# ATTACHMENT 10

**AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE**

## Massachusetts Department of Public Health Determination of Need

Version: 7-6-17

**Affidavit of Truthfulness and Compliance with Law and Disclosure Form 1 oo.40S{B)**

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e-mail to: [dph.don@state.ma.us](mailto:dph.don@state.ma.us) include all attachments as requested.o

Application Number: 21040109-HS

I 05/06/2021\_\_.Io

Applicant Name: I ~~South Shore~~ **Health** System, **Inc.** ]

Original Application Date: L. \_\_\_\_\_

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Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? OX Yes

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I undersiand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMfiJ 00.800;o

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I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions

previous,.ly issued Notices of Determination of Need and the terms and Conditions attached therein;

Determination of Need as established in 1 OS CMR 100.415;o

pursuant to 1 OS CMR 10031 O, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that

otherwise become a part of the Final Action pursuant to 105 CMR 100.360;o

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Corporation:

b. The ProrepcoesiveeddPtroojpeecrtmisitexsuecmhpPtrforopmosezodnPinrogjebcty-;loawr, s or ordinances.o

Attach a copy of Articles of Organization/Incorporation�

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Signatur;\_,,,,.--/\_

CEO for Corporation Name: &

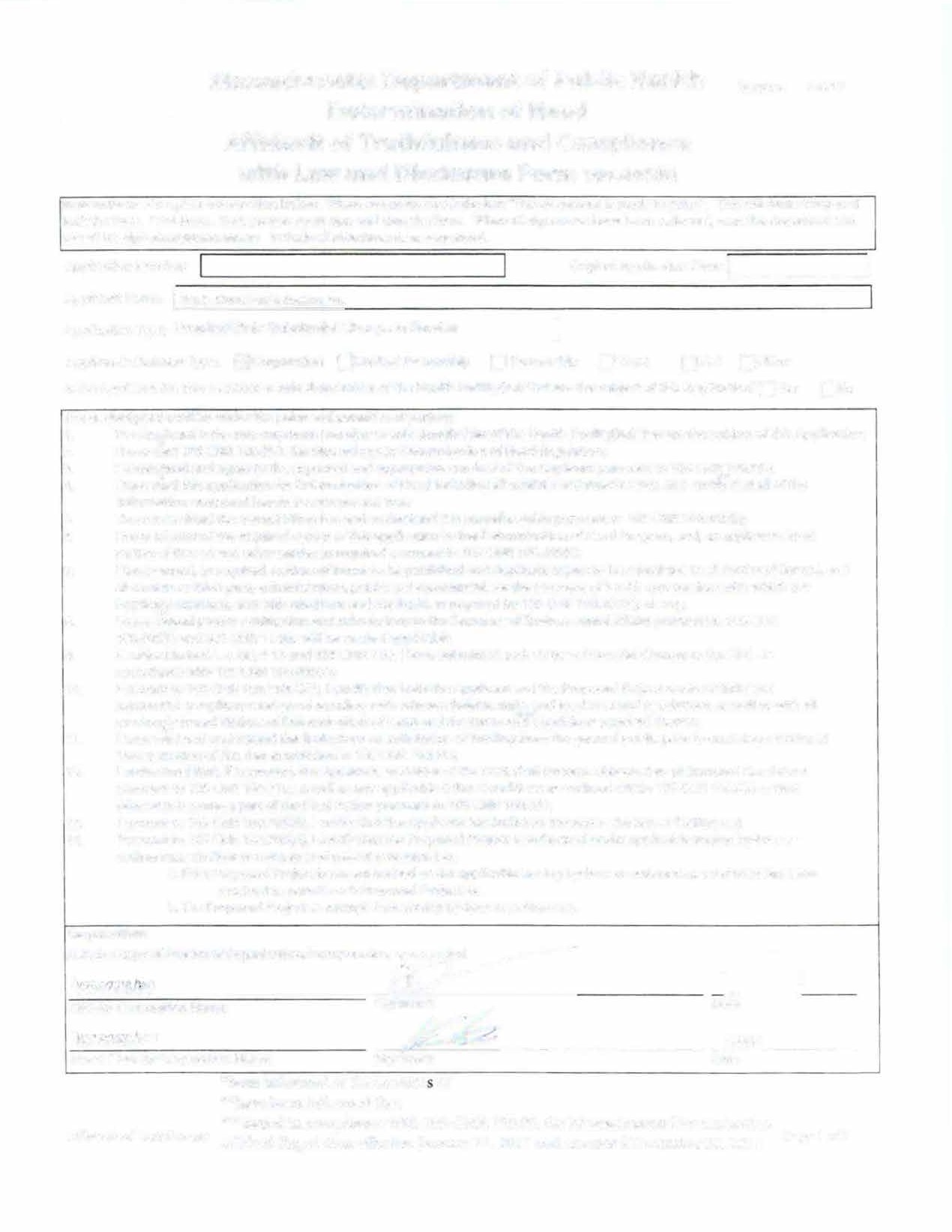
� Date

**rKiln** */MUan8er1:*

Board Chair for Corporation Name:

Si\_\_,gnatur�e�:

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Affidavit ofTruthfulness

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Page 1 of 2o

**Massachusetts Department of Public Health** Version: 7-6-17

# Determination of Need Affidavit of Truthfulness and Compliance with Law and Disclosure Form 1 oo.40S(B)

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e-mail to: [**dph.don@state.ma.us**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: I 21040109-HS

Applicant Name: I South Shore Health System, Inc.

I Original Application Date: L-r 0-5/-06-/20-21 ---'

ApplicationType: Hospital/Clinic Substantial Change in Service ]

Applicant's BusinessType: [!]Corporation Olimited Partnership **O** Partnership **O** Trust OLLC OOther

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? **O**X Yes ONo

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1.

1. I have r:ad 105 CMR 100.000, the Massachusetts Determination of Need Regulation;

understand and agree t the expected d appropriate conduct of the Applican pursua to 105 CMR 100.800;*\**

1. I have re*\**ad this application for Determination of Need including all exhibits and attachments, and certif*\**y that all of the

4.

5. IinhfaovremsautbiomnitctoendttahineecdohrreercetinFiliisnagccFuereaatendanudndtreures;tand it is nonrefundable pursuant to 105 CMR 100.405(8);

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aPcucrosurdaannt ctoe w10it5hC1MOSR C1M00R.2110O0(A.4)0(35)(,GI)c; ertify that both the Applicant and the Proposed Project are in material and

substantial compliance and good standing with r levant federal, ta\e\* and local laws and regulations, as well as with all

previously issued Notices of Determination of Need and the terms and 'tonditions attached therein;

I have re*\**ad and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of

DI uentedremrsitnaantdiotnhoaft,NifeAepdparsoevsetda,btlhisehAedppinlic1aOnSt,CaMs RHo10ld0e.4r 1o5f ;the DoN, shall become obligated to all Standard Conditions potuhrseurwanistetobe1cOoSmCeMaRp1a0r0t .o3f1t0h, easFiwneal Aacstaionny pauprpsluicaanbtletoO1t0h5erCCMoRnd10it0io.3n6s0a;s outlined within 105 CMR 100.000 or that Pursuant to 110OS5 CMR 100.?0S((A),, I certify that the PArpopploicsaendt PhraosjeScutffiiscaieuntthIonrtiezeredstuinndtehreaSpiptelicoarbfalecizliotny;inagndby-laws or ordinancae.sI,fwthheetPhreorposendotParosjpeecct iiaslnpoetrmauithisorreizqeudiruendd; eorr,applicable zoning by-laws or ordinances, a variance has been

b.The ProrepcoesiveeddPtroojpeecrtmisitexsuecmhpPtrforopmosezodnPinrogjebcyt-;loawr, s or ordinances.

**Corporation:**

Attach a copy of Articles of Organization/Incorporation, as amended

CEO for Corporation Name: Signatu��*L*

Date

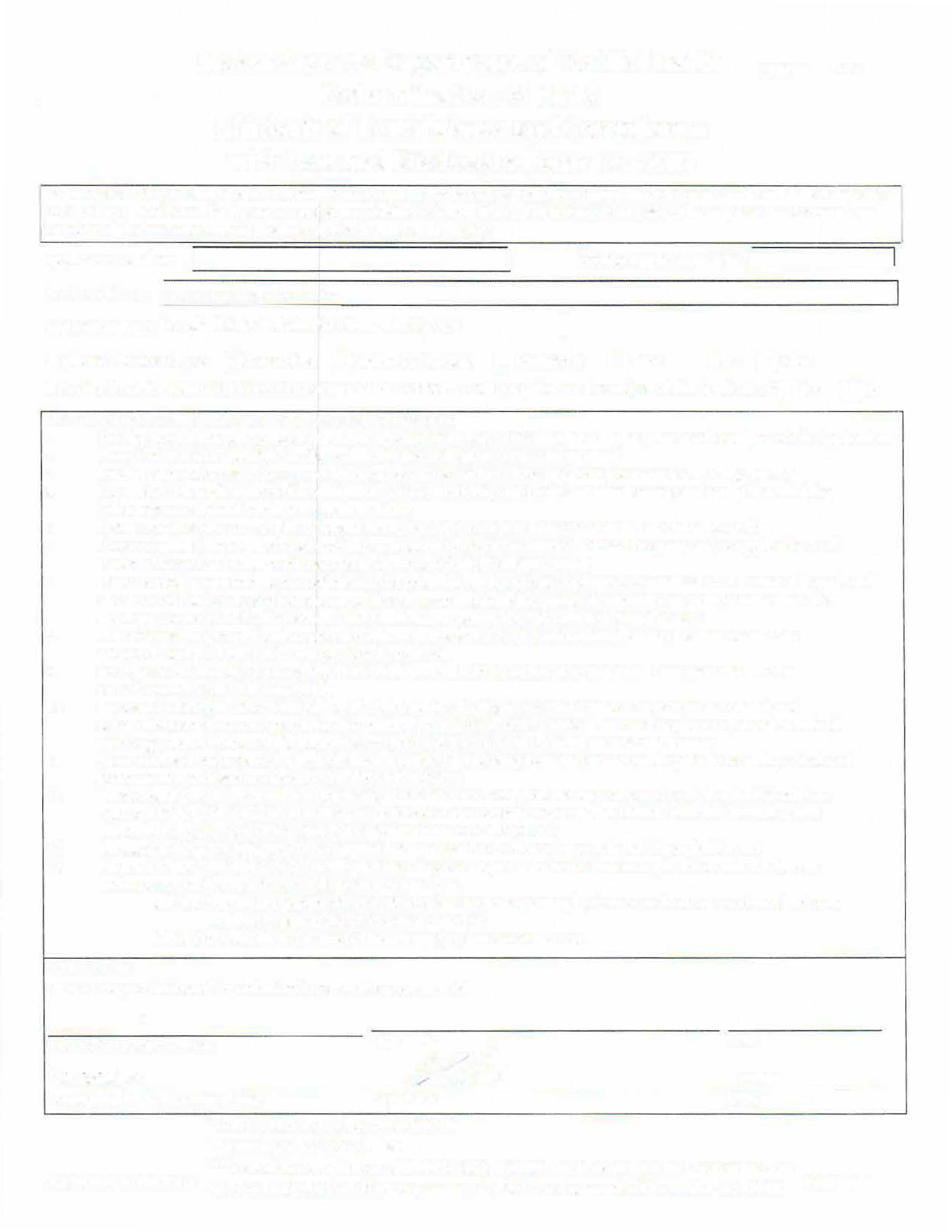
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Board Chair for Corporation Name: Signature:

\*been informed of the contents of

\*\*have been informed that

Affidavit ofTruthfulness



\*\*\*issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

Page 1 of 2