

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE STANDARDS OF PAYMENT (SSOP)
EXECUTIVE DIRECTOR'S CERTIFICATION OF SSOP SUBMISSION

**To: New York State Office of Children and Family Services
State Aid Rates Unit
52 Washington St., Room 314 South
Rensselaer, NY 12144**

From: Executive Director

Name: _____

Agency Name: _____

Street Address: _____

City, State & Zip: _____

**Re: Certification of SSOP Submission (due within 30 days of submission)
SSOP Electronic Submission Version # _____ (Fill in from SSOP Reports)**

By my signature below, I certify to the following regarding the above referenced electronic Statewide Standards of Payment (SSOP) Submission:

- 1) I have reviewed the above referenced electronic SSOP submission and agree that it represents a true and complete record of the information required by the New York State Office of Children and Family Services (OCFS), in accordance with OCFS' Standards of Payment Manual and applicable regulations (18 NYCRR Part 427).
- 2) I understand that my agency may be subject to a late submittal penalty (in accordance with 18 NYCRR 427.1) in the event that the electronic SSOP submission is not submitted by November 1st, or not submitted by the alternate date that OCFS has approved based on an extension request submitted no later than November 1st, in accordance with 18 NYCRR 427.1.
- 3) I further understand that my agency's SSOP submission will not be considered complete until OCFS receives this signed and dated CERTIFICATION, and that my agency may be subject to a penalty (in accordance with 18 NYCRR 427.1) if this signed and dated CERTIFICATION is not received within 30 days of the electronic SSOP submission.
- 4) I further understand that OCFS cannot complete its review of my SSOP submission until OCFS receives a final version of my agency's CPA report, as well as any additional fiscal, programmatic and/or statistical information that may be required of my agency as part of the OCFS review, and that my agency may be subject to a penalty (in accordance with 18 NYCRR 427.1) in the event that OCFS does not receive the final CPA report, or other information specifically requested, within the time frames specified by OCFS.
- 5) If my agency operated any foster boarding home programs during the period of the SSOP submission referenced above, I certify that any and all authorized payments to foster parents received from placing social services districts during that period were "passed through" the agency and paid to the foster parents.

Signature of Executive Director

Official Title

Date of Signed Certification