GOVE COUNTY MEDICAL CENTER
A HAYSMED PARTNER

Certification Regarding Prohibited Telecommunications and Video Surveillance Equipment or Services

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 200.216; 2 CFR 200.471; Appendix II to 2 CFR part 200, paragraph (K); section 889 of Public Law 115-232.

Covered equipment and services

The federal prohibition includes certain telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation; certain public-safety, facility-security, critical-infrastructure, or national-security video surveillance or telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company; services provided by those entities or using such equipment; and other covered entities identified under federal law. The prohibition also reaches systems in which covered equipment or services are a substantial or essential component or critical technology.

Vendor Certification

[ ] The vendor will not use federal funds paid under the resulting contract to procure, obtain, extend, renew, or enter into a contract for covered telecommunications equipment or services prohibited by 2 CFR 200.216.

[ ] The goods, services, systems, and deliverables proposed under this solicitation do not include covered telecommunications equipment or services as a substantial or essential component or as critical technology, except as specifically disclosed below.

[ ] The vendor has conducted reasonable supply-chain and subcontractor inquiry appropriate to the goods or services proposed.

[ ] The vendor will promptly notify the organization if it discovers covered equipment or services in any proposed or delivered product, system, service, subcontract, or supply chain relevant to the resulting contract.

Disclosure / Exception Information

[ ] No covered equipment or services are included or known to be implicated.

[ ] Potential covered equipment or services are disclosed below for the organization's review. Disclosure does not constitute approval or an exception.

Manufacturer / Service Provider	_____
Product, Model, or Service	_____
Role in Proposed Solution	_____
Substantial / Essential Component?	[ ] Yes [ ] No [ ] Uncertain
Proposed Remediation or Replacement	
Supporting Documentation Attached	[ ] Yes [ ] No

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.