



General Ledger Data Template Attestation

The Developmental Disabilities Administration: General Ledger Data Template
Fiscal Year: _____

Provider Name: _____

DDA Provider Number: _____

Provider Medicaid Number(s): _____

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION
CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR
IMPRISONMENT UNDER FEDERAL LAW

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF THE
PROVIDER ORGANIZATION:

I _____ (name of CFO or Administrator) HEREBY CERTIFY
that I have read the above statement and that I have examined the accompanying general ledger
data prepared by _____ (provider name) for the
Developmental Disabilities Administration for the report period beginning _____
and ending _____, and that to the best of my knowledge and belief, it is a true,
correct, and complete data prepared from the books and records of this provider in accordance
with applicable instructions, except as noted.

X _____
Signature of Chief Financial Officer or Administrator of this Provider

Title

Date Signed

Identifiers of person if additional information is needed:

Name: _____

Telephone Number: _____

E-mail Address: _____