

FINANCIAL REPORTING GUIDE FORMS

ORGANIZATION STRUCTURE AND FINANCIAL PLANNING FORM

1) If other than a government agency:

a) When was your organization formed?

b) If your organization is a corporation, attach a list of the names and addresses of the Board of Directors.

2) License/Certification

a) Indicate all licenses and certifications (i.e., Federal HMO status or State certifications) your organization maintains. Use a separate sheet of paper using the following format:

<u>SERVICE COMPONENT</u>	<u>LICENSE /REQUIREMENT</u>	<u>RENEWAL DATE</u>
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b) Have any licenses been denied, revoked or suspended?

Yes _____ No _____ If yes, please explain:

3) Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of noncompliance with any relevant civil rights requirements with respect to your program?

Yes _____ No _____ If yes, please explain:

4) Handicapped Assurance

Does your organization provide assurance that no qualified handicapped person will be denied benefits of or excluded from participation in a program or activity because the offeror's facilities (including subcontractors) are inaccessible to or unusable by handicapped persons?

(note: Check with Local Zoning ordinances for handicapped requirements.)

Yes _____ No _____

If yes, briefly describe how such assurance is provided.

If no, briefly describe how your organization is taking affirmative steps to provide assurance.

5) Prior Convictions

List all felony convictions of any key personnel (i.e., Chief Executive Officer, Plan Manager, Financial Officers, major stockholders or those with controlling interest, etc.). Failure to make full and complete disclosure shall result in the rejection of your proposal as unresponsive.

6) Federal Government Suspension/Exclusion

Has offeror been suspended or excluded from any federal government programs for any reason?

Yes _____ No _____ If yes, please explain:

FINANCIAL PLANNING FORM

1) Is the offeror's accounting system based on a cash, accrual or modified method?

- (a) Cash []
- (b) Accrual []
- (c) Modified [] give brief explanation

2) Does the offeror prepare an annual financial statement?

Yes _____ No _____ If yes, provide a copy of the latest report.

3) Are interim financial statements prepared? Yes _____ No _____

a) If yes, how often are they prepared? _____

b) If yes, are footnotes and supplementary schedules an integral part of the statements? Yes _____ No _____

c) If yes, are actuals analyzed and compared to budgeted amounts?
Yes _____ No _____

d) If yes, provide a copy of the latest statements including all necessary data to support your answers in (a) through (c) above.

4) Is the offeror audited by an independent accounting firm/accountant?

Yes _____ No _____

a) If yes, how often are audits conducted? _____

b) By whom are they conducted? _____

c) Did this auditor perform the offeror's last audit?

Yes _____ No _____

If no, provide the name, address and telephone number of the firm that performed the offeror's last audit.

- d) Are management letters on internal controls issued by the accounting firm?

Yes _____ No _____

If yes, attach a copy of the management letter from the latest audit. This must be on the auditor's letterhead and the offeror, by its submission, certifies the letter is unaltered.

If no, the offeror shall provide a comprehensive description of internal control systems. The offeror is responsible for instituting adequate procedures against irregularities and improprieties and enforcing adherence to generally accepted accounting principles.

- e) Do you have any uncorrected audit exceptions? Yes _____ No _____

If yes, provide a copy of the auditor's management letter (see 4 [d] of this form for instructions regarding submittal).

- 5) Does the offeror have an accounting manual? Yes _____ No _____

If no, the offeror must explain, if it has proper accounting policies and procedures, and how it provides for the dissemination of such accounting policies and procedures within its organization and what controls exist to ensure the integrity of its financial information. The offeror agrees to furnish copies of such written accounting policies and procedures for inspection upon request from the DHS.

- 6) Does the offeror have a formal basis to allocate indirect costs reflected in your financial statement? Yes _____ No _____

Explain principal allocation techniques used or to be used. Note the allocation base used for each type of cost allocated.

- 7) What types of liability insurance does the offeror have?

(a) With what Company(s)? _____

(b) What is the amount of coverage for each type of insurance?
\$ _____

- 8) Provide a complete analysis of revenues and expenses by business segment (lines of business) and by geographic area (by county) for the offeror or its owner(s).

- 9) Are there any suits, judgments, tax deficiencies, or claims pending against the offeror? Yes _____ No _____

Briefly describe each item and indicate probable amount.

\$ _____

- 10) Has the offeror or its owner(s) ever gone through bankruptcy?

Yes _____ No _____

When? _____

- 11) Do(es) the offeror's owner(s) intend to provide all necessary funds to make full and timely payments for liabilities (reported or not recognized)?

Yes _____ No _____

If yes, describe the dollar amount(s) and source(s) of all funding.

If no, briefly describe how your organization is taking affirmative steps to provide funding.

- 12) Does the offeror have a performance bonding mechanism in accordance with DHS Rules? Yes _____ No _____

If yes,

Amount of Bond: \$ _____
Term of Bond: _____ Term of Bond: _____
Bonding Company: _____

Restrictions on Bond: _____

If no, describe how the offeror intends to provide a bond and/or security to meet established DHS Rules.

- 13) Does the offeror have a financial management system to account for incurred, but not reported liabilities? Yes _____ No _____

If no, the offeror must describe in detail (and attach this description to this form) how it intends to manage, monitor and control IBNR's. The offeror, regardless of response (either yes or no) must complete items "a" through "h" below.

- a) Is your system capable of accurately forecasting all significant claims prior to receipt of all billing? Yes _____ No _____
- b) How often are IBNR's projected? _____
- c) Identify all major data sources most often used.
- d) Are data from open referrals and prior notifications used?
Yes _____ No _____ If so, how?
- e) Are detailed written procedures maintained? Yes _____ No _____
- f) Are IBNR amounts compared with actuals and adjusted when necessary?
Yes _____ No _____
- g) Is the basis of periodic IBNR estimates well documented?
Yes _____ No _____
- h) The offeror must provide a copy of their IBNR procedures and a summary of their IBNR practices. If these procedures do not adequately support any response to this item the offeror is cautioned to provide additional data.

Please identify the developer and name of any computerized IBNR system utilized. Indicate if it is administered by internal or external staff. If administered by external staff, state by whom, define how the offeror will control this function. Specify what other IBNR estimation methods will be used to test the accuracy of IBNR estimates, along with the primary system previously identified. (For the purposes of this item "administered" refers to either performing computer related operations or to providing direct supervision of staff operating a system).

14) Does the offeror have a full-time (100%) controller or chief financial officer?

Yes _____ No _____ If yes, Enter Name: _____

15) Are the following items reported on the offeror's financial statements?

- a) Medicare Reimbursement Yes _____ No _____
- b) Other third-party recoveries Yes _____ No _____

If no, explain why.

16) Was an actuarial firm used to assist in developing capitation rates?

Yes _____ No _____ If yes, what is the name of actuary and actuarial firm.

_____, _____
Actuary Actuarial Firm

17) Did a firm or organization provide the offeror with any assistance in making this offer (to include developing capitation rates or providing any other technical assistance)?

Yes _____ No _____

If yes, what is the name of this firm?

Name

Address

FINANCIAL PERFORMANCE FORM

The offeror must indicate its current status for each measure (based on their most recent audited financial statements below).

<u>FINANCIAL MEASURES</u>	<u>OFFERORS CURRENT STATUS*</u>		<u>TARGET VIABILITY CRITERIA</u>
	<u>(Audited)</u>	<u>(Unaudited)</u>	
Working Capital Ratio	_____	_____	At Least .90
Equity per Enrollee	_____	_____	At Least \$100.
Net Medical Costs as a % of Capitation Revenues	_____	_____	No More Than 88% (plans over 8,000 members) No More Than 86% (small plans of 8,000 members and under)
Administrative Costs (To include Contingencies) as a % of Capitation Revenues	_____	_____	No More Than 8% (plans over 8,000 members) No More Than 8% (small plans of 8,000 members and under)
Day Claims Outstanding	_____	_____	No More Than 90 days (IBNRs) No More Than 45 Days (RBUCS)

*Audited Current Status means measures developed from offeror audited financial statements for the most recently completed fiscal year. Unaudited Current Status means measures developed from the most recent year-to-date offeror internally prepared financial statements. All changes of more than 2% for working capital, \$10 for equity per enrollee, 3% for net medical cost, 2% for administrative cost, or 10 days for claims outstanding must be explained in written narrative and submitted as part of the offeror's response to this request for proposal.

A new offeror is to project these ratios based on its financial plan. Insert the projected ratios in the "Unaudited" column.

DISCLOSURE STATEMENT (CMS REQUIRED)

DHS may refuse to enter into a contract and may suspend or terminate an existing contract, if the offeror fails to disclose ownership or controlling information and related party transaction as required by this policy.

Financial Disclosure requirements in accordance with 42 CFR 455.100 through 455.106 are:

455.104 Information on Ownership & Control

- (1) The name and address of each person with an ownership or controlling interest in the disclosing entity.
- (2) The name and address of each person with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of five (5) percent or more.
- (3) Names of persons named in (a) and (b) above who are related to another as spouse, parent, child or sibling of those individuals or organizations with an ownership or controlling interest.
- (4) The names of any other disclosing entity in which a person with an ownership or controlling interest in the disclosing entity also has an ownership or controlling interest.

455.105 Information Related to Business Transactions

- (5) The ownership of any subcontractor with whom the offeror has had business transactions totaling more than \$25,000 during the past 12-month period.
- (6) Any significant business transactions between the offeror and any wholly owned supplier or between the offeror and any subcontractor during the past five-year period.

455.106 Information on Persons Convicted of Crimes

- (7) Name of any person who has an ownership or controlling interest in the offeror, or is an agent or managing employee of the offeror, and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.

- b) Additional information which must be disclosed to DHS is as follows:
- (1) Names and addresses of the Board of Directors of the disclosing entity.
 - (2) Name, title and amount of compensation paid annually (including bonuses and stock participation) to the ten (10) highest management personnel.
 - (3) Names and addresses of creditors whose loans or mortgages are secured by a five (5) percent or more interest in the assets of the disclosing entity.
- c) Additional Related Party Transactions which must be disclosed to DHS is as follows:
- (1) Describe transactions between the disclosing entity and any related party in which a transaction or series of transactions during any one (1) fiscal year exceeds the lesser of \$10,000 or two (2) percent of the total operating expenses of the disclosing entity. List property, goods, services, and facilities involved in detail. Note the dollar amounts or other consideration for each item and the date of the transaction(s). Also include justification of the transaction(s) as to the reasonableness, potential adverse impact on the fiscal soundness of the disclosing entity, and the nature and extent of any conflict of interest. This requirement includes, but is not limited to, the sale or exchange, or leasing of any property; and the furnishing for consideration of goods, services or facilities.
 - (2) Describe all transactions between the disclosing entity and any related party which includes the lending of money, extensions of credit or any investments in a related party. This type of transaction requires advance administrative review by the Director before being made.
 - (3) As used in this section, "related party" means one that has the power to control or significantly influence the offeror, or one that is controlled or significantly influenced by the offeror. "Related parties" include, but are not limited to, agents, managing employees, persons with an ownership or controlling interest in the disclosing entity, and their immediate families, subcontractors, wholly-owned subsidiaries or suppliers,

parent companies, sister companies, holding companies, and other entities controlled or managed by any of such entities or persons.

42 CFR 455.101 DEFINITIONS

- a) "Agent" means any person who has been delegated the authority to obligate or act on behalf of a provider.
- b) "Convicted" means that a judgment of conviction has been entered by a Federal, State or local court, regardless of whether an appeal from that judgment is pending.
- c) "Disclosing entity" means a QUEST provider or health plan.
- d) "Other disclosing entity" means any other QUEST disclosing entity and any entity that does not participate in QUEST but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Social Security Act. This includes:
 - (1) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
 - (2) Any Medicare intermediary or carrier; and
 - (3) Any entity that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XIX of the Social Security Act.
- e) "Fiscal agent" means a contractor that processes or pays vendor claims on behalf of DHS.
- f) "Group of practitioners" means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment).
- g) "Indirect ownership interest" means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
- h) "Managing employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or

managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

- i) "Ownership interest" means the possession of equity in the capital, the stock, or the profits of the disclosing entity.
- j) "Person with an ownership or controlling interest" means a person or corporation that:
 - (1) Has an ownership interest totaling five (5) percent or more in a disclosing entity;
 - (2) Has an indirect ownership interest equal to five (5) percent or more in a disclosing entity;
 - (3) Has a combination of direct and indirect ownership interests equal to five (5) percent or more in a disclosing entity;
 - (4) Owns an interest of five (5) percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five (5) percent of the value of the property or assets of the disclosing entity;
 - (5) Is an officer or director of a disclosing entity that is organized as a corporation; or
 - (6) Is a partner in a disclosing entity that is organized as a partnership.
- k) "Significant business transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and five (5) percent of an offeror's total operating expenses.
- l) "Subcontractor" means:
 - (1) An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
 - (2) An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the DHS agreement.

- m) "Supplier" means an individual, agency, or organization from which a Provider purchases goods and services used in carrying out its responsibilities under its DHS contract (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).
- n) "Wholly owned subsidiary supplier" means a subsidiary or supplier whose total ownership interest is held by an offeror or by a person, persons, or other entity with an ownership or controlling interest in an offeror.

DISCLOSURE STATEMENT

PLAN NAME/NO. _____
DISCLOSURE STATEMENT FOR THE YEAR ENDED _____

I hereby attest that the information contained in the Disclosure Statement is current, complete and accurate to the best of my knowledge. I also attest that these reported transactions are reasonable, will not impact on the fiscal soundness of the Health Plan, and are without conflict of interest. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the statement may be prosecuted under applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate in QUEST.

Date Signed

Chief Executive Officer
(Name and Title Typewritten)

Notarized

Signature

**DISCLOSURE STATEMENT
OWNERSHIP**

Health Plan Name, Plan No.: _____

Address (City, State, Zip): _____

Telephone: _____

For the period beginning: _____ and ending _____

Type of Health Plan:

- Staff – A health plan that delivers services through a group practice established to provide health services to health plan members; doctors are salaried.
- Group – A health plan that contracts with a group practice to provide health services; the group is usually compensated on a capitation basis.
- IPA – A health plan that contracts with an association of doctors from various settings (some solo practitioners, some groups) to provide health services.
- Network – A health plan that contracts with two or more group practices to provide health services.

Type of Entity:

- | | |
|---|---|
| <input type="radio"/> Sole Proprietorship | <input type="radio"/> For-Profit |
| <input type="radio"/> Partnership | <input type="radio"/> Not-For-Profit |
| <input type="radio"/> Corporation | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Governmental | |

455.104 Information on Ownership and Control

- a. List the names and addresses of any individuals or organizations with an ownership or controlling interest in the disclosing entity. "Ownership or control interest" means, with respect to the entity, an individual or organization who (A)(i) has a direct or indirect ownership interest of 5 per centum or more in the entity, or in the case of a nonprofit corporation, is a member; or (ii) is the owner of a whole or part interest in any mortgage, deed or trust, note, or other obligation secured (in whole or in part) by the entity or any of the property or assets thereof, which whole or part interest is equal to or exceeds 5 per centum of the total property and assets of the entity; or (B) has the ability to appoint or is otherwise represented by an officer or director of the entity, if the entity is organized as a corporation; or (C) is a partner in the entity, if the entity is organized as a partnership.

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership of Control</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. List the names and addresses of any individuals or organizations with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of five (5) percent or more.

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership of Control</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- c. Names of persons named in (a) and (b) above who are related to another as spouse, parent, child, or sibling of those individuals or organizations with an ownership or controlling interest.

- d. List the names of any other disclosing entity in which a person with an ownership or controlling interest in the disclosing entity also has an ownership or controlling interest.

455.105 Information Related to Business Transactions

- e. List the ownership of any subcontractor with whom the offeror has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request.

<u>Describe Ownership of Subcontractors</u>	<u>Type of Business Transaction with Provider</u>	<u>Dollar Amount of Transaction</u>
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- f. List any significant business transactions between the offeror and any wholly owned supplier or between the offeror and any subcontractor during the five-year period ending on the date of the request.

<u>Describe Ownership of Subcontractors</u>	<u>Type of Business Transaction with Provider</u>	<u>Dollar Amount of Transaction</u>
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455.106 Information on Persons Convicted of Crime

- g. List the names of any person who has ownership or controlling interest in the offeror, or is an agent or managing employee of the offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs.

Name

Address

Title

2. Additional information which must be disclosed to DHS as follows:

a. List the names and addresses of the Board of Director of the Plan.

Name/Title

Address

b. Names and titles of the ten (10) highest paid management personnel including but not limited to the Chief Executive Officer, the Chief Financial Officer, Board of Chairman, Board of Secretary, and Board of Treasurer:

Name/Title

Address

- c. List names and addresses of creditors whose loans or mortgages exceeding five percent (5) and are secured by the assets of the Health Plan.

<u>Name</u>	<u>Address</u>	<u>Amount of Debt</u>	<u>Description of Security</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISCLOSURE STATEMENT

a. Instructions

DHS is concerned with monitoring the existence of related party transactions in order to determine if any significant conflicts of interest exist in the offeror's ability to meet QUEST objectives. Related party transactions include transactions which are conducted in an arm's length manner or are not reflected in the accounting records at all (e.g., the provision of services without charge).

Transactions with related parties maybe in the normal course of business or they may represent something unusual for the offeror. In the normal course of business, there may be numerous routine and recurring transactions with parties that meet the definition of a related party. Although each party may be appropriately pursuing its respective best interests, this is usually not objectively determinable. In addition to transactions in the normal course of business, there may be transactions which are neither routine nor recurring and may be unusual in nature or in financial statement impact.

- 1) Describe transactions between the offeror and any related party in which a transaction or series of transactions during any one (1) fiscal year exceeds the lesser of \$10,000 or two (2) percent of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting the dollar amounts or other consideration for each and the date of the transaction(s) including a justification as to the reasonableness of the transaction(s) and its potential adverse impact on the fiscal soundness of the disclosing entity.

- a) The sale or exchange, or leasing of any property:

<u>Description of Transaction(s)</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>

Justification

b) The furnishing for consideration of goods, services or facilities:

<u>Description of Transaction(s)</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
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Justification

2. Describe all transactions between the disclosing entity and any related party which includes the lending of money, extensions of credit or any investments in a related party. This type of transaction requires advance administrative review by the Director before being made.

<u>Description of Transaction(s)</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
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Justification

CONTROLLING INTEREST FORM

The offeror must provide the name and address of any individual which owns or controls more than ten percent (10%) of stock or that has a controlling interest (i.e., ability to formulate, determine or veto business policy decisions, etc.). Failure to make full disclosure may result in rejection of the offeror's proposal as unresponsive.

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER OR CONTROLLER</u>	HAS CONTROLLING INTEREST	
			<u>YES</u>	<u>NO</u>

BACKGROUND CHECK INFORMATION

The offeror must provide sufficient information concerning key personnel (i.e., Chief Executive Officer, Medical Director, Financial Officer, Consultants, Accountants, Attorneys, etc.) to enable DHS to conduct background checks. Failure to make full and complete disclosure may result in rejection of your proposal as unresponsive. Attach resumes for all individuals listed below.

<u>NAME**</u>	EVER KNOWN BY ANOTHER NAME*	SOCIAL SECURITY DATE OF BIRTH	CITY/COUNTRY	PLACE OF BIRTH
<u>YES</u>	<u>NO</u>	<u>ACCOUNT NUMBER</u>	<u>(DA/MO/YR)</u>	<u>/STATE</u>

* If yes, provide all other names. Use a separate sheet if necessary.

**For each person listed:

- a) give addresses for the last 10 years
- b) ever suspended from any federal program for any reason?

Yes No If yes, please explain.

OPERATIONAL CERTIFICATION SUBMISSION

The offeror must complete the attached certification as documentation that it shall maintain member handbook, appointment procedures, referral procedures and other operating requirements in accordance with either DHS rule(s) or policies and procedures.

By signing below the offeror certifies that it shall at all times during the term of this contract provide and maintain member handbook, appointment procedures, referral procedures, quality assurance program, utilization management program and other operating requirements in accordance with either DHS rule(s) or policies and procedures. The offeror warrants that in the event DHS discovers, through an operational review, that the offeror has failed to maintain these operating procedures, the offeror will be subject to a non-refundable, non-waivable sanction in accordance with DHS Rules.

Signature

Date

GRIEVANCE SYSTEM FORM

The offeror must complete the form below and submit with this proposal.

I hereby certify that _____
(Offeror Name)

will have in place on the commencement date of this contract a system for reviewing and adjudicating grievances by recipients and providers arising from this contract in accordance with DHS Rules and as set forth in the Request for Proposal.

I understand such a system must provide for prompt resolution of grievances and assure the participation of individuals with authority to require corrective action.

I further understand the offeror must have a grievance policy for recipients and providers which defines their rights regarding any adverse action by the offeror. The grievance policy shall be in writing and shall meet the minimum standards set forth in this Request for Proposal.

I further understand evaluation of the grievance procedure shall be conducted through documentation submission, monitoring, reporting, and on-site audit, if necessary, by DHS and deficiencies are subject to sanction in accordance with DHS rules.

Authorized Signature

Date

Printed Name

Title

**CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND
COOPERATIVE AGREEMENTS**

1. The undersigned certifies, to the best of his or her knowledge and belief, that no Federal appropriated funds have been paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence on 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 the awarding of any Federal contract, the making of Federal grant, the making of any Federal loan, the entering into of any cooperative 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 "Disclosure Form to Report Lobbying" in accordance with its instructions.

3. 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 under 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for such failure.

Offeror: _____

Signature: _____

Title: _____

Date: _____