

**VERIFICATION UNDER OATH FORM**  
**SEPARATE OATHS TO BE COMPLETED BY HOSPITAL'S CEO AND CFO**

STATE OF VERMONT  
Green Mountain Care Board

In re: FY 2022 Hospital Budget Submission [Hospital Name]

Hospital CEO/CFO Verification on Oath or Affirmation

I, [Name], make the following declarations based on my personal knowledge:

1. I am the [Title] of [Hospital Name] ("Hospital"). I am a resident of [State], 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 the Hospital will submit to the Green Mountain Care Board ("Budget Submission").
3. Given the uncertainty related to the COVID-19 pandemic, to the best of my knowledge, information, and belief 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.
4. To the extent my verification is based on something other than my personal knowledge, it is based on information, opinions, reports, and statements, including financial statements and other financial data, I reasonably believe to be true, accurate, reliable, and complete. This information was presented or otherwise provided to me by the Hospital's officers, employees, legal counsel, public accountants, or other persons whom I reasonably believe are reliable, trustworthy, and have the necessary professional competence and expertise to advise on the matters presented.
5. Within the past 12 months, I have reviewed and am familiar with the policies and procedures by which the information contained in the Hospital's Budget Submission was prepared. I have determined that such policies and procedures are sufficiently effective to ensure that all information submitted or used by the Hospital in connection with the Budget Submission is true, accurate, and complete. I have disclosed to the Hospital's Board of Directors all significant deficiencies in such policies and procedures, of which I have personal knowledge after diligent inquiry. To the extent any misrepresentation of facts, whether or not material, were identified during the preparation of the Budget Submission, I have disclosed that information to the Hospital's Board of Directors and verify that any such misrepresentations were corrected before the Budget Submission was submitted to the Green Mountain Care Board.

6. The following individuals have provided information or documents (as specified below) to me in connection with the Budget Submission:
  - a. [Name and job title of each individual who provided documents, analysis or information or otherwise assisted with preparing the Budget Submission];
  - b. [Identify the documents, information, or other assistance provided by each individual identified in subparagraph 6.a.]; and
  - c. [Identify the custodian of each document identified in subparagraph 6.b.].
  
7. 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.

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).

\_\_\_\_\_ Date: \_\_\_\_\_  
 [Name]  
 [Job Title] of [Hospital]

To be completed by Notary Public

State of Vermont, County of \_\_\_\_\_

Signed and sworn (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_

Date \_\_\_\_\_

Name of individual making statement: \_\_\_\_\_

Signature of notary public \_\_\_\_\_

Stamp

Title of office \_\_\_\_\_ [My commission expires: \_\_\_\_\_]

**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 [Hospital Name]

Board Chair's Verification on Oath or Affirmation

I, [Name], make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Directors of [Hospital Name] ("Hospital"). I am a resident of [State], 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 \_\_\_\_\_, 2021, the Budget Submission was presented by the Hospital's [Chief Executive Officer AND/OR Chief Financial Officer] to the [Finance] Committee of Hospital's Board of Directors and was reviewed and approved by that Committee on [the same date OR \_\_\_\_\_, 2021].
4. On \_\_\_\_\_, 2021, the Budget Submission was presented by the Hospital's [Chief Executive Officer AND/OR Chief Financial Officer] to the Board of Directors and was reviewed and approved by the Board of Directors on [the same date OR \_\_\_\_\_, 2021].
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).

\_\_\_\_\_

Dated: \_\_\_\_\_

[Name]

Chair of Board of Directors of [Hospital]

**To be completed by Notary Public**

State of Vermont, County of \_\_\_\_\_

Signed and sworn (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_

Date \_\_\_\_\_

Name of individual making statement: \_\_\_\_\_

Signature of notary public \_\_\_\_\_

Stamp

Title of office \_\_\_\_\_ [My commission expires: \_\_\_\_\_]