GOVE COUNTY MEDICAL CENTER
A HAYSMED PARTNER

Certification Regarding Lobbying and Federal Funds

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: 31 U.S.C. 1352; 2 CFR 200.450; Appendix II to 2 CFR part 200, paragraph (I).

Applicability

Appendix II requires contractors that apply or bid for an award exceeding $100,000 to file the required certification. The organization may require this form for lower-value solicitations as a standard compliance attachment. Any lobbying with non-federal funds connected to obtaining a federal award must be disclosed as required.

Certification

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the vendor, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding, continuation, renewal, amendment, or modification of any federal contract, grant, loan, cooperative agreement, or other covered federal award.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence the persons or entities described above in connection with this procurement or an underlying federal award, the vendor will complete and submit Standard Form LLL, Disclosure of Lobbying Activities, and any required continuation sheets.

3. The vendor will include the substance of this certification in all applicable lower-tier subcontracts and will require each applicable lower-tier participant to certify and disclose accordingly.

Lobbying Disclosure Status

[ ] No disclosure is required because no lobbying with non-federal funds has occurred or is planned in connection with this procurement or underlying federal award.

[ ] A disclosure is required. A completed Standard Form LLL and any continuation sheets are attached.

Related Federal Program / Award (if known)	_____

Amount of Proposed Contract	_____
Attached SF-LLL	[ ] Yes [ ] No [ ] Not Applicable

Authorized Certification

I acknowledge that this certification is a material representation of fact upon which reliance may be placed when the organization enters into a transaction. I certify that the statements above are true, complete, and accurate 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.