

**ALABAMA MEDICAID AGENCY (AMA) ATTESTATION AND AGREEMENT DOCUMENT**

The Attestation and Agreement Document, is intended to document the understanding and compliance by the provided accountable parties, in regards to the requirements set forth within each artifact. AMA considers this attestation and agreement document to be the attestation for the submission of each of the artifacts listed.

1. \_\_\_\_\_<Enter Contractor Name>\_\_\_\_\_ hereby declares that the following artifacts named in the table below have been reviewed and are fully understood.
  
2. \_\_\_\_\_<Enter Contractor Name>\_\_\_\_\_ agrees to comply with all specifications and requirements described in each artifact and future iterations of each artifact.
  
3. The accountable party named below shall be responsible for ensuring all members of the contractor’s organization, actively working on the contract with AMA, are adhering to the requirements set forth within the specified artifact.

| Artifact Name   | Accountable Party | Date |
|---|-------------------|------|
| PMO-2-i<br>Risk Management Plan                       |                   |      |
| PMO-2-j<br>Issue Management Plan                      |                   |      |
| PMO-2-n-02<br>Action Item Protocol Reference Guide    |                   |      |
| PMO-2-n-03<br>Decisions Protocol Reference Guide      |                   |      |
| PMO-2-n-04<br>Invoice Protocols Reference Guide       |                   |      |
| PMO-2-q<br>Integrated Master Schedule Management Plan |                   |      |

| Artifact Name                             | Accountable Party | Date |
|---|-------------------|------|
| COM-8<br>Meeting Protocol Reference Guide |                   |      |
| COM-10<br>Scope Management Plan           |                   |      |
| OCM-2-c1_OCM_Strategic_Plan               |                   |      |
| COM-11_Communications_Management_Plan     |                   |      |
| REQ-2-c_Requirements_Management_Plan      |                   |      |
| PMO-2-x_Contract_Monitoring_Plan          |                   |      |

**AMA Contract Owner Name:** \_\_\_\_\_ <AMA Contract Owner Name> \_\_\_\_\_

**AMA Contract Owner Approval Date:** \_\_\_\_\_ <AMA Contract Owner Approval Date> \_\_\_\_\_