



## BOND BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP) ROUND 1: LAUNCH READY CONDITIONAL AWARD ATTESTATION

### Instructions:

- (1) Complete the attestation by checking each box and filling in the requested information below.
  - (2) The authorized representative must sign the attestation. The authorized representative is an individual that is authorized by entity to act on its behalf—for instance, a Chief Executive Officer (CEO), Executive Director, or Program Manager. Submit completed attestation to DHCS via email at [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov) by 5:00pm (PT) on May 13, 2025. Failure to respond to DHCS by the deadline will be considered a voluntary relinquishment of the Bond BHCIP Round 1: Launch Ready conditional grant award funding. In such instances, DHCS will provide applicant written notification confirming the conditional grant award was voluntarily relinquished.
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On behalf of San Francisco Department of Public Health, I, Kelly Kirkpatrick, as an Authorized Representative, acknowledge and accept the terms outlined in the Bond BHCIP Round 1: Launch Ready Conditional Award Notice dated May 6, 2025 and expectations listed below.

☐ **Mandatory Onboarding Call Participation:** I, or my designees, agree to participate in the scheduled onboarding call with my assigned Advocates for Human Potential, Inc. (AHP) Account Success Manager (ASM).

☐ **Mandatory Webinars:** I agree to attend all required webinars and will include key personnel (i.e., project lead and development team).

☐ **Program Funding Agreement (PFA):** I agree to review the Bond BHCIP contract, referred to as the PFA, and digitally execute the PFA with AHP within 90 days of receipt. I agree to comply with the general terms and conditions of the PFA. I understand that no modifications, negotiations, or redlining of the PFA will be accepted by DHCS.

☐ **Title Clearance:** Prior to recording the security instruments, I understand I am responsible for resolving any outstanding issues to clear the title to the subject property, where applicable.

☐ **30-Year Use Restriction:** I agree to comply with the California Welfare and Institutions Code Section 5960.15 (d) and “operate services in the financed facility for the intended purpose for a minimum of 30 years.”

☐ **Project Completion and Facility License and/or Certification:** I understand the commitment to completing project construction, obtaining required facility license(s) and/or certification(s), and opening for behavioral health services by calendar year 2030.

☐ **Medi-Cal members:** I agree to commit to serving Medi-Cal members for behavioral health treatment services. As applicable, when my completed facility type provides a Medi-Cal eligible service, I agree to enroll as a Medi-Cal provider with the Department of Health Care Services.

☐ **Program requirements:** I understand that failure to comply with these expectations and all program requirements has the potential to jeopardize my grant funding award.

By signing this attestation, I affirm I am an authorized individual to submit this form on behalf of the Conditional Awardee. Additionally, I understand and agree to the expectations of the Bond BHCIP Round 1: Launch Ready Conditional Award and commit to fulfilling all program requirements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Representative Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Bond BHCIP Round 1 Application No.: 0000001527