OFFICE OF PHARMACY AFFAIRS (OPA) CERTIFICATION OF CONTRACT BETWEEN PRIVATE, NON-PROFIT HOSPITAL AND STATE/LOCAL GOVERNMENT TO PROVIDE HEALTH CARE SERVICES TO LOW INCOME INDIVIDUALS

This certification must be completed and signed by representatives from the parties specified below acknowledging the hospital meets the eligibility requirement in section 340B(a)(4)(L)(i) of the Public Health Service Act regarding a private non-profit hospital which has a contract with a State or local government to provide health care services to low income individuals.

Name of Hospital				
Street Address, City, State,	Zip			
Pursuant to section 340 Authorizing Official certor identifier below if approvide health care serbenefits under Title XV the State plan of Title XO Official certifies that im Affairs when this contractifies that the certifies that the certifies that the certifies that the content truthful and accurate.	rtifies that a valid oplicable) is curre and the State or vices to low incoull of the Social State of the	contract (pleatently in place I Local Governates are individuals ecurity Act or Security Act. The Security Act. The ville be provided the provided to legally bind	ase provide contract nubetween the private, no ment Entity named below who are not entitled to eligible for assistance The Hospital Authorizing to the Office of Pharm pital Authorizing Officiathe covered entity and	imber n-profit ow, to to under ng nacy al
Hospital Authorizing Official Signature			Date	-
Name and Title of Authoriz	ing Official (e.g., CE	(O, CFO, COO)		
Phone Number	Ext.	E-Mail Add	iress	
State or Local Government Official Signature			Date	_
Name of State or Local Go	vernment Official <i>(pl</i>	lease print or type)		
Title and Unit of Governme	nt			_
Address				_

Phone Number	Ext.	E-Mail Address			
Contract Number or Identifier, if applicable:					
Contract start date://	Contract end date://				
☐ Check here if the entity's contract is valid until cancelled.					