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HEALTH CENTER AFFILIATION CERTIFICATION
(MUST BE COMPLETED BY ALL CHC and/or MHC APPLICANTS)

Organization: _____

UDS # _____
(where applicable)

Does your organization have any of the following arrangements with another organization? NOTE: You must complete a checklist for EACH organization with which you have any of the following arrangements.

NO (Submit only this page with application, no other documents necessary)

YES (Please check all that apply)

- a) Contract or sub-award for a substantial portion of the proposed project
- b) Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed project
- c) Contract with another organization or individual contract for core primary care providers
- d) Contract with another organization for staffing health center
- e) Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
- f) Merger with another organization
- g) Parent Subsidiary Model arrangement
- h) Acquisition by another organization
- i) Establishment of a New Entity (e.g., Network corporation)

Name of Affiliating Organization:

Address:

