

**APPENDIX II-1**

**VERIFICATION ON OATH OR AFFIRMATION  
TO BE COMPLETED BY HOSPITAL'S BOARD CHAIR**

STATE OF VERMONT  
Green Mountain Care Board

In re: FY 2023 Brattleboro Memorial Hospital Audited Financial Results

Exhibit B – Board Chair's Verification on Oath or Affirmation

I, Rhonda Calhoun, make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Directors of Brattleboro Memorial Hospital. I am a resident of Vermont, am over 18 years old, and am competent to testify to the information contained in this document.
2. I have reviewed Brattleboro Memorial Hospital's FY23 Audited Financial Results to be submitted to the Green Mountain Care Board (hereinafter Audited Results).
3. On \_\_\_ Feb 1, 2024, the Audited Results were presented by Brattleboro Memorial Hospital's Chief Executive Officer to the Finance Committee of Hospital's Board of Directors and was reviewed and approved by that Committee on Feb 1, 2024.
4. On \_\_\_\_\_ Feb 1, 2024, the Audited Results were presented by the Hospital's Chief Executive Officer to the Board of Directors and was reviewed and approved by the Board of Directors on Feb 1, 2024.
5. I have in good faith relied upon representations by one or more officers or employees of Brattleboro Memorial Hospital who are reliable and competent on this subject matter as permitted under 11B V.S.A. § 8.30(b) that the information contained in the Audited Results is true, accurate, and complete and does not omit material facts necessary to provide a full and complete understanding of Brattleboro Memorial Hospital's financial standing. I do not have knowledge of or have a substantial reason to believe information that would make reliance on these representations unwarranted.

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6. I acknowledge Brattleboro Memorial Hospital's obligations to promptly notify the Green Mountain Care Board and supplement the Audited Results in the event the information

contained in the Audited Results becomes untrue, inaccurate, or incomplete in any material respect.

I swear or affirm that the forgoing declarations are true and correct under penalty of perjury pursuant to 18 V.S.A. § 9456(h)(3).



Dated: 2/13/24

Rhonda Calhoun  
Chair of Board of Directors of Brattleboro Memorial Hospital

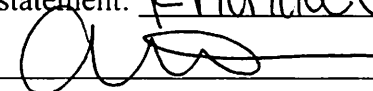
**To be completed by Notary Public**

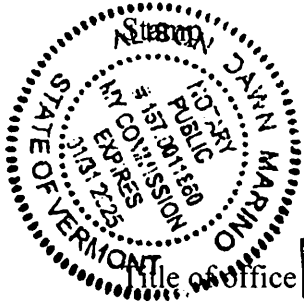
State of Vermont, County of Windham

Signed and sworn (or affirmed) before me on 2/13/24 by Rhonda Calhoun

Date 2/13/24

Name of individual making statement: Rhonda Calhoun

Signature of notary public 



Title of office Notary Public [My commission expires: 1/31/25]

