**Program Site Attestation Statement**

**(To be completed by each provider agency)**

I hereby attest that I am authorized by Click here to enter text. to execute this attestation and bind this aforementioned agency to the terms of this County Funding Opportunity and that I have read and understand the requirements and Terms and Conditions for participation in the above First Episode Psychosis Program Site Grant. In addition, I acknowledge that the Pennsylvania Department of Human Services and the Office of Mental Health and Substance Abuse Services or its designee(s) may conduct site visits or inspections of any grant-funded FEP Program site to ensure compliance with the FEP Program requirements set forth in the SFY 23-24 guidance as well as with any other pertinent requirements.

Click or tap here to enter text.

Signature of Chief Executive Officer (typed electronic signatures are accepted)

Click or tap here to enter text.

Date