



# Massachusetts Department of Public Health

## Determination of Need

### Affidavit of Truthfulness and Compliance

#### with Law and Disclosure Form 100.405(B)

Version: 7-6-17

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number:  Original Application Date:

Applicant Name:

Application Type:

Applicant's Business Type:  Corporation  Limited Partnership  Partnership  Trust  LLC  Other  
 Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application?  Yes  No

- The undersigned certifies under the pains and penalties of perjury:
1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
  2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
  3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
  4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
  5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
  6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
  7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
  8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00;
  9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
  10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
  11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
  12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, 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;
  13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
  14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
    - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
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**LLC**  
 All parties must sign. Add additional names as needed.

*Type name here*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Determination of Need**  
**Affidavit of Truthfulness and Compliance**  
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**LLC**  
 All parties must sign. Add additional names as needed.

|                        |                               |            |
|------------------------|-------------------------------|------------|
| CHRISTOPHER BRAD EVANS | <i>Christopher Brad Evans</i> | 10/09/2017 |
| Name:                  | Signature:                    | Date       |

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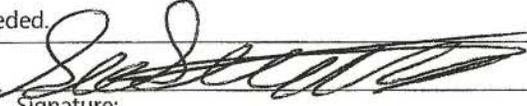
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**LLC**

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|                |  |            |
|----------------|--|------------|
| SEAN STEVENSON |  | 10/09/2017 |
| Name:          |  | Date       |

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**LLC**

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|                  |            |            |
|------------------|------------|------------|
| CASSIE MISTRETTA |            | 10/09/2017 |
| Name:            | Signature: | Date       |

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**LLC**

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TIM DAVIS

Name:

Signature:

10/09/2017

Date

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| GREG SANCHEZ |  | 10/09/2017 |
| Name:        | Signature:   | Date       |

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| KEN CULLEROT |  | 10/09/2017 |
| Name:        | Signature:   | Date       |

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| MICHAEL S. SHERMAN |            | 10/09/2017 |
| Name:              | Signature: | Date       |

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**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number:  Original Application Date:

Applicant Name:

Application Type:

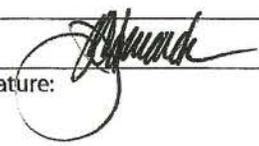
Applicant's Business Type:  Corporation  Limited Partnership  Partnership  Trust  LLC  Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application?  Yes  No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
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9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, 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;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
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**LLC**  
 All parties must sign. Add additional names as needed.

J. RICHARD EDWARDS 10/09/2017  
 Name:  Signature:  Date:

This document is ready to print:

Date/time Stamp:



**Massachusetts Department of Public Health**  
**Determination of Need**  
**Affidavit of Truthfulness and Compliance**  
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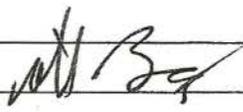
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MICHAEL T. BERG 10/09/2017  
 Name:  Signature:  Date:

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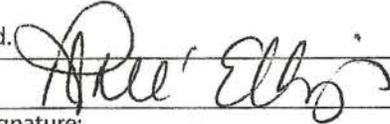
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Renee Ellis  10/09/2017  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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|              |                     |            |
|--------------|---------------------|------------|
| WENDY LABATE | <i>Wendy LaBate</i> | 10/09/2017 |
| Name:        | Signature:          | Date       |

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**LLC**

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MARK WIESS

Name:

Signature:

Date

10/16/17

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