Supplement to Contracting Qualification Form

(Complete this section for each affiliated organization. This page may be copied as required)

Primary Organization Name (legal name not DBA name): _____

FEIN #: _____

Information for Child/Affiliate Organization:

Child/Affiliate Organization Name: _____

FEIN #: _____

Organization Type (check one):

☐ Non Profit ☐ For Profit

Organization Type - Secondary (check one):

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other (Please explain)

Organization's Information:

Chief Financial Officer (Print First and Last Name)	
Street Address (Number/Street, City, State, Zip)	
Contact Person (Print First and Last Name)	
Contact Title	
Contact Telephone #	
Contact Email Address	

Related Party Disclosure Certification

The signatory below represents that all required related party disclosures have been made in a complete and accurate manner and that all pricing and procurement requirements pertaining to related party relationships have been fulfilled in compliance with 808 CMR 1.00 and the supplemental guidance material promulgated by the Operational Services Division of the Commonwealth. **If applicable, please attach a separate document describing any current related party transactions.**

Federal Disclosure, Tax and Other Compliance Certification

Under the penalties of perjury, the signatory below certifies that neither the organization nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation by any Federalor state department or agency that the organization complies with the laws and regulations relating to State and Federal Taxes and with all other requirements of the Terms and Conditions for Human and Social Services contracting and that all qualification submission information and attachments are true and complete to the best of my knowledge and signatory's knowledge and belief. The certification line below must be signed and dated by the authorized signatory for organization covered by this submission. The signatory for the Primary Organization should sign below on this page. The signatory for each additional organization should sign on the supplemental page(s) covering information for child/affiliate organizations.

Authorized Signature: _____ Date: _____