

CONTRACTOR'S ATTESTATION THAT IT NOR ANY OF ITS STAFF MEMBERS IS RESTRICTED, EXCLUDED OR SUSPENDED FROM PROVIDING GOODS OR SERVICES UNDER ANY FEDERAL OR STATE HEALTH CARE PROGRAM

Contractor hereby warrants that neither it nor any of its staff members is restricted, excluded, or suspended from providing goods or services under any health care program funded by the federal or State Government, directly or indirectly, in whole or in part, and the Contractor will notify the Buyer within 30 calendar days in writing of: 1) any event that would require Contractor or a staff member's mandatory exclusion or suspension from participation in a federal or State funded health care program; and 2) any exclusionary action taken by any agency of the federal or State Government against Contractor or one or more staff members barring it or the staff members from participation in a federal or State funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part. Contractor shall indemnify and hold County harmless against any and all loss or damage Contractor may suffer arising from any federal or State exclusion or suspension of Contractor or its staff members from such participation in a federal or State funded health care program. Failure by Contractor to meet the requirements of this paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement.

Is Contractor/Proposer or any of its staff members currently barred from participation in any federal or State funded health care program?

- ☐ NO, Contractor or any of its staff members is not currently barred from participation in any federal or State funded health care program.
- ☐ YES, Contractor or any of its staff members is currently barred from participation in any federal or State funded health care program. Describe the particulars in detail below.

Printed Name of Vendor or Contractor

Printed Name of Responsible Manager

Signature

Date