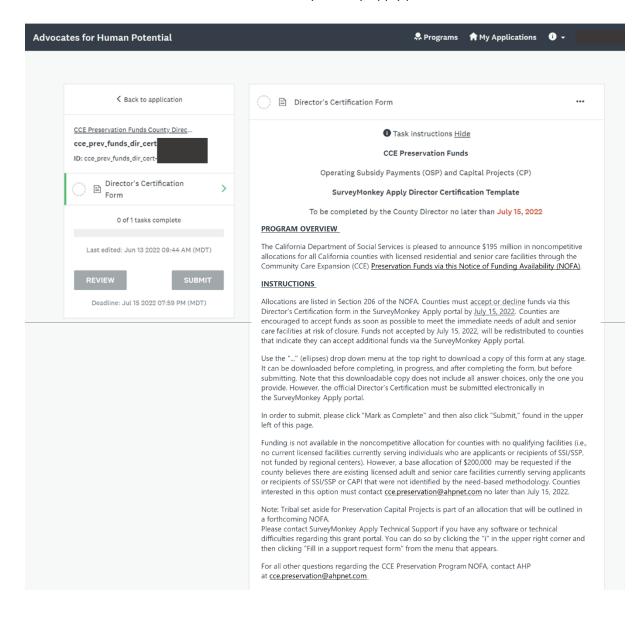
## **CCE Preservation Program: Director's Certification Form**

SurveyMonkey Apply Form Preview

#### DIRECTOR'S CERTIFICATION FORM PREVIEW

This is what the form looks like within the SurveyMonkey Apply platform:



#### Certification Form

Asterisk (\*) indicates required field.

#### COUNTY INFORMATION

Counties may choose to accept funds for either the OSP or CP program, or both. **If both are accepted, the same county department must implement both.** Any county department is eligible to accept the funds, which may include but are not limited to county social service departments, health departments, aging or adult services, or the behavioral health department, housing and community development departments.

#### \*Select the California County accepting funds:

--- ~

 $^{*}\mbox{Which}$  one county department will be accepting, implementing, and monitoring the funds?

#### COUNTY DEPARTMENT CONTACT INFORMATION

Please provide information for the primary and secondary contact persons below:

#### \*Primary Contact Person

First Name	
Last Name	
Title	
Department	
Phone	
Email	
Address	
City	
State	
Zip	
Secondary Contact Person	
First Name	
Last Name	
Title	
Department	
Phone	
Email	
Address	
City	
State	
Zip	

#### COUNTY FUNDING ALLOCATON ACCEPTANCE

Please indicate below which funding types and amounts the county wishes to accept. Please also indicate if the county is declining any funding.

*Completing this form does not automatically disperse funding.* DSS will receive notification of your intent to either accept or decline funding and you will received confirmation of the submission via email. AHP will contact you if there are questions regarding your submission.

#### \*Operating Subsidy Payment (OSP) Funds

The county hereby :

- $\odot$   $\,$  Accepts the total OSP allocation as listed in Section 206 of the NOFA.
- O Accepts a partial amount of the OSP allocation as listed in Section 206 of the NOFA.
- O Declines the entire OSP allocation as listed in Section 206 of the NOFA.

\*Confirm the total amount of OSP Funds accepted:

\*The county is interested in accepting future additional OSP funds, if available, beyond current allocation level.

If yes, indicate the amount below OR that the county does not have a limit on additional OSP funds it is able to accept and manage:

- O Yes
- O No

\$

\*The county has a limit on the amount of OSP funds it is able to accept and manage.

- O Yes
- O No

\$

\*If YES, (the county has a limit) indicate the total amount of OSP funds beyond the base allocation that the county would be willing to accept if additional funds become available in the future:

#### \*Capital Project (CP) Funds

The county hereby :

- $\bigcirc$  Accepts the total CP allocation as listed in Section 206 of the NOFA.
- O Accepts a partial amount of the CP allocation as listed in Section 206 of the NOFA.
- O Declines the entire CP allocation as listed in Section 206 of the NOFA.

\*Confirm the total amount of CP Funds accepted:

\$

\*The county acknowledges the 10% match obligation for any CP funds accepted. Match may be provided by the county or contributed by facilities awarded CP funds. However, counties are responsible for ensuring that the 10 percent match is met.

O Yes

O No

\*The county is interested in accepting future additional CP funds, if available, beyond current allocation level.

If yes, indicate the amount below OR that the county does not have a limit on additional CP funds it is able to accept and manage:

⊖ Yes

O No

\*The county has a limit on the amount of CP funds it is able to accept and manage.

- O Yes
- O No

\$

\*If YES, (the county has a limit) indicate the total amount of CP funds beyond the base allocation that the county would be willing to accept if additional funds become available in the future:

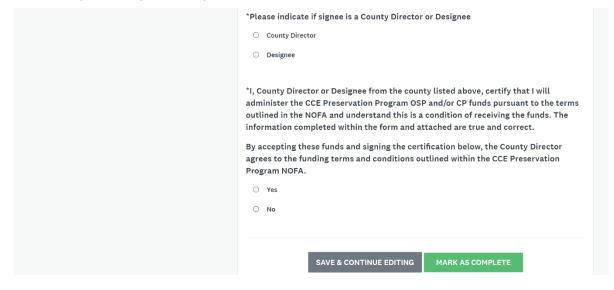
NOTE: If the county chooses to decline all allocations (both funding types), the form will skip to the final acknowledgements and electronic signature certification questions.

# After indicating if the county read the CCE Preservation Program NOFA, if a county decides to decline <u>all</u> funding allocations, the form will skip to the "County Director Certification" section.

The administration, dissemination,	PLEMENTATION REQUIREMENTS	
responsibility of the county, as outli	and monitoring of the OSP and CP grant funds wi ined in the CCE Preservation Funds NOFA.	ll be the
*The County has read and review Availability (NOFA)	wed the <u>CCE Preservation Program Notice o</u>	f Funding
O Yes		
O No		
department administering the p Preservation Funds will be cons guidance, and evidence-based p limited to the following:	to accept funds, the Director of the county program certifies that the implementation of istent with relevant laws, regulations, progr practices outlined in the NOFA, including bu	f CCE ram
heck all to confirm:		
		Confirm
Administrative costs will be limited to purpose of preserving eligible licensed	10% or less and funds will be maximized for the facilities.	
A draft or initial County Implementatio any final changes or amendments to be	n Plan will be submitted by October 15, 2022, with e submitted by January 15, 2023.	
CCE Preservation Funds will be awarde the requirements set out in the NOFA.	d to eligible facilities and monitored consistent with	
	S as requested, beginning September 1, 2022. The ted to be quarterly at minimum; however, additional	
OUNTY DIRECTOR CERTIFICAT	TION	
he County Director or Designee ma	ay complete this section on behalf of the County	
· –	, , , , , , , , , , , , , , , , , , , ,	Department
		Department
County Director or Designee		Department
County Director or Designee		Department
County Director or Designee irst Name ast Name		Department
<b>County Director or Designee</b> irst Name ast Name itle		Department
* <b>County Director or Designee</b> First Name Last Name Title Department		Department
*County Director or Designee First Name Last Name Title Department Phone		Department
County Director or Designee First Name Last Name Title Department Phone Email		Department
County Director or Designee First Name Last Name Title Department Phone Email		Department
*County Director or Designee First Name Last Name Title Department Phone Email Address City		Department
County Director or Designee First Name Last Name Fitle Department Phone Email Address City State		Department
County Director or Designee First Name Last Name Title Department Phone Email Address City State Zip		Department
County Director or Designee irst Name ast Name itle epartment hone mail ddress ity tate ip Please indicate if signee is a Co		Department
County Director or Designee First Name Last Name Title Department Phone Email Address City		Department

#### **ELECTRONICALLY SIGNING THE FORM:**

If the county has accepted all or part of the allocation:



### If the county declined all allocations:

	*Operating Subsidy Payment (OSP) Funds
	The county hereby :
	$\bigcirc$ $% \left( Accepts the total OSP allocation as listed in Section 206 of the NOFA.  $
	O Accepts a partial amount of the OSP allocation as listed in Section 206 of the NOFA.
	Declines the entire OSP allocation as listed in Section 206 of the NOFA.
	Clear
	*Capital Project (CP) Funds
	The county hereby :
	$\bigcirc$ Accepts the total CP allocation as listed in Section 206 of the NOFA.
	O Accepts a partial amount of the CP allocation as listed in Section 206 of the NOFA.
	Declines the entire CP allocation as listed in Section 206 of the NOFA.
	Clear
The form will skip to this signature:	
	*I, County Director or Designee from the county listed above, certify that the county

has chosen to decline the funding allocation. The information completed within the form and attached are true and correct.

O No

SAVE & CONTINUE EDITING MARK AS

MARK AS COMPLETE