



Certification pursuant to Section 9817 of the American Rescue Plan Act (P.L. 117-2) or the Coronavirus Response and Relief Supplemental Appropriations Act (P.L. 1160-260)

(Organization) _____ hereby certifies and attests to the following:

- (Name) _____ is the (Title) _____ of (Org.) _____ and is duly authorized by (Org.) _____ to provide this attestation and certification on its behalf.
• The funding provided to _____ pursuant to Section 9817 of the American Rescue Plan Act (P.L. 117-2) or the Coronavirus Response and Relief Supplemental Appropriations Act (P.L. 116-260) will be or was used solely for eligible workforce recruitment and retention activities as outlined in the Guidance on Workforce Funding Activities ("The Guidance").
• Such funding will not be and was not used for any other purpose or expense. Each provider is required to develop an implementation plan to ensure that the funding is utilized for permissible activities as outlined in The Guidance.

Name of Organization: _____
Organization's Business Address: _____
Officer's Signature: _____ Date: _____

I understand that my signature represents that I am signing and responding to all certifications and attestations listed above.

Print Name: _____
Title of Person signing this form: _____
Contact Phone Number/Email Address: _____
Agency Code: _____

Return this completed form by March 31, 2022 to: ATTN: Workforce Funding Activities

Office of Mental Health
Community Budget and Fiscal Management
44 Holland Avenue
Albany, NY 12229

Or email to: OMH.Workforce@omh.ny.gov