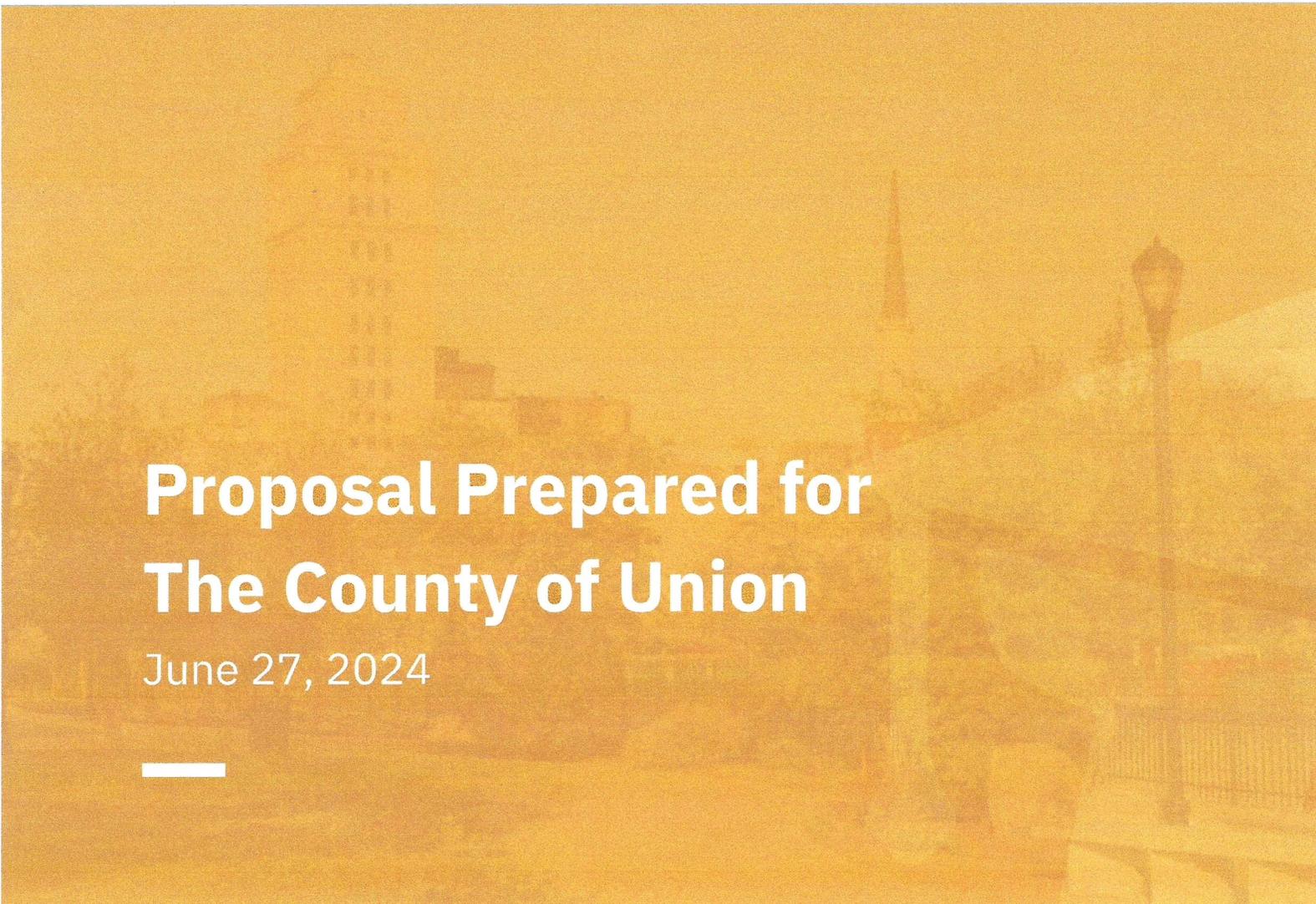


## Union County MPTP 2024-2026 Contract Amendment

The purpose of this document is to highlight the change to the pay rate for the Union County deal.

In both the proposal and deal handoff form, it was indicated that the pay rate was \$15/hr. To align with the minimum wage for the state of New Jersey, the pay rate will be \$16/hr.

A large, textured, orange-tinted background image showing a city street scene with buildings and a street lamp.

# Proposal Prepared for The County of Union

June 27, 2024

---

## Prepared By

**William Kelly**

Chief Operating Officer  
Knack Technologies, Inc.

## Table of Contents

<b>Executive Summary</b> .....	<b>4</b>
<b>The Knack Pack</b> .....	<b>5</b>
<b>The Solution</b> .....	<b>7</b>
The Knack Tutoring Platform.....	7
Online Tutoring Services Provided by High-Achieving College Students.....	8
Professional Tutors to Fill in the Gaps.....	8
Protecting Your Data.....	9
<b>Statement of Work</b> .....	<b>10</b>
Partnership Expectations.....	11
<b>Total Investment</b> .....	<b>13</b>

June 24, 2024

Dear Selection Committee,

We very much appreciate the opportunity to be considered as a potential partner to optimize the student experience and provide equitable student support through a managed peer tutoring program, and we are excited to share how Knack is uniquely positioned to help you accomplish the goals and objectives outlined in RCCP-7-2024. With more than nine years of experience launching and managing peer tutoring programs, we understand the needs of the County of Union from these materials, and offer this proposal in response.

We believe Knack can help you:

1. **Increase tutoring engagement and participation** by creating a more engaging tutoring experience through a robust peer tutor network, powered by Knack, that creates intentional connections between County of Union K-12 students and those at neighboring New Jersey institutions of higher education.
2. **Scale flexible, high-impact opportunities** by investing in your New Jersey students to help their peers through tutoring, while furthering their own academic and professional development.
3. **Ensure that no student goes unserved** by leveraging a supplemental network of professional tutors available for 24/7/365 synchronous and asynchronous support.

Knack's approach is unique from other tutoring companies; we hope to get a chance to speak with you to share more about what we have to offer. I will be your primary point of contact throughout this process, so please don't hesitate to reach out.

With Gratitude,

William Kelly  
Chief Operating Officer

William Kelly, Knack Technologies, Inc.  
382 NE 191st Street  
PMB 96098  
Miami, FL 33179  
727-412-2139  
will@joinknack.com

# Executive Summary



## About Knack

Advised by education experts, including Dr. George Kuh and Esther Wojcicki, Knack is a leading student success platform that partners with educational institutions across the country to better engage students. We've launched programs alongside more than 70 partners across the United States. While we've provided some references, a complete list of partnerships from the past three years can be delivered under NDA.

The impact-driven technology company was founded in 2015 by Samyr Qureshi, a 2020 Forbes 30 Under 30 Education Honoree. Knack is partnered with dozens of campuses across the country and received the 2019 Lumina Education Innovation Grant Prize. The company is backed by world-class education venture investors, non-profits, and institutions such as Jeff Vinik (Tampa Bay Lightning Owner), ETS (creators of GRE), Arizona State University Enterprise Partners, Precursor Ventures, Lumina Education Foundation, and Jon Chapman (Founder of EVERFI.com).



## The Knack Peer Tutoring Platform

The Knack Tutoring Platform offers state-of-the-art software that streamlines and scales academic tutoring programs for colleges and universities. Through a unified student experience on Knack, Union County will increase access to tutoring services, ensuring equitable opportunities for all students. Knack's award-winning mobile and web applications facilitate the end-to-end tutoring experience for tutors, students, and program administrators.

## Professional Tutors to Fill in the Gaps



Knack maintains a network of professional tutors who are standing by 24/7/365 to provide students with an additional opportunity to access support. These well-trained tutors have a Master's or PhD in the relevant field of study and are very experienced teachers. This base of tutors allows Knack to fill in any gaps to ensure that every student gets a tutor whenever they need one. Whether there are no available peer tutors or the student needs help instantaneously, these pros are available on-demand for synchronous and asynchronous support. We also maintain a base of writing tutors, who can conduct expert review of papers to provide students with personalized feedback on grammar, focus, cohesion, and more. While peer tutoring is more effective than professional tutoring, we are committed to helping our partners ensure no student goes unserved.

# The Knack Pack

Our entire team of peer tutoring experts are here to help you achieve your goals. That said, Page Keller will be your main point of contact. More information on her background listed below:

	<b>Page Keller, Vice President of Academic Relations</b> Direct: (843) 568-1577 Email: <a href="mailto:page@joinknack.com">page@joinknack.com</a>
	Page is the Vice President of Academic Relations. She brings several decades of experience leading peer education programs in higher education. She also served as the President of the College Reading and Learning Association (“CRLA”). She leads Knack’s Partner Success Team, oversees our training and development for tutors, and serves as a core member of our leadership team.

Additionally, the following team members will provide key support during the proposal and implementation stages of your relationship with Knack. More information on their specific role and specialty is listed below:

	<b>William Kelly, Chief Operating Officer</b> Direct: (919) 825-8603 Email: <a href="mailto:will@joinknack.com">will@joinknack.com</a>
	Will is a lifelong tutor with more than a decade of experience building and running tutoring businesses. He joined Knack back in 2016, and has held many roles within the organization over his tenure. In his current role as Chief Operating Officer, he directs the daily operations of the business, working in close coordination with Samyr to ensure effective execution of the organization’s strategic vision.

	<b>Samyr Qureshi, Co-Founder &amp; CEO</b> Direct: (727) 412-2139 Email: <a href="mailto:samyr@joinknack.com">samyr@joinknack.com</a>
	Samyr Qureshi leads Knack as Co-Founder & CEO. He drives growth and development for the organization while supporting strategic initiatives and working hand-in-hand with the company's Board of Directors. He is a recipient of Tampa's 2020 Emerging Tech Leader of the Year and 2020 Forbes 30 Under 30. Samyr is a graduate of University of Florida and a winner of UF's 2016 Big Idea Business Plan competition.

	<b>David Stoker, Co-Founder &amp; CTO</b> Direct: (407) 575-0274 Email: <a href="mailto:david@joinknack.com">david@joinknack.com</a>
	David Stoker is the Chief Technology Officer (CTO) and a co-founder of Knack Technologies with more than a decade of technical experience. David oversees the cyber security and technical architecture/design for the Knack platform as well as internal infrastructure and IT services to provide a smooth user experience for internal and external stakeholders. Additionally, David holds a masters degree in electrical and computer engineering from the University of Florida.

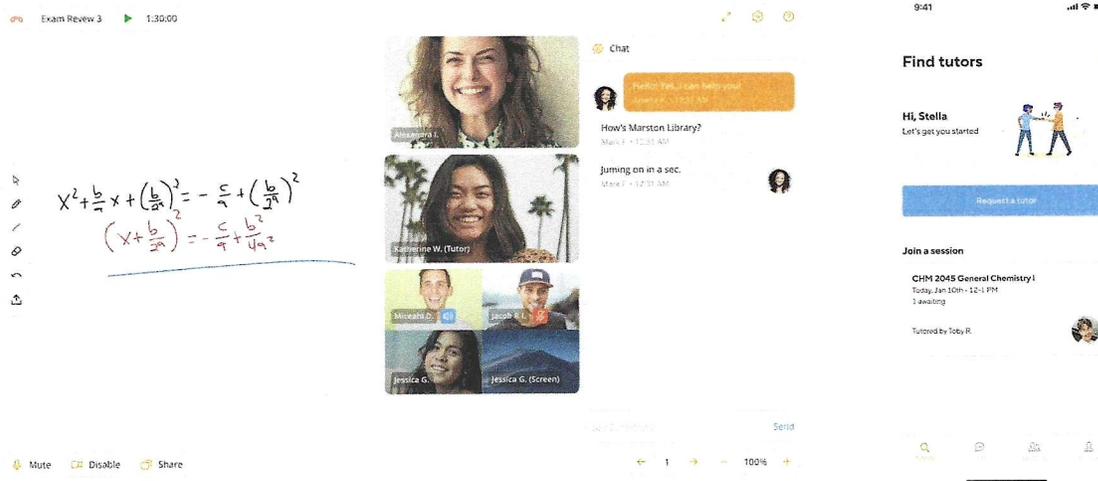
No subcontractors will be utilized during this contract term.

Due to the private nature of our business, a complete organization chart is available following completion of a signed non-disclosure agreement (NDA).

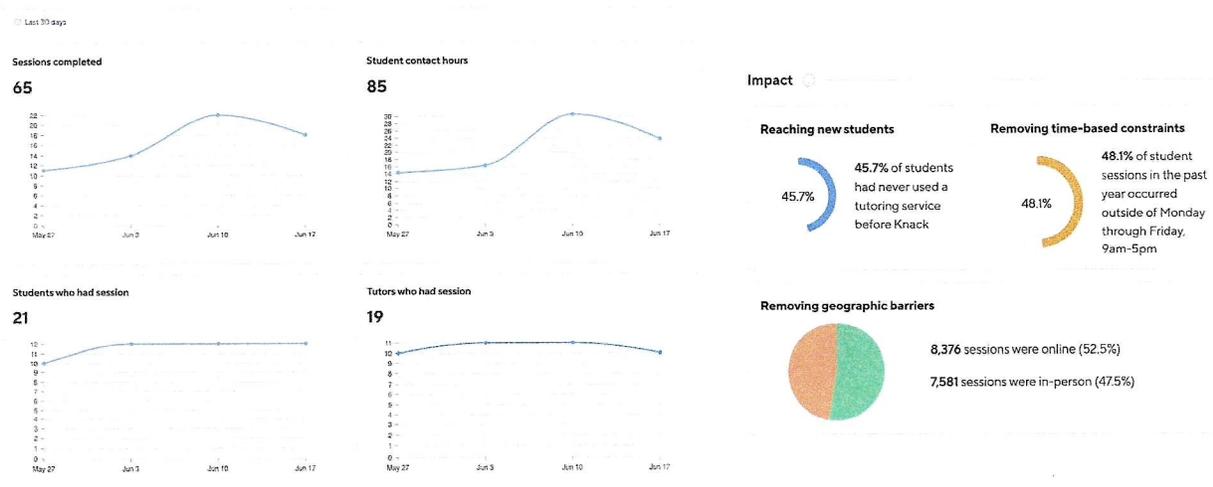
# The Solution

## The Knack Tutoring Platform

The Knack Tutoring Platform offers state-of-the-art software that streamlines and scales academic tutoring programs. Through a unified student experience on Knack, County of Union will increase access to tutoring services, ensuring equitable opportunities for all students. Knack’s award-winning mobile and web applications facilitate the end-to-end tutoring experience for peer tutors, students, and administrators.



Administrators are also able to leverage the power of the platform through its robust real-time analytics to track usage, activity, coverage, demand, tutoring ratings, and more.



## Online Tutoring Services Provided by High-Achieving College Students

Knack Enabled Peer Tutoring Programs empower our partners to connect students with qualified peer tutors, in-person and online. These Peer Tutoring Programs are supported by Knack's experienced Partner Success team, which is composed of former learning center administrators and life-long educators.

County of Union will have the opportunity to leverage university peer tutors from Kean University, Union College of Union County, and other local campuses. These peer tutors must be currently enrolled college students who have maintained a GPA greater than 3.5 and must pass a background check prior to working with students. They will also be required to complete Knack's tutor training programming which is built in accordance with the College Reading and Learning Association's (CRLA) ITTPC standards.

County of Union's dedicated Partner Success Manager will coordinate the launch of your customized program, using Knack's 21st-century technology. By using Knack's proprietary platform to connect students to peer tutors from local colleges and universities, Knack aims to increase tutoring engagement through a more relationship-oriented experience designed to empower and strengthen a community of learning.

Knack's Partner Success Team also provides certain marketing services to help drive promotion via the execution of a battle-tested playbook proven to maximize overall engagement with peer tutoring services.

## Professional Tutors to Fill in the Gaps

Knack maintains a network of professional tutors who are standing by 24/7/365 to provide students with an additional opportunity to access support. These well-trained distributed tutors have a Master's or PhD in the relevant field of study and are very experienced teachers. This additive base of professional tutors allows Knack to fill in any gaps in the peer marketplace to ensure that every student is guaranteed to find a tutor whenever they need one. Whether there are no available peer tutors or the student needs help instantaneously, these pros are available on-demand for synchronous and asynchronous support (Q&A). We also maintain a base of writing tutors, who can conduct expert review of papers to provide students with personalized feedback on grammar, focus, cohesion, and more. While we believe that [peer tutoring is more effective than professional tutoring](#), we are committed to ensuring no student goes unserved.

A more technical overview of Knack's professional tutoring services can be found [here](#).

## Protecting Your Data

Knack makes an ongoing effort to protect the data of our users and partner institutions. This focus allows our partners to remain focused on providing their students the support they need instead of concerning themselves on platform security. More detailed information regarding Knack's Security and Privacy Policies can be accessed through our Trust Center ([here](#)).

An overview of our efforts is as follows:

### ❖ Security and Governance

- Knack has achieved SOC 2 Type 2 certification and adheres to a strict set of internal controls to protect data and our systems. This includes but is not limited to:
  - Fully managed on Amazon Web Services (AWS) with separated environments
  - Observability and auditing across AWS
  - Third-party penetration testing
  - Data encryption at-rest
  - Encrypted communication for all applications using TLS 1.2
  - Vulnerability scanning
  - Firewall and security groups
  - Intrusion detection
  - Managed backups and failovers
  - Single sign-on and multi-factor authentication
  - Employee background checks
  - Business continuity and disaster recovery procedures
  - *Additional information on our SOC 2 Type 2 certification can be found [here](#).*

### ❖ FERPA

- The Knack strictly adheres to FERPA requirements and expects both parties are in agreement and compliant with FERPA regulations.

# Statement of Work

The following is included in Knack's peer-to-peer tutoring solution:

- ❖ **Knack Tutoring Platform Licenses Authenticated via List of Approved Students**
  - WCAG 2.0 Accessible Web Application
  - Native iOS, Android, and Tablet Applications
  - Support for Online Tutoring with the Knack Online Tutoring Classroom (whiteboard, screen sharing, audio & video conferencing, etc.)
  - Support for One-on-One & Group Tutoring
  - Proprietary Student-Tutor Matching System
  - Integrated Chat System for Student-Tutor Communication
- ❖ **Targeted Distribution of Free Tutoring**
  - All Students Enrolled in Grades 5-8 at Participating Schools
  - All Subjects Related to these Students' Curriculum
- ❖ **Supplemental Network of Professional Tutors Standing by 24/7/365**
  - On-Demand Synchronous Tutoring with Minimal Wait Time
  - Asynchronous Q&A Across a Wide Range of Subjects
  - Expert Writing Review Against a Well-Tested Rubric
- ❖ **High-Impact Professional Development Resources for Tutors**
  - Unlimited Access to CRLA-Endorsed Online Tutor Training Modules
  - Unlimited Access to the Knack Skills Development Program, a Guided Learning Pathway
- ❖ **High-Quality User Support**
  - Phone, Email, and Live Chat
  - Comprehensive, 24/7 Online Self-Service Knowledge Base
- ❖ **Dedicated Partner Success Manager to Coordinate Program Launch**
  - Creation of Customized Engagement Plan
  - Three (3) Standard Engagement Calls per Term
  - Program Recommendations to Drive Success
  - Additional Support via Email
- ❖ **Promotional Resources**
  - Student/Tutor Informational Videos
  - Faculty/Staff Informational Videos
  - Email Copy
  - Digital Collateral (by request)
- ❖ **Access to Knack's Reporting Dashboard With Real-Time Data Insights**

## Partnership Expectations

Upon contract execution, **Knack will...**

- ❖ **Create the County of Union + Knack Engagement Plan to ensure an effective launch**
- ❖ **Launch a custom organization on Knack for County of Union students**
- ❖ **Launch County of Union + Knack Tutoring Partnership Web Page**
- ❖ **Sign up eligible County of Union students as Peer Tutors (upon receiving lists from County of Union)**
  - Ensure tutors meet the minimum GPA requirement of 3.5
  - Conduct background checks to ensure no issues with N.J.S.A.18A:6-7.1 or N.J.A.C. 6A:9B-4.2
- ❖ **Offer training for Peer Tutors via CRLA-endorsed online tutor training modules**
  - The Basics (2 hours) - Required
  - Tutoring Ethics (1 hour) - Optional
  - Effective Communication (1 hour) - Optional
  - Learning Strategies (1 hour) - Optional
- ❖ **Conduct outreach to participating student populations (upon receiving student lists from County of Union) to drive engagement with tutoring services**
- ❖ **Ensure free services will only be administered to target students (upon receiving lists from County of Union)**
- ❖ **Issue automated rolling payouts to tutors (\$15/hr)**
- ❖ **Provide access to standard promotional resources**
  - Student/Tutor Informational Videos
  - Faculty/Staff Informational Videos
  - Email Copy
  - Digital Collateral (by request)
- ❖ **Provide access to Knack's Administrative Dashboard to 10 individuals (upon receiving names and email addresses from County of Union)**

Upon contract execution, **County of Union will select a Knack Program Administrator\* to...**

- ❖ **Bookmark and utilize the County of Union + Knack Engagement Plan to facilitate completion of action items and ensure an effective partnership**
- ❖ **Review the Knack Implementation Guide and execute the steps therein**
- ❖ **Ensure that relevant contacts:**
  - Provide Knack with relevant student information lists
    - Eligible students for tutor recruitment efforts (coordinate with participating colleges and universities)
    - Eligible students for program promotion and restricting access to free tutoring (coordinate with participating schools)
  - Facilitate the whitelisting of Knack's domain to ensure optimal deliverability of program outreach emails
- ❖ **Send at least three (3) program awareness emails to parents and/or students each term**
- ❖ **Inform faculty/staff via e-mail and video content about the program with the intention of driving student awareness and engagement**
- ❖ **Place partnership web page and information on academic support resource listings within student portals and on appropriate websites**
- ❖ **Use good faith, best efforts to promote the program to relevant students, parents, and staff**
- ❖ **Collaborate with your Partner Success Manager (PSM) on additional strategies for program promotion to increase student engagement**
- ❖ **Review program data each week via the Knack Dashboard**
- ❖ **Attend bi-weekly engagement calls with your dedicated Partner Success Manager**
- ❖ **Act as the primary contact for your Knack Partner Success Manager and respond to emails in a timely manner to keep program execution on track**

*\* The Knack Program Administrator typically carries a time commitment 30 minutes (or less) per week*

# Total Investment

*The investment presented below refers to the deliverables and services detailed above.*

- ❖ Admin Dashboard Access | ~~\$2,500~~ **\$0 (WAIVED if signed by 9/7/24)**
- ❖ Program Implementation | ~~\$3,000~~ **\$0 (WAIVED if signed by 9/7/24)**
  - Additional Programs May Be Launched @ \$75,000/yr
- ❖ Knack Student/Tutor iOS, Android, Tablet, and Web Platform Licenses
  - Unlimited Peer Tutoring for ~24,000 Students
  - CRLA-Endorsed Tutor Training Stipend for Peer Tutors Paid for by Knack
  - 24/7/365 Network of On-Demand Professional Tutors

## Pricing Details for County of Union

The following pricing has been prepared based on the requirements laid out in RCCP-7-2024.

**Annual Administrative Fee for 2024:** \$200,000.00 (includes 5 months of standard \$150k annual fee + implementation fee of \$137,500)

**Cost Per Registered Student:** \$250.00 (includes uncapped tutoring usage)

**Annual Administrative Fee for 2025 & Beyond:** \$150,000.00

## Evaluation

For the most effective collaboration, County of Union Leadership and Knack Representatives will meet at least twice per year to review the results of the engagement and will agree to an appropriate option by 90 days prior to renewal for a decision to:

1. Expand scope of partnership or continue existing program(s)
2. Discontinue partnership

**FORM A: REQUEST FOR PROPOSAL CHECKLIST**

**THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL:  
Please initial below, indicating that your proposal includes the itemized document.  
A PROPOSAL SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS IS CAUSE FOR REFUSAL.**

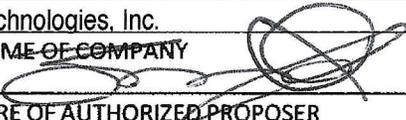
INITIAL BELOW

DOCUMENT TITLE	INITIALS
• One (1) original and one (1) electronic copy of your entire proposal in PDF format on a Thumb Drive	<i>[Handwritten Initials]</i>
• FORM A: REQUEST FOR PROPOSAL CHECKLIST	<i>[Handwritten Initials]</i>
• FORM B: PROPOSER SIGNATURE PAGE	<i>[Handwritten Initials]</i>
• FORM C: GOVERNMENT REFERENCES	<i>[Handwritten Initials]</i>
• FORM D: BUSINESS REGISTRATION CERTIFICATE	<i>[Handwritten Initials]</i>
• FORM E: STATEMENT OF OWNERSHIP DISCLOSURE	<i>[Handwritten Initials]</i>
• FORM F: NON-COLLUSION AFFIDAVIT	<i>[Handwritten Initials]</i>
• FORM G: AFFIRMATIVE ACTION REQUIREMENT	<i>[Handwritten Initials]</i>
• FORM H: AMERICANS WITH DISABILITIES ACT	<i>[Handwritten Initials]</i>
• FORM I: BUSINESS DISCLOSURE STATEMENT	<i>[Handwritten Initials]</i>
• FORM J: ADDIDAVIT OF NO CONFLICT OF INTEREST	<i>[Handwritten Initials]</i>
• FORM K: DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN	<i>[Handwritten Initials]</i>
• FORM L: CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS	<i>[Handwritten Initials]</i>
• FORM M: BYRD ANTI-LOBBYING AMENDMENT CERTIFICATION	<i>[Handwritten Initials]</i>
• FORM N: DISCLOSURE OF LOBBYING ACTIVITIES (LLL FORM)	<i>[Handwritten Initials]</i>
• FORM O: ACKNOWLEDGEMENT OF RECEIPT OF ADDENDUM/ADDENDA	<i>[Handwritten Initials]</i>
• FORM P: PROPOSAL COST FORM	<i>[Handwritten Initials]</i>

Note: N.J.S.A 52:32-44 provides that the County shall not enter into a contract for goods or services unless the other party to the contract provides a copy of its business registration certificate and the business registration certificate of any subcontractors at the time that it submits its proposal. The contracting party must also collect the state use tax where applicable.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE ABOVE LISTED REQUIREMENTS.**

Knack Technologies, Inc.  
PRINT NAME OF COMPANY

  
SIGNATURE OF AUTHORIZED PROPOSER  
Samyr Qureshi  
President & CEO

PRINT NAME OF PROPOSER PRINT TITLE

**FORM B: PROPOSER SIGNATURE PAGE**

1. If doing business under a trade name, partnership or a sole proprietorship, you must submit the proposal under exact title of the trade name, partnership, or proprietorship, and the proposal must be signed by either the owner or a partner and witnessed by a notary public.
2. If a Corporation, the proposal must be signed by the President or Vice President and witnessed by Corporate Secretary, (Corporate title must be exact) and affix corporate seal.
3. Other persons authorized by Corporate Resolution to execute agreements in its behalf may also sign the proposal documents (pages).
4. The Person who signs this proposal form must also sign the Non-Collusion Affidavit.
5. You cannot witness your own signature.

  
SIGNATURE CORPORATE SECRETARY

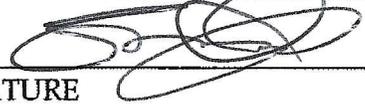
David Stoker, Secretary & CTO  
PRINT NAME AND TITLE  
CORPORATE SECRETARY

Samyr Qureshi  
NAME OF PROPOSER  
382 NE 191st St, Suite 96098  
Miami, Florida 33179-3899  
ADDRESS OF PROPOSER

TELEPHONE: (727) 412-2139

FAX: N/A

EMAIL: samyr@joinknack.com

BY:   
SIGNATURE

AFFIX CORPORATE SEAL

6/25/24  
DATE

PRINT OR TYPE NAME AND TITLE

WARNING: FAILURE TO FULLY, ACCURATELY, AND COMPLETELY SUPPLY THE INFORMATION REQUESTED ON THIS PAGE MAY RESULT IN THE REJECTION OF YOUR PROPOSAL AS NON-RESPONSIVE.

### FORM C: GOVERNMENT REFERENCES

The Proposer shall provide three government references, with contact names, email addresses, phone numbers and service/solution descriptions, which the County of Union may use in reference checking. The references must be from government organizations, where you are providing services to a customer(s) that are similar in type and scope as the County of Union.

REF. NO.	ENTITY AND CONTACT NAME	EMAIL	TEL. NO.	SERVICE/SOLUTION DESCRIPTION
1	Florida A&M University Dr. William "Bill" Hudson Jr.	William.HudsonJr@famuedu	850-599-3183	Managed P2P Tutoring program
2	University of New Hampshire Dr. Katherine "Kate" Zieman	Katherine.zieman@unh.edu	603-862-3293	Managed P2P Tutoring Program
3	Rutgers University Stephan Kolodiy	skolodiy@business.rutgers.edu	973-353-1661	Managed P2P Tutoring program.
4				
5				

## FORM D: BUSINESS REGISTRATION CERTIFICATE

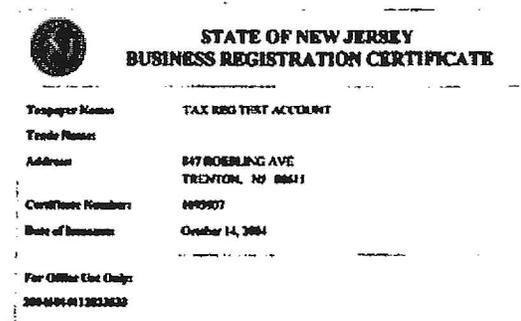
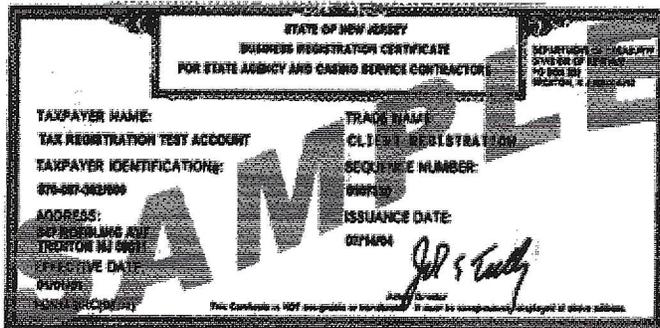
### Mandatory Requirement

P.L. 2009, c.315, requires that effective January 18, 2010; a contracting agency must receive proof of the Proposer's business registration prior to the award of a contract. However, the proof must show that the Proposer was in fact registered with the State of New Jersey Department of the Treasury, Division of Revenue and obtained the business registration prior to the receipt of proposals.

If subcontractors are named on the proposal, proof of the business registration for each must be provided prior to the award of a contract. Similarly to the Proposer, the proof must show that each subcontractor was registered with the State of New Jersey Department of the Treasury, Division of Revenue and obtained the business registration prior to the receipt of proposals.

Proof of business registration shall be:

- A copy of a Business Registration Certificate issued by the Department of Treasury, Division of Revenue; or
- A copy of the web printed version provided by the NJ Division of Revenue



# ATTACH BRC HERE

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

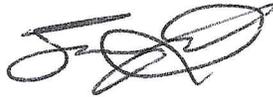
CERTIFICATE OF AUTHORITY  
KNACK TECHNOLOGIES INC.  
0451142534

The above-named FOREIGN FOR-PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 06/18/2024 and was assigned identification number 0451142534. Following are the articles that constitute its original certificate.

1. **Name:**  
KNACK TECHNOLOGIES INC.
2. **Registered Agent:**  
UNIVERSAL REGISTERED AGENTS, INC.
3. **Registered Office:**  
441 MAIN STREET  
METUCHEN, NEW JERSEY 08840
4. **Business Purpose:**  
KNACK IS A PEER-TO-PEER TUTORING PLATFORM FOR COLLEGES AND UNIVERSITIES.
5. **Incorporated Under the Laws of:**  
DELAWARE ON 04/27/2016
6. **Effective Date of this filing is:**  
06/18/2024
7. **Main Business Address:**  
382 NE 191ST ST, SUITE 96098  
MIAMI, FLORIDA 33179

**Signatures:**

SAMYR QURESHI  
CEO



Certificate Number : 4247011582

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
18th day of June, 2024*



Elizabeth Maher Muoio  
State Treasurer

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF AUTHORITY  
KNACK TECHNOLOGIES INC.  
0451142534

Delaware  
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNACK TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNACK TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

6027436 8300

SR# 20242405210

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203547291

Date: 05-23-24

**FORM E: 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:** Knack Technologies, Inc.

**Organization Address:** 382 NE 191ST ST, SUITE 96098, MIAMI, FLORIDA 33179

**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**

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):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
Chegg, Inc.	3990 Freedom Cir. Santa Clara, CA 95054

**Part III 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.**

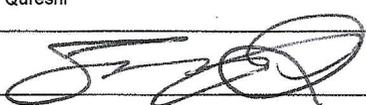
Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s
Investor.Chegg.Com / SEC-FILINGS	

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 noncorporate 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	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 **County of Union** 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 **County of Union** to notify the **County of Union** 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 **County of Union** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Samyr Qureshi	Title:	President & CEO
Signature:		Date:	6/25/24

FORM F: NON-COLLUSION AFFIDAVIT

State of New Jersey  
County of \_\_\_\_\_

ss:

I, Samyr Qureshi residing in St. Peter-Sburg  
(name of affiant) (name of municipality)  
in the County of Pinellas and State of Florida of full age, being duly  
sworn according to law on my oath depose and say that:

I am CEO/president of the firm of Knack Technologies, Inc.  
(title or position) (name of firm)

\_\_\_\_\_ the Proposer making this Proposal for the RCCP

entitled Managed peer-to-peer tutoring, and that I executed the said proposal with  
(title of proposal)

full authority to do so that said Proposer has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the COUNTY OF UNION, NEW JERSEY 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 project.

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 or bona fide established commercial or selling agencies maintained by Knack Technologies, Inc.

Subscribed and sworn to

before me this 06 day of

June, 2004

Theresa Krueger  
(Type or print name of affiant under signature)

  
Signature (Original signature only;  
stamped signature not accepted)

Theresa Krueger  
Notary public of the State of FL

My Commission expires Nov. 30, 2025



Theresa Krueger  
Comm.: HH 203634  
Expires: Nov. 30, 2025  
Notary Public - State of Florida

(Seal)

**NOTE TO NOTARY:** WHEN COMPLETING THIS JURAT, ALL NOTARIES MUST: 1. Indicate date. 2. Indicate State. 3. Sign name. 4. Affix name by Printing it, typing it, using a rubber stamp, using an impression seal or using a mechanical stamp.

**Note to Proposer:** The person who signed the Proposal form for the Proposer should sign this form also.

**WARNING: IF YOU FAIL TO FULLY, ACCURATELY AND COMPLETELY FILL OUT THIS AFFIDAVIT OF NON-COLLUSION, YOUR PROPOSAL WILL BE REJECTED.**

**FORM G: AFFIRMATIVE ACTION REQUIREMENT  
REQUIRED AFFIRMATIVE ACTION EVIDENCE**

General Requirements of P.L. 1975, c. 127: You are hereby put on notice that:

**A. Procurement, Professional & Service Contracts**

All successful vendors must submit within seven days of the notice of intent to award or the signing of the contract one of the following: **PLEASE CHECK ONE**

A photocopy of your Federal Letter of Affirmative Action Plan Approval

OR

A photocopy of your Certificate of Employee Information Report

OR

A completed Affirmative Action Employee Information Report (AA302)

If successful vendor does not submit the affirmative action document within the seven days the County of Union will declare the vendor as being non-responsive and award the contract to the next lowest Proposer.

Knack Technologies, Inc.  
Print or type FIRM NAME here

 CEO/President  
Sign NAME and TITLE here  
(Original signature only, stamped signature not accepted)

Samyr Qureshi, CEO/President  
Print or type NAME and TITLE here

6/25/24  
Print or type DATE

**Please note the following when completing the  
Employee Information Report (Form AA-302)**

- ❖ The vendor must complete the Employee Information Report (Form AA-302) and retain a copy for the vendor's own files.
- ❖ A **copy** of the Employee Information Report (Form AA-302) must be submitted to the County of Union, Office of Affirmative Action, Administration Building, 5<sup>th</sup> Floor, Elizabeth, NJ 07027. **Failure to submit a copy of the Employee Information Report (Form AA-302) to the County of Union will delay execution of your contract.**
- ❖ The **original** Employee Information Report (Form AA-302) must to be submitted to NJ Department of the Treasury, Division of Purchase & Property, Contract Compliance Audit Unit, EEO Monitoring Program, P.O. Box 206, Trenton, NJ 08625-0206 along with the required \$150.00 non-refundable fee payable to: "Treasurer, State of New Jersey". **Failure to properly complete the entire form and to submit the required \$150.00 non-refundable fee to the State of New Jersey may delay issuance of your certificate.**
- ❖ After the original AA-302 form, along with the non-fundable fee, is received by the NJ Dept. of the Treasury, they will forward to you a Certificate of Employee Information Report. This document should be retained and submitted with future contracts with the County of Union.

**ATTACHED PLEASE FIND FORM AA-302  
ALONG WITH INSTRUCTIONS PAGE**

**This form can also be found at:**

**[http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa302.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa302.pdf)**

(REVISED 01/2022)

**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 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 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; or**

**Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: [http://www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance).**

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

**AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT**

**IMPORTANT: READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALL POINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE**

**SECTION A - COMPANY IDENTIFICATION**

1. FID.NO OR SOCIAL SECURITY 47-3470415	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG. <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input checked="" type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY 18		
4. COMPANY NAME Knack Technologies, Inc.				
5. STREET 382 NE 191st Street, Suite 96098	CITY Miami	COUNTY Miami-Dade	STATE Florida	ZIP CODE 33179
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY	STATE	ZIP CODE
7. DOES THE ENTIRE COMPANY HAVE A TOTAL OF AT LEAST 50 EMPLOYEES?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
8. CHECK ONE: IS THE COMPANY: <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER				
9. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN N.J. <input style="width:50px;" type="text"/>				
10. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT <input style="width:50px;" type="text"/>				
11. PUBLIC AGENCY AWARDED CONTRACT		CITY	STATE	ZIP CODE

**OFFICIAL USE ONLY**

DATE RECEIVED-MO/DAY/YR	ASSIGNED CERTIFICATION NUMBER
-------------------------	-------------------------------

**SECTION B - EMPLOYMENT DATA**

12. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority categories, in columns 1, 2 & 3.

JOB CATEGORIES	ALL EMPLOYEES			MINORITY GROUP EMPLOYEES (Permanent)									
	Col. 1 TOTAL <i>(Cols. 2&amp;3)</i>	Col. 2 MALE	Col. 3 FEMALE	MALE				FEMALE					
				BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN		
Officials and Managers	4	3	1										
Professionals	5	2	3										
Technicians													
Sales Workers	5	3	2										
Office and Clerical	4	3	1										
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
<b>TOTAL</b>	18	11	7										
Total employment from Previous Report (If any)													

The data below shall NOT be included in the figures for the appropriate categories above.

Temporary and Part-time Employees			
13. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. VISUAL SURVEY <input type="checkbox"/> 2. EMPLOYMENT RECORD <input checked="" type="checkbox"/> 3. OTHER (Specify)		15. IS THIS THE FIRST EMPLOYEE INFORMATION REPORT (AA-302) SUBMITTED? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	16. IF NO, DATE OF LAST REPORT SUBMITTED MO.   DAY   YEAR
14. DATES OF PAYROLL PERIOD USED FROM: 6/1/24    TO: 6/15/24 <i>We do not collect ethnicity or race from our employees</i>			

**SECTION C - SIGNATURE AND IDENTIFICATION**

17. NAME OF PERSON COMPLETING FORM (Print or Type) <i>(CONTRACTOR EEO OFFICER)</i> Samyr Qureshi	SIGNATURE 	TITLE President & CEO	DATE 6   25   24 MO.   DAY   YEAR	
18. ADDRESS (NO. & STREET) 382 NE 191st Street, Suite 96098	(City) Miami	(State) Florida	(Zip Code) 33179	Phone (Area Code, No., Extension) (727) 412-2139

# INSTRUCTIONS FOR COMPLETING THE AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT (FORMAA302)

**IMPORTANT:** READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE.

**ITEM 1** - Enter the Federal Identification Number assigned to the contractor or vendor by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, but not yet issued, write the words "applied for",

or

If your business is such that you have not, or will not receive a Federal Employer Identification Number, enter the Social Security Number assigned to the single owner or to a partner, in case of a partnership.

**ITEM 2** - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

**ITEM 3** - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

**ITEM 4** - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

**ITEM 5** - Enter the physical location of the company. Include City, County, State and Zip Code.

**ITEM 6** - Enter the name of any parent or affiliated company including the City, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

**ITEM 7** - Check the appropriate box for the total number of employees in the entire company. "Entire Company" shall include all facilities in the entire firm or corporation, including part-time employee, not just those employees at the facility being awarded the contract.

**ITEM 8** - Check the box appropriate to your type of company establishment. Single-establishment Employer shall include an employer whose business is conducted at only one physical location. Multi-establishment Employer shall include an employer whose business is conducted at more than one location.

**ITEM 9** - If multi-establishment was entered in item 8, enter the number of establishments within the State of New Jersey.

**ITEM 10** - Enter the total number of employees at the establishment being awarded the contract.

**ITEM 11** - Enter the name of the Public Agency awarding the contract. Include City, State and Zip Code.

**ITEM 12** - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category.

**Racial/Ethnic Groups will be defined:**

**Black:** Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa

**Hispanic:** Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander:** Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillipine Islands and Samoa.

**ITEM 13** - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

**ITEM 14** - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

**ITEM 15** - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

**ITEM 16** - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

**ITEM 17** - Print or type the name of the person completing the form. Include the signature, title and date.

**ITEM 18** - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

**TYPE OR PRINT IN SHARP BALL POINT PEN**

**THE CONTRACTOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT RENEWAL FORM (AA302) AND RETAIN ONE (1) COPY FOR THE CONTRACTOR'S OWN FILES. FORWARD TWO (2) COPIES TO:**

**Affirmative Action Office  
Department of the Treasury  
State House  
P.O. Box 209  
Trenton, New Jersey 08625-0209  
Telephone No. (609) 292-5475**

**FORM H: AMERICANS WITH DISABILITIES ACT  
EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES**

The contractor and the County of Union (hereafter "Owner") do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12.101 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 thereto, 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 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, any 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 this Agreement or otherwise at law.

Name Somyr Dureshi (Please print or type)

Signature  Date 6/25/24

## FORM I: BUSINESS DISCLOSURE STATEMENT

(To be submitted with proposal)

- (a) Is or was anyone in your firm or company a member of the County Commissioner board within the last calendar year or a member of his/her immediate family? If yes, then provide the name of the individual below and his/her relationship.

Yes \_\_\_\_\_ No  \_\_\_\_\_

Name	Position	Relationship
------	----------	--------------

- (b) Has any principal/partner of your firm been convicted of an indictable offense? If yes, then please provide further explanation and copies of any relative documents.

Yes \_\_\_\_\_ No  \_\_\_\_\_

Name	Date
------	------

- (c) Has any individual who would provide service under this contract ever been sanctioned by the appropriate licensing board?

Yes \_\_\_\_\_ No  \_\_\_\_\_

Name	Position	Term
------	----------	------

Reason for censure:

- (d) Has the firm been found liable for professional malpractice in the last 5 years?

Yes \_\_\_\_\_ No  \_\_\_\_\_

Reason for Action:

- (e) Has any member of your firm ever been barred from doing business with any state, county or municipal government? If yes, then please provide further written explanation including date and copies of relevant documentation.

Yes \_\_\_\_\_ No  \_\_\_\_\_

Name	State, County or Municipality	Date
------	-------------------------------	------

- (f) Has your firm sued the County of Union in the past five (5) years? If yes, then please identify the matter/case and provide further written explanation including date and copies of relevant documents.

Yes \_\_\_\_\_ No  \_\_\_\_\_

Name	Date
------	------

- (g) Is your business currently in good standing with the State of New Jersey with all tax obligations and annual fees paid?

Yes  \_\_\_\_\_ No \_\_\_\_\_

If no, please explain.

FORM J: AFFIDAVIT OF NO CONFLICT OF INTEREST

State of New Jersey :  
: SS:  
County of :

I, Samir Qureshi, the undersigned and CEO/president  
(Name) (Name of Office)

of the company/firm/agency named in the within proposal, do hereby swear to the following:

- (1) I have full authority to make the representations set forth in this Affidavit; and
- (2) I am unaware of any conflict of interest that could disqualify myself or my company/firm/agency should said company/firm/agency be selected among the list of approved vendors for the services and work by the County of Union, and shall immediately notify said County should one arise during the term of my contract.

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS 26 DAY  
OF June 2024.  
Theresa Krueger  
(Print Name)

Theresa Krueger  
NOTARY PUBLIC OF  
MY COMMISSION EXPIRES:

[Signature]  
(Signature)

Nov. 30 20 25



Theresa Krueger  
Comm.: HH 203634  
Expires: Nov. 30, 2025  
Notary Public - State of Florida

# FORM K: DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

## COUNTY OF UNION NEW JERSEY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

Solicitation Number: RCCP-7-2024 Vendor/Bidder: Knack Technologies, Inc.

### **PART 1** CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES

#### **FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the State of 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 Department's website at <http://www.state.nj.us/treasury/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive. 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**

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

OR

B. I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such information will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

### **PART 2**

PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in investment activities in Iran by completing the information below.

ENTITY NAME: \_\_\_\_\_  
RELATIONSHIP TO VENDOR/BIDDER: \_\_\_\_\_  
DESCRIPTION OF ACTIVITIES: \_\_\_\_\_  
DURATION OF ENGAGEMENT: \_\_\_\_\_  
ANTICIPATED CESSATION DATE: \_\_\_\_\_  
VENDOR/BIDDER CONTACT NAME: \_\_\_\_\_  
VENDOR/BIDDER CONTACT PHONE#: \_\_\_\_\_

*Attach Additional Sheets If Necessary*

### **CERTIFICATION**

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

  
\_\_\_\_\_  
Signature

Date 6/25/24

\_\_\_\_\_  
Print Name and Title



## FORM L: 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") 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)

- A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.  
**OR**
- B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.  
**OR**
- C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

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<p>                  _____                  Signature of Vendor's Authorized Representative                  Samyr Qureshi, President &amp; CEO</p> <p>_____</p> <p>Print Name and Title of Vendor's Authorized Representative                  Knack Technologies, Inc.</p> <p>_____</p> <p>Vendor's Name                  382 NE 191st St, Suite 96098</p> <p>_____</p> <p>Vendor's Address (Street Address)                  Miami, Florida 33179-3899</p> <p>_____</p> <p>Vendor's Address (City/State/Zip Code)</p>	<p style="text-align: right;">(Attach Additional Sheets If Necessary.)</p> <p><u>6/25/24</u>                  _____                  Date                  47-3470415</p> <p>_____</p> <p>Vendor's FEIN                  (813) 330-0287</p> <p>_____</p> <p>Vendor's Phone Number  <u>N/A</u></p> <p>_____</p> <p>Vendor's Fax Number                  info@joinknack.com</p> <p>_____</p> <p>Vendor's Email Address</p>
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<sup>1</sup> 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).

**FORM M: BYRD ANTI-LOBBYING AMENDMENT CERTIFICATION**

(To be submitted with each bid, proposal or offer exceeding \$100,000)

The undersigned, [Company] Knack Technologies, Inc. certifies, to the best of his or her knowledge, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, [Company] Knack Technologies, Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Representative

Samyr Qureshi, President & CEO

6/25/24

Name and Title of Contractor's Authorized Representative

Date

**FORM N: DISCLOSURE OF LOBBYING ACTIVITIES (LLL Form)**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
 N/A – My agency does not engage in any lobbying activities

<p><b>1. Federal:</b> _____ <b>Type of</b></p> <p>a. contract          b. grant          c. cooperative agreement          d. loan          e. loan guarantee          f. loan insurance</p>	<p><b>2, Status of Federal Action:</b> _____</p> <p>a. bid/offer/application          b. initial award          c. post-award</p>	<p><b>3. Report Type:</b> _____</p> <p>a. initial filing          b. material change</p> <p>For Material Change Only:          Year _____ Quarter _____          Date of last report _____</p>			
<p><b>4. Name and Address of Reporting Entity:</b></p> <p><input type="checkbox"/> Prime      <input type="checkbox"/> Sub awardee  <input type="checkbox"/> Tier _____, if known:</p> <p>Congressional District, if known: _____</p>		<p><b>5. If Reporting Entity in No 4 is a Sub awardee, Enter Name and Address of Prime:</b></p> <p>Congressional District, if known: _____</p>			
<p><b>6. Federal Department/Agency:</b></p>	<p><b>7. Federal Program Name/Description:</b></p> <p>CDFA Number, if applicable _____</p>				
<p><b>8. Federal Action Number, if known:</b></p>	<p><b>9. Award Amount, if known:</b></p> <p>\$ _____</p>				
<p><b>10. a. Name and Address of Lobbying Registrant</b>  <i>(if individual, last name, first name, MI):</i></p>			<p><b>b. Individuals performing services including address if different from no. 10a)</b>  <i>(last name, first name, MI):</i></p>		
<p>11. Information request through this form is authorized by title 31 U. S.C Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will available for public inspection. Any person who fails to file the required disclosure shall be subject to civil penalty of not less than 10,000 and no more than \$100,000 for each such failure.</p>			<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____</p> <p>Date: _____</p>		
<p><i>Federal Use Only:</i></p>			<p><i>Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)</i></p>		

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether sub awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the sub awardee, e.g., the first sub awardee of the prime is the 1<sup>st</sup> tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub awardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency.) Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. A) Enter the full name, address, city, state and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
B) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name and middle initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-10046), Washington, DC 20503.

## FORM P: PROPOSAL COST FORM

### Administrative Fee

\$ <u>200,000.00</u>	2024 Annual Administrative Fee (August 1, 2024 – December 31, 2024)
\$ <u>150,000.00</u>	2025 Annual Administrative Fee (January 1, 2025 – December 31, 2025)
\$ <u>150,000.00</u>	2026 Annual Administrative Fee (January 1, 2026 – December 31, 2026)

### Per Student Service Fee

\$ <u>250.00</u>	Cost Per Registered Student (August 1, 2024 – December 31, 2024)
\$ <u>250.00</u>	Cost Per Registered Student (January 1, 2025 – December 31, 2025)
\$ <u>250.00</u>	Cost Per Registered Student (January 1, 2026 – December 31, 2026)