

## **Appendix A: Proponent Signature and Acknowledgment**

On behalf of, and with the authority of, the proponent, I:

- certify that the information supplied in support of this Proposal Form is truthful, accurate and complete to the best knowledge of the proponent;
- confirm that the proponent has or will have the financial and organizational capacity to operate an Interprofessional Primary Care Team as outlined in this Proposal Form;
- acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for funding shall be made at the sole and absolute discretion of the Ministry of Health and its agent, Ontario Health;
- consent to the disclosure on a confidential basis of the Proposal Form by the Ministry to such individuals or other parties as may be required for the purpose of reviewing the proposal and/or to administer the request for proposal process;
- consent to the Ministry verifying any information provided in connection with this Proposal Form and making any disclosures incidental to that purpose;
- understand that the Ministry and its agent, Ontario Health, may disclose any information collected in this proposal if required by the provincial *Freedom of Information and Protection of Privacy Act* or as otherwise required by law or by a court or tribunal; and
- understand that the Ministry and its agent, Ontario Health will require selected proponents to execute a Transfer Payment Agreement outlining the terms and condition relating to any funding, including terms relating to audit, reporting and accountability, as a condition of and prior to receiving funding.

Dated at (location): \_\_\_\_\_ this \_\_\_\_\_ Day of September, 20<sup>25</sup>\_\_\_\_\_.

_____ <i>Signature of Authorized Signing Officer</i>	_____ <i>Signature of Second Authorized Signing Officer (if required)</i>
_____ <i>Title</i>	_____ <i>Title</i>
_____ <i>Print Name</i>	_____ <i>Print Name</i>
_____ <i>Phone Number</i>	_____ <i>Phone Number</i>