

# **APPENDIX B, EXHIBIT 1: ATTESTATION OF SUPPORT FROM PUBLIC HEALTH DIRECTOR**

## **Subject: Attestation of Support for Community Reinvestment Plan**

I, the undersigned, as an officer of (county / city name), hereby attest that (MCP name's) Community Reinvestment Plan for investments anticipated in calendar year(s): (calendar year / calendar years):

Aligns with community needs identified in the most current CHA / CHIP:

Yes  No (If no, please briefly describe the rationale below):

Includes an investment strategy that is aligned with the CHA/CHIP:

Yes  No (If no, please briefly describe below)

Includes an investment strategy that is agreeable to the LHJ:

Yes  No (If no, please briefly describe the rationale below):

Includes proposed investment activities that are agreeable to the LHJ:

Yes  No (If no, please briefly describe the rationale below)

By:

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(Please type full name here )

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(Please type title here)

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(Signature)

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(Date)