## STATE OF VERMONT Green Mountain Care Board

In re: FY 2025 Budget Submission of Central Vermont Medical Center

## Board Chair's Verification on Oath or Affirmation

- I, Allie Stickney, make the following declarations based on my personal knowledge:
  - 1. I am the Chair of the Board of Trustees of The University of Vermont Health Network ("Network"). 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 the proposed FY 2025 budget for Central Vermont Medical Center ("Hospital") and supporting materials to be submitted by the Network to the Green Mountain Care Board ("Budget Submission").
  - 3. On June 26, 2024, the Budget Submission was presented by the Hospital's Chief Financial Officer and the Network's Chief Financial Officer to the Finance Committee of the Network's Board of Trustees and was reviewed and approved by that Committee on the same date.
  - 4. On June 27, 2024, the Budget Submission was presented by the Network's Chief Financial Officer to the Network's Board of Trustees and was reviewed and approved by the Board of Trustees on the same date.
  - 5. I have in good faith relied upon representations by one or more officers or employees of the Network 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 Budget Submission is the most accurate prediction and does not omit material facts necessary to provide a full and complete understanding of the 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.
  - 6. I acknowledge the Hospital's obligations to promptly notify the Green Mountain Care Board and supplement the Budget Submission in the event the information contained in the Budget Submission becomes untrue, inaccurate or incomplete in any material respect.

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Allie Stickney
Chair of the Board of Trustees
The University of Vermont Health Network

To be completed by Notary Public

State of Vermont, County of Chittenden
Signed and sworn (or affirmed) before me on by

Date 428-2024

Name of individual making statement: Allie Stickney
Signature of notary public Marie McHenry
Stamp

Notary Public State of Vermont

Marie McHenry

Commission

\* No. 157.0005167\*

Title of office Trotory [My commission expires: 1-31-2025]

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).