GOVE COUNTY MEDICAL CENTER
A HAYSMED PARTNER

Certification Regarding Debarment, Suspension, and Federal Exclusion

To be completed and submitted by the responding vendor

Organization:	Gove County Medical Center	**Solicitation No.:**	_____
Solicitation Title:	Magnetic Resonance Imaging (MRI) System	**Proposal Due Date:**	September 11, 2026

Regulatory basis: 2 CFR 200.214; 2 CFR 200.318(h); 2 CFR part 180, including 2 CFR 180.220 and 180.300; Appendix II to 2 CFR part 200, paragraph (H).

Purpose

A contract award subject to the federal suspension and debarment rules must not be made to a party listed as excluded in the System for Award Management (SAM.gov), unless an authorized exception applies. The organization may independently verify the vendor and its principals in SAM.gov.

Vendor and Principal Information

Vendor Legal Name	_____
UEI	_____
CAGE Code (if applicable)	_____
SAM.gov Registration Expiration	_____
Principal(s) Covered by Certification	_____

Certification

The undersigned certifies, to the best of their knowledge and belief, that the vendor and its principals:

[ ] are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

[ ] are not identified as excluded in SAM.gov Exclusions;

[ ] have not knowingly entered into, and will not knowingly enter into, any lower-tier covered transaction with a person or entity that is excluded or disqualified, except as authorized under applicable federal requirements;

[ ] will immediately notify the organization in writing if the vendor or any principal becomes excluded, suspended, proposed for debarment, declared ineligible, or otherwise disqualified before award or during contract performance.

Exception Disclosure

Select one:

[ ] No exceptions or adverse information apply.

[ ] An exception or adverse information applies and is explained below. Supporting documentation is attached.

Explanation	
Agency / Case / Exclusion Reference	_____
Current Status	_____

Authorized Certification

I certify that the statements made in this document are true, complete, and accurate to the best of my knowledge and that I am authorized to bind the vendor.

Vendor Legal Name	_____
Authorized Representative	_____
Title	_____
Signature	_____
Date	_____
Email / Telephone	_____

False statements or material omissions may result in rejection of the proposal, termination of an award, repayment obligations, suspension or debarment, and other remedies available under applicable law.