

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

STATE OF VERMONT
Green Mountain Care Board

In re: FY 2023 Budget Submission of **Gifford Medical Center, Inc.**

Board Chair's Verification on Oath or Affirmation

I, **Matthew Considine**, make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Trustees of **Gifford Medical Center, Inc.** ("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 the proposed FY 2023 budget and supporting materials to be submitted by the Hospital to the Green Mountain Care Board ("Budget Submission").
3. On **June 7, 2022**, the Budget Submission was presented by the Hospital's **Chief Executive Officer, Daniel A. Bennett, and Chief Financial Officer, Jennifer A. Bertrand** to the Finance Committee of Hospital's Board of Trustees and was reviewed and approved by that Committee on **June 7, 2022**.
4. On **June 23, 2022**, the Budget Submission was presented by the Hospital's **Chief Executive Officer, Daniel A. Bennett, and Chief Financial Officer, Jennifer A. Bertrand** to the Board of Trustees and was reviewed and approved by the Board of Trustees on **June 23, 2022**.
5. I have in good faith relied upon representations by one or more officers or employees of the 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 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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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).

Matthew Considine

Dated: 6/29/2022

Matthew Considine
Chair of Board of Trustees of Gifford Medical Center, Inc.

To be completed by Notary Public

State of Vermont, County of Orange

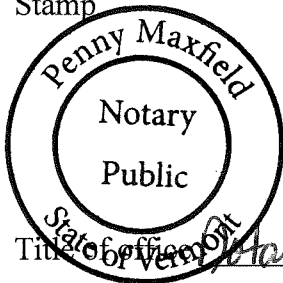
Signed and sworn (or affirmed) before me on 6/29/2022 by Matthew Considine

Date 6/29/2022

Name of individual making statement: Matthew Considine

Signature of notary public Penny Maxfield

Stamp



Title of office Notary Public [My commission expires: 1/31/2023]