the contract period.



ATTESTATION STATEMENT

CONTRACT NUMBER(S): CY701
I, Mary Jane McRae , attest that I have reviewed the contract files of (Supervisor) Julie Lane . The deliverables under this contract have been
(Contract manager)
satisfactorily provided per section 215.422, F.S., and the contract files meet the department contract documentation requirements and comply with all the provisions of the contract(s) listed above for fiscal year.
I <u>Julie Lane</u> , attest that I will coordinate all administrative aspects Contract Coordinator of this contract and provide support to the contract manager <u>Julie Lane</u> to ensure that deliverables are provided to the contract manager by the provider consistent with the terms and conditions of the contract and that all contract files and contract documentation are maintained.
I, attest I will effectively supervise the activities work of Contract Manager, and ensure that the administrative activities of the contract are Contract Coordinator performed in accordance with the policies and procedures of the Department of Health.
(Signature) Contract Manager's Supervisor
(Signature) Contract Manager
(Signature) Contract Coordinator)
A copy of this attestation statement shall be filed in the contract manager's file once every six months during