

## Certification Regarding Debarment, Suspension and Other Responsibility Matters

The Network's participation in the Ocean State Network for Children and Families requires the Network to buy goods and services from vendors or independent contractors/consultants that are in good standing with the Federal Government. The Office of the Attorney General (OIG) of the United States may also exclude individuals and entities from participation in Medicare, and all other Federal health care programs for many reasons.

The Groden Network identified as "Groden Center, Behavioral Associates of MA, Cove Center, and Kingston Hill Academy" will not buy or will discontinue goods or services from an employee, vendor or independent contractor/consultant who is currently either debarred or suspended from doing business with the Federal Government. Debarment is a serious action that may lead a vendor to being excluded from procurement transactions with The Groden for a period of three (3) years. Employees, vendors and independent contractors/consultants debarred or suspended under federal regulations are not in good standing and may not be used and an employee's status will be reviewed.

As an employee, vendor or independent contractor/consultant of one of the Groden Network, I certify the following:

- 1. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- 2. I have not within a three (3) year period been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transportation; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3. I am not presently indicated or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph two (2) of this certification.
- 4. I have not within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.
- 5. I am not on the List of Excluded Individuals (LEIE) of the Office of the United States Office of the Attorney General (OIG) or under investigation by the OIG for offenses that my exclude me from participation in Medicare, Medicaid, and all other Federal healthcare programs for any reason, some of which include programrelated convictions, patient abuse or neglect convictions, licensing board disciplinary actions or other actions that pose a risk to beneficiaries or programs

If I am unable to certify to any of the statements in this certification, I shall attach an explanation to this certification.

Employee, Vendor or Independent Contractor/Consultant Name:	(Please Print)
Employee, Vendor Representative or Independent Contractor/Consultant Signature:	
Date:	