NON-EMERGENCY GROUND TRANSPORTATION – TAXI CABS ATTACHMENT

I/We, _____, hereby certify and agree that all providers, representatives or agents of the individual/organization indicated here in this Attachment, for the provision of transportation services, or any other service under this agreement, is informed that payments are made from Federal and State funds. All individuals covered, or in any way associated with the organization indicated in this Part A who provide services and receive payment for such services, are also informed that this program is administered by the Hawaii State Department of Human Services under the authority of Federal Regulations 42 C.F.R.

§431.50 and Hawaii Revised Statues §346-40. Any violation of these conditions is subject to Federal and State penalties.

I/We also certify that services will be provided in accordance with city ordinance ROH Section 12-1.10, or any applicable replacements, that govern taxi cabs and metered rates unless otherwise specifically agreed to in writing.

_____
Print Name of Provider/Authorized Business Agent

_____
Signature of Provider/Authorized Business Agent

_____
Date Signed