**ACO BUDGET GUIDANCE**

**ACO BOARD CHAIR FORM**

**VERIFICATION ON OATH OR AFFIRMATION**

**TO BE COMPLETED BY THE CHAIR OF ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC BOARD OF MANAGERS**

STATE OF VERMONT

Green Mountain Care Board

In re: FY 2020 OneCare Vermont Accountable Care Organization, LLC Budget Submission

# 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 Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”). 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 2020 budget and supporting materials OneCare will submit to the Green Mountain Care Board (“Budget Submission”).
3. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019, the Budget Submission was presented by OneCare’s [Chief Executive Officer AND/OR Chief Financial Officer] to the Finance Committee of OneCare’s Board of Directors and was reviewed and approved by that Committee on [the same date OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019].
4. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019, the Budget Submission was presented by OneCare’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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019].
5. I have in good faith relied upon representations by one or more officers or employees of OneCare who are reliable and competent on this subject matter as permitted under 11A V.S.A. § 8.30(b) that the information contained in the Budget Submission is true, accurate, and complete and does not omit material facts necessary to provide a full and complete understanding of OneCare 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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1. I acknowledge OneCare’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 under the laws of the State of Vermont.

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

[Name]

Chair of Board of Managers of OneCare Vermont

Accountable Care Organization, LLC

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]