**EXHIBIT H**

**THRIVING TEXAS FAMILIES**

**AFFIRMATIONS AND SOLICITATION ACCEPTANCE FORM**

|  |  |
| --- | --- |
| **Legal Business Name of Applicant:** |  |

Every site funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

|  |  |
| --- | --- |
| **Provider Name** |  |
| **Provider’s Primary Billing Address**  **Street Address** |  |
| **City/State/Zip Code** |  |
| **Telephone Number** |  |
|  |  |
| **Provider’s Primary Physical Address**  **Street Address** |  |
| **City/State/Zip Code** |  |
| **Telephone Number** |  |

**For the purposes of this certification the following terms are defined as follows:**

**The term *“Affiliate”* means:**

**An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at**

**least one written instrument that demonstrates:**

1. **common ownership, management, or control;**
2. **a franchise; or**
3. **the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity’s brand name, trademark, service mark, or other registered identification mark.**

**The “written instruments” referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician’s participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.**

**The term “Abortion” has the meaning as defined in Texas Health and Safety Code §245.002.**

**The term *“Promote”* means advancing, furthering, advocating, or popularizing elective abortion by, for example:**

1. **taking affirmative action to secure elective Abortion services for an Alternatives to Abortion client (such as making an appointment, obtaining consent for the elective Abortion, arranging for transportation, negotiating a reduction in an elective Abortion provider fee, or arranging or scheduling an elective Abortion procedure); however, the term does not include providing upon the patient’s request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;**
2. **furnishing or displaying to an Alternatives to Abortion client information that publicizes or advertises an elective Abortion service or provider;**
3. **or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective Abortions.**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am the provider or, if the provider is an organization, I am the provider’s (title or position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider’s behalf. Throughout the remainder of this document, the word “I” will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being

completed on behalf of an organizational provider, the word “I” is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. Applicant’s organization does not perform or Promote elective Abortions.

I affirm that this statement is true and correct.

1. Applicant’s organization is not an Affiliate of an entity that performs or Promotes elective Abortions.

I affirm that this statement is true and correct.

1. None of the funds that Applicant’s organization receives for performing Thriving Texas Families services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of elective Abortion procedures.

I affirm that this statement is true and correct.

1. None of the funds that Applicant’s organization receives for performing Thriving Texas Families services are distributed to individuals or entities that perform elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective Abortion procedures.

I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

1. If Applicant’s organization fails to complete and submit this certification, I will be disqualified from the Thriving Texas Families Program and the Texas Health and Human Services Commission (HHSC) or its designee will deny any claims I submit for Thriving Texas Families services.
2. If, after I submit this signed certification, I perform, agree to perform, or Promote elective Abortions, or I become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes elective Abortions, I will notify HHSC at least 30 calendar days before such action is taken. I understand that I will be disqualified from the Thriving Texas Families Program and HHSC will deny any claims I submit for Thriving Texas Families services.
3. If, while participating in the Thriving Texas Families Program, I, perform or Promote an elective Abortion, I will be disqualified from the Thriving Texas Families Program, and HHSC will deny any claims I submit for Thriving Texas Families services.
4. If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the Thriving Texas Families Program, HHSC may place a payment hold on claims submitted by me or my organization for Thriving Texas Families services until HHSC can make a final determination regarding my eligibility.
5. If HHSC determines that I am ineligible to receive funds under the Thriving Texas Families Program:
6. HHSC may recoup Thriving Texas Families funds paid on claims that I have incurred since the date the provider became ineligible;
7. HHSC will deny all Thriving Texas Families claims that I have submitted since the date of ineligibility; and
8. I will remain ineligible to participate in the Thriving Texas Families Program until I comply with the above program requirements.
9. If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the Thriving Texas Families Program.

**I also understand that, to enable HHSC to verify my or my organization’s eligibility to participate in the Thriving Texas Families** **Program, I must complete and return this certification form to HHSC as part of this application.**

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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