

APPENDIX B, EXHIBIT 3: ATTESTATION OF ACKNOWLEDGMENT

Subject: Attestation of Acknowledgement of Community Reinvestment Plan

Local Public Health Director

I, the undersigned, as an officer of (county / city name), hereby attest that (MCP name) has informed the LHJ of its Community Reinvestment Plan and proposed investment activities based on CY 2024 net income:

By:

(Please type full name here)

(Please type title here)

(Signature)

(Date)

County Behavioral Health Director

I, the undersigned, as an officer of (county name), hereby attest that (MCP name) has informed the County Behavioral Health Department of its Community Reinvestment Plan and proposed investment activities based on CY 2024 net income:

By:

(Please type full name here)

(Please type title here)

(Signature)

(Date)