

DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2012-039876 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT (Contractor), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$21,096.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2011 and ends on 11/30/2011. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
 - a. Core Contract (this document)
 - b. Program Attachments:

2012-039876-001 CHS-FEE FOR SERV.-FAMILY PLANNING
 - c. General Provisions (Sub-recipient)
 - d. Solicitation Document(s), and
 - e. Contractor's response(s) to the Solicitation Document(s).
 - f. Exhibits – Not Applicable

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: HIDALGO COUNTY

Address: HIDALGO COUNTY TREASURER 2810 S BUSINESS 281

EDINBURG, TX 78539-6243

Vendor Identification Number: 17460007176060

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

Bob Burnette, C.P.M., CTPM

Printed Name and Title

Director, Client Services Contracting Unit

Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

City, State, Zip

(512) 458-7470

Telephone Number

Bob.Burnette@dshs.state.tx.us

E-mail Address for Official Correspondence

CONTRACT NO. 2012-039876
PROGRAM ATTACHMENT NO.001

CONTRACTOR: HIDALGO COUNTY HEALTH AND HUMAN SERVICES
DEPARTMENT

DSHS PROGRAM: CHS-FEE FOR SERV.-FAMILY PLANNING

TERM: 09/01/2011 THRU: 11/30/2011

SECTION I. STATEMENT OF WORK:

Contractor shall provide, or assure the provision of, family planning services for Title V eligible clients. Contractor shall provide services approved in the Contractor's application or shall have an established referral relationship with a qualified provider of each approved service that it does not provide.

Contractor shall comply with all applicable federal and state laws, rules, regulations, standards and guidelines in effect on the beginning date of this Program Attachment unless amended, including but not limited to:

- Regulations applicable to Administration of Grants, 45 CFR Parts 74 & 92;
- Sterilizations, 42 CFR Part 50, Subpart B; and
- DSHS Family Planning Rules, 25 TAC, Chapter 56.

The following documents are incorporated by reference and made a part of this Program Attachment:

- DSHS Community Health Services Title V, X and XX Family Planning FY 10 Competitive Request For Proposal (RFP). # CHS-0325.1;
- Contractor's FY 10 Competitive Response, and any revisions;
- DSHS Community Health Services Title V, X, and XX Family Planning FY12 Renewal Application;
- Contractor's Title V, X, and XX FY12 Renewal Application and any revisions;
- Current version of the DSHS Family Planning Policy Manual for Titles V, X, and XX;
- DSHS *Department of State Health Services Standards for Public Health Clinic Services*, revised August 2004, or latest revision;
- DSHS Core Tool On-Site Evaluation Report, revised for 2012, or latest revision, and Core Tool Monitoring Instructions, FY2012, or latest revision; and
- DSHS Title V Maternal, Child Health, Dysplasia, Family Planning On-site Evaluation Report, revised for 2011, or latest revision, and FY 2012 Monitoring Tool Instructions, or latest revision.

Within thirty (30) days of receipt of an amended standard(s) or guideline(s), Contractor shall inform DSHS, in writing, if it shall not continue performance under this Program Attachment in

compliance with the amended standard(s) or guideline(s). DSHS may terminate the Program Attachment immediately or within a reasonable period of time as determined by DSHS.

DSHS Health Service Regional Director or designee, as coordinator of regional services, will assist DSHS staff in providing direction to Contractor. DSHS personnel may, from time to time, provide technical assistance and training to Contractor. Contractor shall cooperate with DSHS staff to attain the goals of policy application, coordinated services and quality assurance.

Applicants awarded a contract for the current fiscal year shall thereby begin operations within thirty (30) days of contract execution.

All activities shall be performed in accordance with Contractor's final approved work plan.

Contractor shall perform no elective abortion procedures, shall neither contract with nor provide funds to any individual or entity for the performance of elective abortions, and shall submit no claims to DSHS for reimbursement of direct or indirect costs (including overhead, rent, phones, and utilities) for abortion procedures.

If Contractor is affiliated with an entity that performs elective abortion procedures or becomes affiliated with an entity that performs elective abortions at any time during the term of this contract:

1. Contractor and its abortion-services affiliate must be legally separate corporations, with separate articles of incorporation and separate bylaws. If Contractor is a State or local governmental entity, the abortion-services affiliate must be a legally separate organization with a separate governing structure.
2. Contractor and its abortion-services affiliate must have easily distinguishable names.
3. Contractor and its abortion-services affiliate must have separate boards of directors or governing bodies, which meet separately and maintain separate records.
4. Contractor may not transfer any funds distributed under DSHS Strategy B.1.3 to its abortion-services affiliate. Contractor must assure that its affiliated entity apportions fair value for any shared expenses or costs (including overhead, rent, phones, equipment, and utilities) in accordance with generally accepted accounting principles.
5. Contractor shall assure that any person employed part-time by Contractor and by its abortion-services affiliate shall contemporaneously maintain accurate time records, similar to time records maintained by attorneys, though not necessarily by means of an automatic recording device such as a "time clock", that clearly reflect the work performed for each employer.
6. If Contractor and its abortion-services affiliate are located at the same physical location, Contractor shall assure that the existence and separate nature of the affiliate relationship are clearly reflected by appropriate signage in areas accessible to the public.

7. Contractor and its abortion-services affiliate must each maintain records adequate to show compliance with the foregoing requirements.

If Contractor becomes affiliated with an entity that performs elective abortions at any time during the term of this contract, Contractor shall immediately provide to DSHS in writing the name and address of the affiliate and the date on which the affiliation became effective.

Eligible Population:

- Females of childbearing age, who have not had sterilization surgery or other condition resulting in sterilization and who are seeking family planning services.
- Males of reproductive age who have not had sterilization surgery or other condition resulting in sterilization and who are seeking family planning services.

Service Area: Hidalgo

Location: Multiple clinic locations identified through DSHS website at: <http://www.dshs.state.tx.us/famplan/locator.shtm>.

SECTION II. PERFORMANCE MEASURES:

The following performance measure(s) will be used to assess, in part, the Contractor's effectiveness in providing the services described in this Program Attachment, without waiving the enforceability of any of the other terms of the contract.

1. Contractor shall provide family planning clinical services to at least 190 unduplicated clients.
2. At least 30% of the total amount of this Program Attachment shall be for services provided by Contractor to Title V eligible individuals who are not more than twenty-one (21) years of age.

SECTION III. SOLICITATION DOCUMENT:

Request for Proposal for DSHS Community Health Services Title V, X and XX Family Planning FY10 issued on June 29, 2009, RFP # CHS-0325.1.

SECTION IV. RENEWALS:

Not applicable.

SECTION V. PAYMENT METHOD: Fee for Service

SECTION VI. BILLING INSTRUCTIONS:

Contractor shall submit claims to the Texas Medicaid and Healthcare Partnership (TMHP) on a monthly basis for allowable services provided to Title V eligible clients. Contractors shall use the approved Family Planning 2017 Claim Form for billing family planning services to eligible clients during the claim period indicated on the billing form. Requests for payment shall be submitted to TMHP from September 1, 2011, through November 30, 2011, in a manner compatible with the Compass 21 billing system, by the 95th day after the date on which services were provided or the date of any third party insurance Explanation of Benefits form. Appeals must be submitted within 120 days of the Remittance and Status Report that indicates the claim reached a finalized status. All requests for payment shall be submitted within 60 days of the end of the Program Attachment term.

SECTION VII. BUDGET: Fee for Service

SOURCE OF FUNDS: CFDA # State

Contractor shall adhere to the current schedule of allowable services and rates located on the DSHS website at <http://www.dshs.state.tx.us/famplan/contractor/default.shtm#code>

Total payments will not exceed \$21,096.00.

SECTION VIII. SPECIAL PROVISIONS:

For purposes of this Program Attachment only, the following provisions shall apply:

General Provisions, **Compliance and Reporting** Article I, Section 1.03, is revised to include:

Contractor shall submit reports as deemed necessary by DSHS upon reasonable notice to Contractor.

General Provisions, **Compliance and Reporting** Article I, Section 1.04 is revised to include:

All individuals considered for Title V eligibility shall be screened and determined eligible using the DSHS Family Planning 2025 Combined Eligibility Form. Any other method or form for assessment of eligibility shall be approved by DSHS.

General Provisions, **Services** Article II, Section 2.05, is revised to include:

Co-pay: Contractor may assess a co-pay from clients who receive services under this Program Attachment if the co-pay is assessed according to a sliding fee scale adjusted for family size and income, approved in advance by DSHS. A co-pay shall not be assessed from such clients if their family incomes are at or below 100% of the most recently defined federal poverty level. Co-pay may not exceed 25% of the authorized and approved reimbursement amount(s) for allowed services. A client shall not be denied services due to inability to pay.

General Provisions, **Services** Article II, is revised to include:

Pharmacy: In order to dispense and/or provide prescription medications, e.g., birth control pills, antibiotics, etc., on site, the Contractor shall have, at a minimum, a Class D pharmacy license as provided by the Texas Pharmacy Act, Occupations Code, Chapter 560, or shall dispense and/or provide such medications in compliance with other pharmacy statutes with prior approval from DSHS.

Sterilization: Contractor shall comply with all federal regulations applicable to sterilization procedures. Contractor shall comply also with consent procedures as outlined in the Family Planning Policy Manual. Prior to receiving a sterilization, the client shall sign a copy of the U.S. Department of Health and Human Services (DHHS) approved sterilization consent form, and a copy of the sterilization consent form required by the Texas Medical Disclosure Panel. The original of both forms, with all required signatures (including the physician's), shall be kept in the client's medical records.

General Provisions, **Funding** Article III, Section 3.05, is revised to include:

All revenues directly generated by a Program Attachment(s) supported activity or earned only as a result of the Program Attachment(s) during the term of the Program Attachment(s) are considered program income. Program Income may be collected and retained by Contractor so long as it is used to provide services specified in the Statement of Work detailed in this Program Attachment.

General Provisions, **Payment Methods and Restrictions** Article IV, Section 4.02, is revised to include:

Contractor's contract amount under this Program Attachment is a ceiling against which it may bill, on a fee-for-service basis, for the provision of allowable family planning services to Title V eligible clients. Only allowable services provided to Title V eligible clients shall be billed against this ceiling. The current schedule of allowable services and approved rates, as well as Title V eligibility requirements, may be modified at the sole discretion of DSHS with thirty (30) days written notice to Contractor. The notice will provide Contractor with an opportunity to terminate this Program Attachment should the modification include a reduction in rates. Contractor shall have thirty (30) days from receipt of this notice to exercise the option for termination. If the Contractor does not exercise the option during the thirty (30) day time period, Contractor shall be deemed to have waived the option.

Billing Activity: DSHS shall distribute funds to maximize the delivery of authorized services to eligible clients. DSHS will monitor Contractor's billing activity. If utilization is below that projected in Contractor's contract ceiling amount, shown in SECTION II. PERFORMANCE MEASURES, Contractor's ceiling may be subject to a decrease for the remainder of the Program Attachment period. Contractor may be subject to contract ceiling amount decreases if Contractor's billing activity is less than projected. If Contractor exceeds the ceiling amount of the Program Attachment, Contractor shall continue to submit claims to TMHP for the services provided.

General Provisions, **Terms and Conditions of Payment** Article V, Section 5.04 is replaced with the following:

Contractor shall accept reimbursement or payment from DSHS and any applicable fees from clients for clinical health services as payment in full for services or goods provided to clients. Contractor shall not seek additional reimbursement or payment for services or goods from clients other than applicable fees for clinical health services.

General Provisions, **Allowable Costs and Audit Requirements** Article VI, Section 6.01 is revised to include:

DSHS shall include in any financial audit of state funds received by Contractor under this Program Attachment, a review to ensure compliance with the requirements of Department of State Health Services Rider 52, General Appropriations Act, 82nd Legislature

General Provisions, **Access and Inspection** Article IX, Section 9.01 is revised to include:

Contractor shall allow DSHS to conduct on-site quality assurance reviews as deemed necessary by DSHS. Unsatisfactory review findings may result in implementation of General Provisions, **Breach of Contract and Remedies for Non-Compliance** Article.

General Provisions, **Assurances and Certifications** Article XI, Section 11.01, is revised to include:

If appropriate, Contractor certifies that neither the Contractor, nor any individual who has a direct or indirect ownership or controlling interest of 5% or more of the Contracting Agency, nor any officer, director, agent or managing employee (e.g. general manager, business manager, administrator, director, or like individual who exercises operational or managerial control over the Contractor or who directly or indirectly conducts the day-to-day business of the Contractor) is an entity or individual who:

- Has been convicted of any offense under 42 U.S.C. § 1320a-7(b)(1)-(3);
- Has had a civil monetary penalty assessed under 42 U.S.C. § 1320a and/or 42 U.S.C. § 1320a-8; or,
- Has been excluded from participation in a program under 42 U.S.C. § 1395 *et seq.*; or under a State health care program.

If the foregoing statement is not true, Contractor shall submit a disclosure/ownership form to DSHS. Contractor shall immediately notify the DSHS in writing, in the event that the foregoing statement changes during the term of this Program Attachment. A false statement regarding Contractor's status will be treated as a material misrepresentation.

General Provisions, **General Business Operations of Contractor** Article XII, Section 12.18, is revised to include:

Contractor shall notify the Performance Management Unit, Contract Development and Support Branch, of any clinic site information changes, e.g., changes in contact person, hours of operation, address, Texas Provider Identification (TPI) number, National Provider Identification (NPI) number, and the closure, relocation, and/or opening of clinic site(s).

INSTRUCTIONS FOR COMPLETING DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

Completion and submission of this form is a condition of participation, certification, or recertification under any of the programs established by titles V, XVIII, XIX, and XX, or as a condition of approval or renewal of a contractor agreement between the disclosing entity and the Department of State Health Services (DSHS) under any of the above-titled programs, a full and accurate disclosure of ownership and financial interest is required. Failure to submit requested information may result in a refusal by DSHS to enter into an agreement or contract with any such institution or in termination of existing agreements.

SPECIAL INSTRUCTIONS FOR TITLE XX PROVIDERS

All title XX providers must complete part II of this form. Only those title XX providers rendering medical, remedial, or health related homemaker services must complete parts II and III. Title V providers must complete parts II and III.

General Instructions

For definitions, procedures and requirements, refer to the appropriate Statutes or Regulations:

Title V – 42 USC §1397d

Title XVIII – 42CFR 420.200 – 206

Title XIX – 42CFR 455.100 – 106

Title XX – 42 USC §1397d

Please answer all questions as of the current date. If the yes block for any item is checked, list requested additional information under the Remarks section on page 2, referencing the item number to be continued. If additional space is needed, use an attached sheet.

Return the original to DSHS and retain a copy for your files.

This form is to be completed annually. Any substantial delay in completing the form should be reported to the State survey agency.

DETAILED INSTRUCTIONS

These instructions are designed to clarify certain questions on the form. Instructions are listed in question order for easy reference. No instructions have been given for questions considered self-explanatory.

IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.

Item I - Under identifying information specify in what capacity the entity is doing business as (DBA), example, name of trade or corporation.

Item II - Self-explanatory.

Item III - List the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Items IV – VII - Changes in Provider Status

Change in provider status is defined as any change in management control. Examples of such changes would include: a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership which under applicable State law is not considered a change in ownership, or the hiring or dismissing of any employees with 5 percent or more financial interest in the facility or in an owning corporation, or any change of ownership.

For Items IV – VII, if the yes box is checked, list additional information requested under Remarks. Clearly identify which item is being continued.

Item IV - (a & b) If there has been a change in ownership within the last year or if you anticipate a change, indicate the date in the appropriate space.

Item V - If the answer is yes, list name of the management firm and employer identification number (EIN), or the name of the leasing organization. A management company is defined as any organization that operates and manages a business on behalf of the owner of that business, with the owner retaining ultimate legal responsibility for operation of the facility.

Item VI - If the answer is yes, identify which has changed (Administrator, Medical Director, or Director of Nursing) and the date the change was made. Be sure to include name of the new Administrator, Director of Nursing or Medical Director, as appropriate.

Item VII - A chain affiliate is any free-standing health care facility that is either owned, controlled, or operated under lease or contract by an organization consisting of two or more free-standing health care facilities organized within or across State lines which is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities, such as hospital-based home health agencies, are not considered to be chain affiliates.

Item VIII - If yes, list the actual number of beds in the facility now and the previous number.

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of Entity: HIDALGO COUNTY HEALTH AND HUMAN D/B/A SERVICES DEPARTMENT	Provider No.:	Vendor No.: 17460007176	Telephone No.
Street Address:	City, County, State:		Zip Code:

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.

(a) Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organization, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by titles XVIII, XIX, or XX?
Yes ___ No ___

(b) Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by titles XVIII, XIX, or XX?
Yes ___ No ___

(c) Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)
Yes ___ No ___

III. (a) List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

Name	Address	EIN #
------	---------	-------

(b) Type of Entity: Sole Proprietorship ___ Partnership ___ Corporation ___
 Unincorporated Associations ___ Other (Specify) _____

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Remarks.

Check appropriate box for each of the following questions:

(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers. Yes ___ No ___

Name	Address	Provider Number
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IV. (a) Has there been a change in ownership or control within the last year?

Yes___ No___

If yes, give date_____

(b) Do you anticipate any change of ownership or control within the year?

Yes___ No___

If yes, when?_____

(c) Do you anticipate filing for bankruptcy within the year?

Yes___ No___

If yes, when?_____

V. Is this facility operated by a management company, or leased in whole or part by another organization?

Yes___ No___

If yes, give date of change in operations_____

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

Yes___ No___

VII. (a) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN)

Yes___ No___

Name	EIN #
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(b) If the answer to Question VII(a) is No, was the facility ever affiliated with a chain?

Yes___ No___

(If yes, list Name, Address of Corporation, and EIN)

Name	EIN #	Address
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VIII. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years?

Yes ___ No ___

If yes, give year of change _____

Current beds _____ Prior beds _____

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH DSHS.

Name of Authorized Representative (Typed)

Title

Signature

| Date

Remarks: