ADMINISTRATIVE DOCUMENT ATTESTATION FORM

Agency Name:

Contract Number:

Contract Period:

I, , am the . I hereby attest that will furnish the belwo list of administrative documents within 30 days of contract execution:

1. Organizational Chart
2. List of Board Members
3. List of Service Sites
4. List of Management/Director Staff
5. Complaint and Grievance Procedure
6. Sliding Fee Scale - reflecting the uniform schedule of discounts referenced in Rule 65E-14.018(4), Florida Administrative Code
7. Emergency Preparedness Plan
8. Notice of Privacy Practices
9. Direct Deposit Form
10. Memorandum of Understanding (MOU) with a Federally Qualified Health Center (FQHC)
11. Top 5 Personnel
12. Program Descriptions
13. Template E - Agency Capacity Report
14. HIPAA and Security Awareness Training Attestation
15. Certificate of Liability Insurance with copies of LSFHS (***Lutheran Services Florida, Inc. d/b/a LSF Health Systems, 7785 Baymeadows Way, Suite 300, Jacksonville, FL 32256***) and DCF (***Florida Department of Children and Families 5920 Arlington Expressway, Jacksonville, Florida 32211***) as certificate holders covering the following:
    i. Comprehensive Liability Insurance - *At least $300,000 per occurrence with a minimal annual aggregate of no less than $1,000,000*
    ii. Professional Liability Insurance - *At least $300,000 per occurrence with a minimal annual aggregate of no less than $1,000,000*

iii. Automobile Liability Insurance - *At least $300,000 per occurrence with a minimal annual aggregate of no less than $1,000,000*

iv. Workers' Compensation Insurance (WCI)

v. Cyber/Network Security and Privacy Liability Insurance -*Network Service Provider shall set the limits of liability necessary to provide reasonable financial protection to the Network Service Provider*

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Signature Date