**Phase 2: HRSN Data Lake API Query and Presentation of SCN Data Attestation Template**

**Reporting QE: \_\_\_\_\_\_\_\_\_\_\_\_**

**Due Date:** June 30, 2024

QE attests and represents the following:

1. QE makes this attestation pursuant to SOW #\_\_\_\_\_\_\_(“SOW”), effective as of April 1, 2024 between QE and New York eHealth Collaborative, Inc. (“NYeC”).
2. Deliverable 2(3) of the SOW requires QE to design a QE portal or other HRSN presentation modality that will have the capability, over time, to add other HRSN data elements, such as assessments.
3. I attest that the technical design showing that modifications to the portal are attached to this attestation as **Appendix I**.
4. I further attest that to the extent that any further expenditure needed to display additional HRSN data in the QE portal, could be displayed without incurring additional costs over $30,000 or not over 30% of this funding.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the \_\_\_\_\_\_\_\_\_\_\_\_{title) of \_\_\_\_[QE]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have the authority to act on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in this matter and I have reviewed this “Phase 2: HRSN Data Lake API Query and Presentation of SCN Data Attestation.” including the attached **Appendix I**. My signature below indicates that I understand this form, I have reviewed it, and can attest to the veracity of the statements herein.

$company\_name

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

Date:

Address:

**Appendix I**