

**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.**

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Name of Hospital

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Street Address, City, State, Zip

**Pursuant to section 340B(a)(4)(L)(i) of the Public Health Service Act, the Hospital Authorizing Official certifies that a valid contract (please provide contract number or identifier below if applicable) is currently in place between the private, non-profit hospital named above, and the State or Local Government Entity named below, to provide health care services to low income individuals who are not entitled to benefits under Title XVIII of the Social Security Act or eligible for assistance under the State plan of Title XIX of the Social Security Act. The Hospital Authorizing Official certifies that immediate notice will be provided to the Office of Pharmacy Affairs when this contract is no longer valid. The Hospital Authorizing Official certifies that he/she is fully authorized to legally bind the covered entity and certifies that the contents of any statement made or reflected in this document are truthful and accurate.**

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Hospital Authorizing Official Signature

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Date

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Name and Title of Authorizing Official (e.g., CEO, CFO, COO)

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Phone Number

Ext.

E-Mail Address

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State or Local Government Official Signature

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Date

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Name of State or Local Government Official (*please print or type*)

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Title and Unit of Government

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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.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-26, Rockville, Maryland, 20857.