

APPENDIX B, EXHIBIT 1: COMMUNITY REINVESTMENT ATTESTATION FORM FROM PUBLIC HEALTH DIRECTOR

Overview: On an annual basis, by September 1 or the first working day of September, MCPs with positive net income for the applicable calendar year are required to submit a Community Reinvestment Plan to DHCS. All new investment activities must align with community needs identified in the Community Health Assessment (CHA) and be generally agreeable to the Local Health Jurisdiction, and MCPs must obtain an attestation from Public Health Directors in support of this plan. In 2026 only, MCPs have the ability to claim voluntary investments toward their initial, 2026-2029 Community Reinvestment Obligation to honor existing investment commitments that may not be aligned with the CHA, but otherwise meet all requirements of [APL 25-004](#). If an MCP is claiming Voluntary Investments for all or part of their Community Reinvestment obligation, MCPs must inform LHJs of these activities but are not required to obtain an attestation of agreement with the planned activities.

Please complete the attestation statement(s) that applies to your MCP:

Community Reinvestment Plan Attestation of Support: *Applicable to all unless the MCP is fulfilling their entire obligation with voluntary investments in 2026.*

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

- » Aligns with community needs identified in the most current Community Health Assessment (CHA):

Yes

No (If no, explain):

Not applicable: This MCP is fulfilling their entire Community Reinvestment Obligation in this LHJ through voluntary investments.

- » Includes an investment strategy that is agreeable to the Local Health Jurisdiction (LHJ):

Yes

No (if no, explain):

Not applicable: This MCP is meeting their entire Community Reinvestment Obligation in this LHJ through voluntary investments.

And,

Voluntary Investment Attestation of Acknowledgement: *Applicable only in 2026.*

I, the undersigned, as an officer of [county/city name] _____, hereby attest that [MCP name] _____ has informed the Local Health Jurisdiction (LHJ) of its proposed voluntary investment activities included in its Community Reinvestment Plan, to be expended in calendar year(s) [calendar year(s)] _____:

Yes

No (if no, explain):

Not Applicable: This MCP is not claiming any voluntary investments in this LHJ.

By:

(Please type full name here)

(Please type title here)

(Signature)

(Date)

This attestation must be signed by the designated lead public health official of the associated jurisdiction, which may include the Public Health Director or another officially authorized equivalent and submitted to their MCP.