



CHA/CHIP Planning Grant Grantee Attestation Form

Grant Term: July 1, 2025 – June 30, 2028

County/Organization Name: _____

Public Health Director/Health Officer Name: _____

Primary/Designee Contact Name and Title: _____

Email: _____ Phone: _____

As an authorized representative of the above-named county or organization, I hereby attest to the following:

- A. Program Commitment:** Our organization will use the funds exclusively for activities directly related to the development and/or tracking of a Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP). We understand that only a small portion funds may be used for implementation projects, general community events, or unrelated public health or reinvestment activities.
- B. Use of Funds:** We will submit a funding proposal identifying planned use(s) of funds aligned with CHA/CHIP-related work. We acknowledge that disbursement is contingent upon execution or submission of at least 50% of required DHCS Memoranda of Understanding (MOUs) with Partnership. We understand that a formal contract related to this program must be executed with Partnership before any funds are disbursed.
- C. Reporting:** We agree to submit follow-up documentation and progress updates upon request, including a narrative describing how funds were used and how the activities align with the goals of this program. We understand that failure to submit required documentation may affect future funding eligibility.
- D. Compliance:** We will coordinate with Partnership's Community Health Needs Liaisons to ensure alignment with grant expectations and public health best practices. We understand that any unrequested funds remaining after June 30, 2028 will not be available for allocation. Funds are not guaranteed after the current 2025 - 2028 cycle.

By signing below, I certify that I am authorized to enter into this agreement on behalf of the organization and that the information provided is accurate to the best of my knowledge.

Authorized Representative Name (Printed): _____

Title: _____

Signature: _____ Date: _____