

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

STATE OF VERMONT
Green Mountain Care Board

In re: FY 2022 Budget Submission of Porter Medical Center.

Board Chair's Verification on Oath or Affirmation

I, Sivan Cotel, make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Directors of Porter Medical Center ("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 2022 budget and supporting materials to be submitted by the Hospital to the Green Mountain Care Board ("Budget Submission").
3. On June 21, 2021, the Budget Submission was presented by the Hospital's Chief Financial Officer to the Board of Directors and was reviewed and approved by the Board of Directors on the same date.
4. 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.
5. 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).



Sivan Cotel

Chair of Board of Directors of Porter Medical Center.

Dated: _____

6/29/2021

To be completed by Notary Public

State of Vermont, County of Addison

Signed and sworn (or affirmed) before me on 6/29/21 by Sivan Cotel

Date 6/29/21

Name of individual making statement: Sivan Cotel

Signature of notary public Carrie Tracy

Stamp



Title of office Customer Service Rep [My commission expires: 1/31/23]