



PROVIDER RATE REQUEST CERTIFICATION STATEMENT

This Certification Statement is to accompany the [CBH Provider Rate Request Supporting Documentation spreadsheet](#) listed as an attachment in this RFP/Q/A/I.

I certify that I am the Executive Officer of said organization, and that this Statement of Receipts and Expenditures for the period shown is true and correct to the best of my knowledge and belief; and the expenditures shown on these forms have been reconciled with the related balances of the books of the organization; that the expenditures have been made in accordance with the request approved by the local authorities and the Commonwealth of Pennsylvania; that this organization is not founded under the covenants which discriminate on account of race, creed, or national origin, nor are the affairs of this organization conducted in such fashion as to so discriminate; and that the organization understands that any and all payments made hereunder are made in reliance by the Commonwealth and the local authorities upon the statement herein made.

Authorized
Signature:

Date:

Print Name
and Title:

Company or
Agency Name:

Title of
RFP/Q/A/I:
