



**Additional Reporting Requirement for OASAS Reporting Entities
Required Attestations with OASAS Consolidated Fiscal Report Submissions**

Please review the Instructions before completing this form. This form must be submitted to OASAS along with the CFR signature pages in the format identified in the Instructions.

Agency Name	Agency Code	Federal Employer ID #
CFR Reporting Period	CFR Document Control Number (DCN)	Type of Ownership

Please answer all questions below regarding the activities of your organization. Has your organization:

1. filed its most recently required federal tax form 990? Yes No N/A If yes, for what was the period covered by the most recent filing?
2. filed its most recently required NYS form Char500? Yes No N/A If yes, for what was the period covered by the most recent filing?
3. filed all required Consolidated Fiscal Reports (CFR) to date? Yes No
4. submitted its most current audited financial statements to OASAS? Yes No
5. accurately reported Medicaid and all other third party revenue received? Yes No N/A
6. properly disclosed all financial transactions with related organizations/individuals? Yes No N/A
7. accurately calculated agency administration expenses in schedule DMH-2 using the ratio value methodology? Yes No N/A
8. removed all non-allowable/non-reimbursable expenses on the DMH claiming documents? Yes No
9. complied with all required competitive bidding requirements as detailed in the Administrative and Fiscal Guidelines for OASAS Funded Providers? Yes No
10. complied with aspects of Provider Property Leasing requirements as detailed in the Administrative and Fiscal Guidelines for OASAS Funded Providers? Yes No

I hereby certify that the information provided above is true and correct to the best of my knowledge. I further attest that there are records and documentation that support the responses given to questions 1 through 10 and that said documentation will be kept in the custody of the above-named organization for the prescribed records retention period. Failure to timely submit an accurately and properly completed OASAS Form PAS-124 will result in a delay of OASAS approval an acceptance of your organization's submitted Consolidated Fiscal Report and final year-end state aid claim schedule DMH-2 for this and future fiscal reporting periods. Additionally, I acknowledge and accept that non-compliance with the requirement to timely submit a properly and accurately completed OASAS Form PAS-124 may at OASAS' sole discretion delay the provision of state aid funding to the above-named organization and may also have an adverse impact on the above-named organization's OASAS issued Operating Certificate.

Name	Official Title	Telephone Number
Signature	E-Mail Address	Date Signed