

CFMS #

“By signing this document, I certify that neither this business entity nor any of its employees is currently listed as excluded or sanctioned by either the Department of Health and Human Services, Office of Inspector General (OIG) or the General Services Administration (GSA). I understand that if this business entity or any of its employees appear on either listing, my bid (if applicable) will be rejected. Furthermore, I understand that if at any time during the term of this contract, this entity or any of its employees appears on either listing, I will notify the contracting agency, and this contract will be terminated.

**CONTRACTOR
(VENDOR NAME)**

**STATE OF LOUISIANA
LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION**

Authorized Signature, Title Date

Administrator Date
Facility

Roxane A. Townsend, M.D. Date
Interim Chief Executive Officer, HCSD