

## Certification

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The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

**Legal Business Name:** INDEPENDENT HEALTH ASSOCIATION INC

**Certifier's Name:** John Rodgers

**Certifier's Title:** EVP, Chief Operating Officer

**Certification Date:** Jun 9, 2020

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## INDEPENDENT HEALTH ASSOCIATION INC

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### New York State VendRep System

The VendRep System is a secure application which allows vendors to enter, maintain and certify their Vendor Responsibility Questionnaires. Once the questionnaire is certified, it is available for review by authorized New York State contracting entity users.

[Read More...](#)

#### Start or Edit a Questionnaire

Your organization's Basic Vendor Data is complete and you are now able to complete and certify a Vendor Responsibility Questionnaire. The questionnaire form can be accessed from the Vendor Summary page. You must have the Contributor role to start a new questionnaire or edit responses.

#### Certify a Questionnaire

When a questionnaire is in progress, the Form Overview page will show the status of each section. All sections must have the status of "Complete" before the questionnaire can be certified. Only a user with the Certifier role may perform this function. To certify a questionnaire, a user clicks the "Certify" button at the bottom of the Form Overview page after reviewing all responses. Only Certified Questionnaires can be viewed by authorized State Contracting Entity users.

#### News

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Jun 15, 2020

► Scheduled Outage,  
Sunday, June 21st

### Legal Business Entity: INDEPENDENT HEALTH ASSOCIATION INC

[Edit](#)

TIN (EIN or SSN): 161080163  
Vendor ID: 1000007731  
Business Type: Not-For-Profit  
Business Activity: Non-Construction

#### Forms:

[History](#)

Available:

Form Name	Last Modified	Action
Vendor Responsibility NFP		<a href="#">Start New</a>

Active Certified:

Form Name	Date Certified	Action
Vendor Responsibility NFP	Jun 9, 2020	<a href="#">View</a>