

Third Party Attestation Form for Eligibility Under ACT 2025-404

Third Party Name:

Third Party Tax ID:

I hereby attest that the above named entity is classified as a tax-exempt nonprofit organization by the Internal Revenue Service and that any participation in the Rural Hospital Investment Program from solicitation, administration, or management of qualified donations will not result in the total fee greater than 5% of the total amount of qualified donations received during a calendar year.

Fee Percentage:

Authorized Signatory:

Signature:

Printed Name:

Title:

Third Party Contact Information:

Designated Contact Name

Email Address:

Phone: