WITH NJSBA POLICIES**

The undersigned, being authorized and knowledgeable of the NJSBA's obligations, does hereby certify that SHI International Corp. (Vendor) is aware that NJSBA has adopted certain policies and regulations that are applicable to protect students under this RFP. The successful contractor acknowledges that these policies are applicable to the services of the successful vendor and agrees to comply with the same:

Governance and Operations File Code 4111.1 – Equal Employment Opportunity

I certify that SHI International Corp. (Vendor) is aware that the policies of the NJSBA are applicable to the services provided pursuant to this RFP.

Name of Authorized Agent Staci McDonald

Signature Staci McDonald Title Sr. Manager - Proposals

Business Entity SHI International Corp.

# STATUS OF PRESENT CONTRACTS

SHI's present contract with NJSBA for Innovative K-12 Classroom Products and Services (Contract #E-8801-NJSBA ACES-CPS) remains in good standing and is scheduled to expire on August 24, 2026. Since being awarded in 2022, SHI's contract has achieved consistent year-over-year growth across key performance indicators including order volume, contract revenue, and number of members utilizing the contract. This sustained growth demonstrates both the value SHI delivers to participating districts and the increasing adoption of the contract by NJSBA members statewide.

# PROFESSIONAL REFERENCES

Please see SHI's trade and credit references below.

Banking References:

**Reference: Wells Fargo Bank**

Address: 190 River Road, Summit, NJ 07901

Account Number: 2000109935692

Account contact: Maria Elena Stauffenburg

Phone: 908-598-3895

**Reference: TD Bank**

Address: 1001 Durham Avenue, South Plainfield, NJ 07080

Account Number: 2756258014

Contact: Christopher Martin

Phone: 732-529-3580

Trade References:

**Reference: IBM Global Financing**

Address: 4111 Northside Parkway, Atlanta, GA 30327

Contact: Diana Cavallari

Phone: 404-238-2635

Fax: 845-489-9885

**Reference: Ingram Micro**

Address: 1759 Wehrel Drive, Williamsville, NY 14221

Contact: Theresa Colombo

Phone: 716-633-3600 Ext. 63109

Fax: 716-565-8100

**Reference: Tech Data**

Address: 5350 Tech Data Drive, P.O. Box 6260 Clearwater, FL 34620

Contact: Yvette Thompson

Phone: 800-237-8931 Ext. 71710

Fax: 727-538-7886

**Reference: Microsoft Corp.**

Address: 6100 Neil Road, Suite 100, Reno, NV 89511

Contact: Scott Walker

Email: scottwa@microsoft

Phone:775 823-5617

Fax (Preferred): 775-335-4256

**Reference: Hewlett Packard**

Address: 108-10 Farnam Drive, Omaha, NE 68154

Contact: David Edwards

Phone: 402-758-7213

Fax: 402-758-3610

# PUBLIC WORKS CONTRACTOR REGISTRATION ACT

**SHI Response:**

SHI confirms it is registered with the Department of Labor and is compliant with all requirements outlined in this form.

# DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS

**To be completed, signed, and returned with proposal.**

## o. DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS

The contractor is required submit the Disclosure of Investigations and Other Actions form which provides a detailed description of any investigation, litigation, including administrative complaints or other administrative proceedings, involving any public sector clients during the past five (5) years, including the nature and status of the investigation, and for any litigation, the caption of the action, a brief description of the action, the date of inception, current status, and if applicable, disposition. If a contractor does not submit the form with the bis response, the contractor must comply within seven (7) business days of NJSBA's request, or NJSBA may deem the proposal response to be non-responsive.

PROPOSAL SOLICITATION # AND TITLE: 2026-03 Innovative K-12 Classroom Products and Services

Vendor Name:
SHI International Corp.

**PART 1**

**PLEASE LIST ALL OFFICERS/DIRECTORS OF THE VENDOR BELOW.**

| | |
|---|---|
| NAME | Thai Lee |
| TITLE | President and CEO |
| ADDRESS | 290 Davidson Avenue |
| ADDRESS | |
| CITY | Somerset STATE NJ ZIP 08873 |

| | |
|---|---|
| NAME | Thai Lee |
| TITLE | Treasurer |
| ADDRESS | 290 Davidson Avenue |
| ADDRESS | |
| CITY | Somerset STATE NJ ZIP 08873 |

| | |
|---|---|
| NAME | KoGuan Leo |
| TITLE | Chairman of the Board |
| ADDRESS | 290 Davidson Avenue |
| ADDRESS | |
| CITY | Somerset STATE NJ ZIP 08873 |

| | |
|---|---|
| NAME | Paul Ng |
| TITLE | Secretary |
| ADDRESS | 290 Davidson Avenue |
| ADDRESS | |
| CITY | Somerset STATE NJ ZIP 08873 |

**Attach additional sheets if necessary.*

**PART 2**

**PLEASE REFER TO THE PERSONS LISTED ABOVE AND/OR THE PERSONS AND/OR ENTITIES LISTED ON THE OWNERSHIP DISCLOSURE FORM WHEN ANSWERING THESE QUESTIONS.**

1. Has any person or entity listed on this form or its attachments ever been arrested, charged, indicted, or convicted in a criminal or disorderly persons matter by the State of New Jersey (or political subdivision thereof), or by any other state or the U.S. Government? ____ YES ✓ NO

2. Has any person or entity listed on this form or its attachments ever been suspended, debarred or otherwise declared ineligible by any government agency from respondent or contracting to provide services, labor, materials or supplies? ____ YES ✓ NO

3. Are there currently any pending criminal matters or debarment proceedings in which the firm and/or its officers and/or managers are involved? ____ YES ✓ NO

4. Has any person or entity listed on this form or its attachments been denied any license, permit, or similar authorization required to engage in the work applied for herein, or has any such license, permit, or similar authorization been revoked by any agency of federal, state, or local government?
_____ YES ___✓___ NO

5. Has any person or entity listed on this form or its attachments been involved as an adverse party to a public sector client in any civil litigation or administrative proceeding in the past five (5) years?
_____ YES ___✓___ NO

**IF ANY OF THE ANSWERS TO QUESTIONS 1-5 ARE "YES", PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 3.**

**IF ALL OF THE ANSWERS TO QUESTIONS 1-5 ARE "NO", NO FURTHER ACTION IS NEEDED; PLEASE SIGN AND DATE THE FORM.**

## PART 3

### DESCRIPTION OF THE INVESTIGATION OR LITIGATION, ETC.

If you answered "YES" to any of the questions 1 - 5 above, you must provide a detailed description of any investigation or litigation, including, but not limited to, administrative complaints or other administrative proceedings involving public sector clients during the past five (5) years. The description must include the nature and status of the investigation, and, for any litigation, the caption, a brief description of the action, the date of inception, the current status, and, if applicable, the disposition.

| | |
|---|---|
| PERSON OR ENTITY NAME | |
| CONTACT NAME | PHONE |
| CASE CAPTION | NUMBER |
| INCEPTION OF THE INVESTIGATION | CURRENT STATUS |
| SUMMARY OF INVESTIGATION | |

** Attach additional sheets if necessary.*

## CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge, are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State 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 may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Staci McDonald
Signature

07/15/2026
Date

Staci McDonald, Sr. Manager - Proposals
Print Name and Title

# PREVAILING WAGE ACT

**To be completed, signed, and returned with the proposal.**

**PREVAILING WAGES COMPLIANCE CERTIFICATION**

**INNOVATIVE K-12 CLASSROOM PRODUCTS AND SERVICES**

The NJSBA has determined 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 et seq.

**Certification**
I certify that our company understands that this project for NJSBA requires prevailing wages to be paid in full accordance with the law.

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

**Non-compliance Statement**
If it is found that any worker, employed by the contractor or any subcontractor covered by said contract, has been paid a rate of wages less than the prevailing wage required to be paid by such contract, NJSBA, may begin proceedings to terminate the contractor's or subcontractor's right to proceed with the work, or such part of the work as to which there has been a failure to pay required wages and to prosecute the work to completion or otherwise. The contractor and his sureties shall be liable for any excess costs occasioned thereby to the public body.

**NOTIFICATION OF VIOLATIONS – New Jersey Department of Labor and Workforce Development**
Has the respondent or any person having an "interest" with the respondent, been notified by the New Jersey Department of Labor and Workforce Development 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 18 within the last five (5) years?

* Yes _____ No ✓

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

**Submission of Certified Payroll Records**
All certified payroll records are to be submitted to the person named below, who is coordinating the activities for the project: Carl Tanksley, Jr., General Counsel, New Jersey School Board Association.

Name of Company SHI International Corp.

Authorized Agent Staci McDonald

Authorized Signature Staci McDonald