

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 Requirements 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)?
(See Appendix X – Adjustments to Reported Costs in the CBR or CFR manual) | Yes | No | |
| 9. complied with all competitive bidding requirements as detailed in the Administrative and Fiscal Requirements for OASAS-Funded Providers in requesting funding for outside services? | Yes | No | |
| 10. complied with Property Leasing requirements as detailed in the Administrative and Fiscal Requirements for OASAS-Funded Providers in requesting funding for rent payments? | Yes | No | |
| 11. all required insurance coverages (property, liability, auto, workers compensation, UI, etc.) are up-to-date and I confirm that all policies will remain active for the coming year? | 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