



Money Follows the Person (MFP) Capacity Building Grant

Please place a checkmark next to all attestation statements. Please have a person with fiscal authority in your agency sign the bottom of the attestation section.

- I attest that no funds within this application will be used for existing costs within our organization (supplanting efforts).
- I attest my agency will comply with state and federal reporting requirements for this grant and can comply with all quarterly reporting needs.
- I attest that the team will not request for the same services from any HCBS grant programs that are awarded within this proposal.
- I attest, to my best knowledge, the organization will not file for bankruptcy during the grant period.
- I attest no funds will be utilized for existing Medicaid reimbursement services.
- I attest I have the authority to enter into a financial agreement on behalf of my organization.
- I attest my agency will continue to serve and work to increase the availability of these services to Health First Colorado Members.

Signature:

Title: