

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

Please review the [Instructions](#) before completing this form. This form must be submitted to OASAS along with the submission of the annual Consolidated Budget Report.

Agency Name	Agency Code	Federal Employer ID #
CBR Reporting Period (MM/DD/YYYY)	CBR Document Control Number (DCN)	Type of Ownership

Please answer all questions below regarding the activities of your organization at the time of this CBR submission. Has your organization:

1. filed its most recently required federal tax form 990? Yes No If yes, for what was the period covered by the most recent filing?
2. filed its most recently required NYS form Char500? Yes No 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 (or appropriate alternative financial report) to OASAS? Yes No
5. accurately reported projected Medicaid and all other third-party revenue in this CBR submission? Yes No
6. properly disclosed all financial transactions with related organizations/individuals in this CBR submission?
(See Section #20 of the Administrative and Fiscal Guidelines for OASAS-Funded Providers) Yes No
7. accurately calculated agency administration expenses in preparation of this CBR submission?
(See Section CFR-3 Agency Administration and Appendix I-Agency Administration in the CFR manual) Yes No
8. removed all non-allowable/non-reimbursable expenses contained in the budget request (such as, but not limited to, depreciation, late fees, interest, bad debts)? Yes No
(See Appendix X – Adjustments to Reported Costs in the CBR or CFR manual)
9. complied with all competitive bidding requirements as detailed in the Administrative and Fiscal Guidelines for OASAS-Funded Providers in requesting funding for outside services? Yes No
10. complied with Provider Property Leasing requirements as detailed in the Administrative and Fiscal Guidelines for OASAS-Funded Providers in requesting funding for rent payments? Yes No

The following certification must be completed by one of the following provider employees: CEO, CFO, COO or Executive Director (when that position supervises one of the aforementioned titles). In signing this document, 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 submit an accurately and properly completed OASAS Form PAS-125 as required will result in a delay of OASAS processing and approval of your organizations submitted Consolidated Budget Report and agreement on state aid funding for the upcoming year. Additionally, I acknowledge and accept that non-compliance with the requirement to submit a properly and accurately completed OASAS Form PAS-125 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