

FINANCE AND ADMINISTRATION CABINET
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY AND CONTRACT COMPLIANCE
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)

AFFIDAVIT OF INTENT TO COMPLY

A substitute or alternate version of this form will not be accepted or processed.

The undersigned, after first being duly sworn, states as follows: I,

Dwayne Sansone

Type or Print Name

have authority to sign this affidavit on behalf of

Molina Healthcare of Kentucky, Inc.

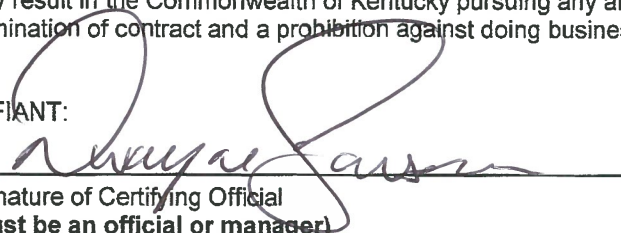
Type or Print Company Name

Check one:

I acknowledge and agree that the aforementioned company will "comply in full with all requirements of the Kentucky Civil Rights Act," and "submit data required by 45.560 to 45.640 upon being designated the successful bidder." I also acknowledge and agree that the Finance and Administration Cabinet, Office of EEO and Contract Compliance may request additional information and/or documentation, in accordance with KRS 45.550 et seq at any point during the life of any contract awarded. I further acknowledge and agree that a failure to provide information requested in a timely manner may result in the Commonwealth of Kentucky pursuing any and all legal remedies available, including but not limited to, termination of contract and a prohibition against doing business with the Commonwealth in the future.

The aforementioned company is exempt from compliance with the Kentucky Civil Rights Act because the company is not an "employer" as defined by KRS 344.030(2). I acknowledge and agree that the aforementioned company will "submit data required by 45.560 to 45.640 upon being designated the successful bidder." I also acknowledge and agree that the Finance and Administration Cabinet, Office of EEO and Contract Compliance may request additional information and/or documentation, in accordance with KRS 45.550 et seq at any point during the life of any contract awarded. I further acknowledge and agree that a failure to provide information requested in a timely manner may result in the Commonwealth of Kentucky pursuing any and all legal remedies available, including but not limited to, termination of contract and a prohibition against doing business with the Commonwealth in the future.

AFFIANT:



Signature of Certifying Official
(must be an official or manager)

Affix Notary Seal Below

Dwayne Sansone, CEO, Molina Healthcare of Kentucky, Inc.

Type or Print Name and Title of Certifying Official

1/29/2020

Date

Commonwealth or State California

County of Los Angeles

Subscribed and sworn to before me by _____

(Affiant)/ (Title)

of _____ this _____ day of _____, 20____.

(Company Name)

MY COMMISSION EXPIRES ON: (Date) _____

NOTARY PUBLIC see attached acknowledgement form

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles)

On January 29, 2020 before me, L.M. Martinez Magana, Notary Public
(insert name and title of the officer)

personally appeared Dwayne Sansone,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

