

Attachment II

COMPLIANCE STATEMENT

Section A – Accounting

The financial responsibility of grantees must be such that the grantee can properly discharge the public trust which accompanies the authority to expend public funds. Adequate accounting systems shall meet the following requirements:

1. Accounting records shall provide information needed to adequately identify the receipt of funds awarded by the KY-ASAP, and the expenditure of such funds.
2. Entries in accounting records shall refer to subsidiary records and/or documentation which support the entry and which can be readily located.
3. The accounting system shall provide accurate and current financial reporting information.
4. The accounting system shall be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

Your signature below assures that the above requirements have been met.

Section B – General

1. Please state the name of the entity.
 - a. When was the organization founded/incorporated? (month/day/year)
 - b. List the principal officers and titles for each:

c. Employer Identification Number:

d. Number of Employees

Full time:

Part time:

2. Is the entity affiliated with any other entity?

a. If yes, provide details:

3. Does the entity have one or more Kentucky Medicaid provider numbers? Please list all Medicaid numbers.

4. Is the entity licensed by the Kentucky Cabinet for Health and Family Services Office of Inspector General? If so, please list all licenses.

5. Has the entity or any of its principals been convicted of Medicaid fraud? If yes, provide details.

6. Has the entity or any of its principals been convicted of a misdemeanor or felony? If yes, provide details.

CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.

Signature

Printed Name

Title