

DEBARMENT STATEMENT SECTION ONE

FREQUENTLY ASKED QUESTIONS ABOUT DEBARMENT

What is "Debarment, Suspension, Ineligibility, and Voluntary Exclusion"?

These terms refer to the status of a person or entity that cannot contract with or receive grants from a federal agency.

In order to be debarred, suspended, ineligible, or voluntarily excluded, you must:

- Have had a contract or grant with a federal agency, and
- Have gone through some process where the federal agency notified or attempted to notify you that you could not contract with the federal agency.

Generally, this process occurs where you, the contractor, are not qualified or are not adequately performing under a contract, or have violated a regulation or law pertaining to the contract.

Why am I required to sign this certification?

You are requesting a contract or grant with the Washington State Health Care Authority (HCA). Federal law (Executive Order 12549) requires HCA to ensure that persons or companies that contract with HCA are not prohibited from having federal contracts.

What is Executive Order 12549?

"Executive Order 12549" refers to Federal Executive Order Number 12549. The executive order was signed by the President of the United States and directed federal agencies to ensure that federal agencies, and any state or other agency receiving federal funds, were not contracting or awarding grants to persons, organizations, or companies who have been excluded from participating in federal contracts or grants.

What does the word "proposal" mean when referred to in this certification?

Proposal means a solicited or unsolicited bid, application, request, invitation to consider or similar communication from you to HCA.

What or who is "lower tier participant"?

Lower tier participant means either (i) a person or organization that submits a proposal, enters into contracts with, or receives a grant from HCA, OR (ii) any subcontractor of a contract with HCA. If you hire subcontractors, you should require them to sign a certification and keep it with your subcontract.

What is a "covered transaction" when referred to in this certification?

Covered transaction means a contract, oral or written agreement, grant, or any other arrangement where you contract with or received money from HCA. Covered transaction does not include mandatory entitlements and individual benefits.

DEBARMENT STATEMENT SECTION TWO			
PRO'	VIDER NAME	DOING BUSINESS AS (DBA)	
ADDRESS			
NATIONAL PROVIDER IDENTIFIER (NPI)			
Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary ExclusionLower Tier Covered Transactions			
READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.			
1. 2. 3.	The certification in this clause is a material representation of entered into. If it is later determined that the prospective los addition to other remedies available to the Federal Governr originated may pursue available remedies, including suspending prospective lower tier participant shall provide immediate.		
4.	covered transaction, principal, proposal and voluntarily exc	gible, lower tier covered transaction, participant, person, primary uded as used in this clause, have the meaning set out in the executive Order 12549. You may contact the person to which this chose regulations.	
5.	entered into, I shall not knowingly enter into any lower tier of	this proposal that, should the proposed covered transaction be covered transaction with a person who is proposed for debarment eclared ineligible, or voluntarily excluded from participation in this or agency with which this transaction originated.	
6.	The prospective lower tier participant further agrees by sub Regarding Debarment, Suspension, Ineligibility and Volunta modification, in all lower tier covered transactions and in all		
7.	that it is not proposed for debarment under 48 CFR part 9, from covered transactions unless it knows that the certifical	ation of a prospective participant in a lower tier covered transaction subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded ion is erroneous. A participant may decide the method and als. Each participant may, but is not required to, check the LIST of rement Programs.	

- Parties Excluded from Federal Procurement and Nonprocurement Programs.

 Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 10. The individual completing this form must have legal authority to sign on behalf of the business.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion- - Lower Tier Covered Transactions

- 1. The prospective lower tier participant certifies, by submission of its proposal and this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared in eligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME OF INDIVIDUAL COMPLETING THIS FORM	DATE
PRINT NAME AND TITLE	