The governmental entity shall ensure the funds provided to the department in the IGT meet the requirements of 42 CFR 433, Subpart B, and R414-513. Funds shall not be derived from an impermissible source, including recycled Medicaid payments, Federal money precluded from use as the non-Federal share, impermissible taxes, and non-bona fide provider-related donations.

Below, state, in detail, the source and legal basis for the IGT monies.

|  |  |  |
| --- | --- | --- |
| **Source of Seed** | **Detailed Description and Legal Basis** | **Amount** |
|  |  |  |

Below, state the payment to which this form applies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payment Type** | **Fiscal Year** | **Fiscal Quarter** | **OR** | **Invoice Number** |
|  |  |  |
| **If “Other” selected for Payment Type, please specify.** | | |  |
|  | | |  |

I certify under penalty of law, including but not limited to U.C.A. § 76-10-1801, § 76-6-412 and § 76-8-504, that the foregoing is true and correct and that by my signature I acknowledge and affirm that I executed this instrument in my own capacity or in an authorized capacity for the governmental entity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Governmental Entity Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signatory Printed Name) (Signatory Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signatory Title) (Signature Date)

**Jurat**

State of Utah, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County)

Signed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name and title of document signer); I further acknowledge that the signer was personally known to me or did prove on the basis of satisfactory evidence, has made in my presence a voluntary signature and taken an oath or affirmation vouching to the truthfulness of this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Notary Seal)

(Signature of Notary Public) (Commission Expires)