

ATTACHMENT C

MMCAP Infuse Declaration

Emergent Devices Inc.

To be valid, the form must be completed by an individual authorized to bind the Member.

MMCAP Infuse Member Organization _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

HIN Number _____

(If unknown, MMCAP Infuse will insert the HIN.)

MMCAP Infuse Member is electing to purchase Emergent Devices Inc. NARCAN® (naloxone HCl) Nasal Spray (Product) under the terms of the MMCAP Infuse Agreement with ADAPT Pharma (No. MMS2000303). Provided the Member meets the Eligibility Criteria below, contract pricing will be effective upon approval by Emergent Devices, Inc.

Eligibility Criteria

In order to access Contract Pricing, the Member must:

- a) Submit this Declaration form to MMCAP Infuse; and
- b) Not seek third-party reimbursement of any kind for the Product, including Medicaid or any commercial insurance.

Emergent Devices, Inc. retains sole control of Contract Pricing eligibility criteria and may remove an MMCAP Infuse Member from Contract Pricing if it does not meet the eligibility criteria stated above.

Product Use

All items acquired by MMCAP Infuse members under Agreement No. MMS2000303 are purchased for consumption in traditional governmental functions and not for the purpose of competing against private enterprise. The unauthorized transfer or sale of any Products purchased at the Contract Pricing to any other unauthorized party constitutes a violation of Agreement No. MMS2000303 and is a material breach thereof. In such event, Emergent Devices, Inc. may immediately disqualify the MMCAP Infuse Member in breach from purchasing Products at Contract Pricing.

Additional Terms

In exchange for Contract Pricing on Product(s) under Agreement No. MMS2000303:

- a) Any product purchased is not returnable or refundable;
- b) Emergent Devices, Inc. does not provide indemnity to the Member; and
- c) Emergent Devices, Inc. reserves the right to audit Member to ensure compliance with the Eligibility Criteria.

By signing below, Member acknowledges the requirements of this Declaration and certifies it meets the Eligibility Criteria.

By:

Authorized Representative of Member (Signature)

Title of Authorized Representative

Authorized Representative of Member (Printed Name)

Date

Emergent Devices Inc. retains the sole right to determine eligibility of Member signing this Agreement.

**Return this completed form via email to MMCAP Infuse at:
mmcap_infuse.contracts@state.mn.us**