# Attachment O: Letter of Attestation

***Purpose:***

On or about July 1, 2019, House File 766 was enacted into law. Section 100 of HF 766, titled Award of Community Adolescent Pregnancy Prevention (CAPP) and Services Program Grant Funds, states,

*Any contract entered into on or after July 1, 2019, by the [Department of Human Services (DHS)] to award a community adolescent pregnancy prevention and services program grant using federal temporary assistance for needy families block grant funds appropriated to [DHS] shall exclude from eligibility any applicant, grantee, grantee contractor, or grantee subcontractor that performs abortions, promotes abortions, maintains or operates a facility where abortions are performed or promoted, contracts or subcontracts with an entity that performs or promotes abortions, becomes or continues to be an affiliate of any entity that performs or promotes abortions, or regularly makes referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed.*

The purpose of this attestation form is to verify that the requirements specific to use of state funding dictated in HF766 have been met. Should the Bidder be awarded CAPP grant funding, and the Bidder’s organization falls within one of the exclusionary categories listed per HF766, as directed by the Iowa legislature and Governor Reynolds (*see* [Letter from Governor Reynolds](https://www.legis.iowa.gov/docs/publications/LGE/88/Attachments/HF766_GovLetter.pdf) and [HF766](https://www.legis.iowa.gov/legislation/BillBook?ga=88&ba=hf766)), DHS is required to terminate the contract.

***Instructions:***

The Letter of Attestation form is comprised of the following sections: applicant information, attestation, and certification statement and signatory.

**Applicant Information**

* Enter the entity name. If the applicant is a part of a larger nonprofit health care delivery system in a distinct location that does not perform abortions or maintain or operate as a facility where abortions are performed, enter the name of the larger system in the “entity” field. For the purposes of this section, “nonprofit health care delivery system” means an Iowa nonprofit corporation that controls, directly or indirectly, a regional health care network consisting of hospital facilities and various ambulatory and clinic locations that provide a range of primary, secondary, and tertiary inpatient, outpatient, and physician services.

**Attestation**

* Please read.

**Certification Statement and Signatory**

* Fill out the *Certification Statement and Signatory for CAPP Attestation* section if Bidder’s organization *can* meet the requirements specific to use of state funding dictated in HF766.
* **Certify by checking each box next to each statement. All boxes must be checked to certify the attestation is complete.**
* Enter the name of the person authorized to complete, date, contact information, and sign this form.

**Community Adolescent Pregnancy Prevention (CAPP) Program Attestation Form**

***Applicant Information***

|  |  |
| --- | --- |
| Bidder’s Name: |  |
| Entity Name, if applicable: |  |

***Attestation:***

On behalf of the above-listed entity, the Bidder’s organization hereby certifies that the following is true and accurate, and hereby acknowledge that this certification is material to the State of Iowa obligations under the Community Adolescent Pregnancy Prevention Program:

1. The Bidder, Bidder’s organization or entity do not perform abortions, promote abortions, maintain or operate a facility where abortions are performed or promoted, contract or subcontract with an entity that performs or promotes abortions, become or continue to be an affiliate of any entity that performs or promotes abortions, or regularly make referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed.

a. For the purposes of this program, “abortion” does not include any of the following:

i. The treatment of a woman for a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death.

ii. The treatment of a woman for a spontaneous abortion, commonly known as a miscarriage, when not all of the products of human conception are expelled.

b. The prohibition specified in this section shall not be interpreted to include a nonpublic entity that is a distinct location of a nonprofit health care delivery system, if the distinct location provides personal responsibility education program services but does not perform abortions or maintain or operate as a facility where abortions are performed.

i. For the purposes of this section, “nonprofit health care delivery system” means an Iowa nonprofit corporation that controls, directly or indirectly, a regional health care network consisting of hospital facilities and various ambulatory and clinic locations that provide a range of primary, secondary, and tertiary inpatient, outpatient, and physician services.

***Certification Statement and Signatory for CAPP Attestation*:**

Please certify that each of the statements below is true and accurate by checking each box. **Each statement must be certified for the attestation to be completed.** This form must be signed by an individual authorized on behalf of the Bidder, Bidder’s organization, or entity. An original or Certified Digital Signature is required.

 Certify that the entity does not perform abortions, promote abortions, maintain or operate a facility where abortions are performed or promoted, or contract or subcontract with an entity that performs or promotes abortions.

 Certify that the entity will not become or continue to be an affiliate or utilize the services of any entity that performs or promotes abortions, or regularly make referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed.

 Certify that the entity will terminate all subcontracts, agreements, and services provided by any entity that performs or promotes abortions, or regularly make referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed.

 Understand the Iowa Department of Human Services (DHS) may verify the information submitted on this form in compliance with the current contract and section 1.3 of the RFP.

 Certify the information contained herein is true, correct, and complete. If the Bidder, Bidder’s organization or entity become aware that any information in the attestation form is not true, correct, or complete, the Bidder, Bidder’s organization or entity agrees to notify DHS immediately.

 Understand that any false statement, omission, or misrepresentation of a material fact may result in rejection of the application or termination of the contract.

 Understand that any false statement, omission, or misrepresentation of a material fact may result in recovery of all funds paid as a result of such false statement, omission, or misrepresentation and may also result in prosecution under state and federal laws.

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| Authorized Signature: Original or Certified Digital Signature Required |  |
| Date: |  |
| Printed name of person completing this form:  |  |
| Bidder contact phone number: |  |
| Bidder email address: |  |