**County/Joinder Attestation Statement**

**(To be completed by each County/Joinder)**

I hereby attest that I am authorized by Click or tap here to enter text. to execute this attestation and bind this aforementioned County/Joinder to the terms of this FEP Application 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 County MH/ID Administrator (typed electronic signatures are accepted)

Click or tap here to enter text.

Date