

CONTRACTOR/VENDOR CERTIFICATION OF STATUS FORM

_____ hereby represents and warrants to the
[Contract/Vendor]

Johnson City Central School District that _____,
[Contract/Vendor]

its officers, directors and employees:

- (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs;
- (ii) have not been convicted of a criminal offense related to the provision of health care items or services; and
- (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in being excluded from participation in the federal health care programs.

This shall be an ongoing representation and warranty and

_____ shall immediately notify the
[Contractor/Vendor]

district designee of any change in the status of the representations and warranty set forth above.

Name (please print)

Signature

Date