









and Human Services, or other oversight agencies who ensures compliance with these Terms and Conditions and the Terms and Conditions of the IPCMP Grant.

The Applicant and its representatives certifies that all information provided in this application and accompanying documents are true, correct, accurate and complete, to the best of its knowledge. The Applicant and its representative acknowledges that any known omission, misrepresentation, or falsification of any information contained

in this Application or future reports may be punishable by criminal, civil, administrative penalties, including but not limited to, exclusion from state health care programs, and/or the imposition of fines, civil damages, and/or imprisonment.

The Applicant agrees to return any LTC CARES Grant funds not expended by December 1, 2020. The unused LTC CARES Grant funds must be returned to the Oklahoma State Department of Health no later than December 15, 2020.

The Applicant agrees as a condition to receive LTC CARES Grant funds or any other grant, no Provider may require employees or contractors to sign any agreement or statement that limits or prohibits the reporting of fraud, waste, or abuse to a representative of a State or federal law enforcement department or agency or a representative of a State or federal agency authorized to receive such information. However, nothing herein shall contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

The Applicant agrees that no LTC CARES Grant funds may be used, in whole or in part, as consideration for any agreement, contract, or memorandum of understanding of any kind with another who has been convicted, suspended, or debarred for violation of state or federal statute within the previous Twenty-Four (24) months, unless, the awarding government agency has determined that the conviction, suspension, or debarment is not necessary to protect the interests of the government.

Please attach a completed W-9 form found at IRS.gov.

**The named entity and address in the W-9 must match the information provided in the application for the licensed operating entity.**

LOE W9.pdf

0.1 MB

application/pdf

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