



DSA Signatory Grants

Signatory Attestation Form

An applicant and/or their authorized representative is applying for a DxF grant where you have been included as a signatory. Please review the Attestation and Certification being made by the applicant, and attest your agreement to be included by signing where indicated.

Attestations and Certifications

As an authorized representative of the Applicant, the Applicant agrees to the following:

- Applicant attests that all information submitted in this Application is correct to the best of their knowledge and that they have appropriately consulted with relevant Signatory personnel to ensure all information is correct.
- Applicant will respond to requests for additional information or other grant-related inquiries from CDII, CAHIE, and/or Public Consulting Group (PCG), the third-party administrator that CDII has contracted with for the DSA Signatory Grant Program, as needed throughout the Application and grant management process. The Applicant will acknowledge receipt of such requests within two business days of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by CAHIE, PCG and/or CDII.
- If awarded a grant, Applicant will submit Progress Reports in a manner and on a timeframe specified by PCG and/or CDII. The case of the QHIO Onboarding Grant, this will involve coordinating with the Applicant's selected QHIO on Progress Report submission.
- The Applicant understands that CDII may suspend or terminate DSA Signatory Grant if the Grantee or their selected QHIO is found to have misused the funds; or if Milestone Two is not achieved within two years of the receipt of the grant award.

The Applicant is required to alert PCG if circumstances prevent them from achieving the Outcome(s) described in the Application. In such cases, entities may be required to return unused funds to CDII contingent upon the circumstances.

If awarded a grant, Applicant will remit DSA Signatory Grant funds as described in the Application and in accordance with the DSA Signatory Grant Guidance Document.

Applicant Name Antonette (Toni) Navarro

Signatory Organization Santa Barbara County BWELL

Signature

DocuSigned by:
Toni Navarro
2095C5A16FE1474...

Print Name Antonette Navarro, LMFT

Title Director

Date 12/18/2023

If the individual co-signing this application on behalf of this Signatory is different from the individual who signed the DSA for this organization, please explain why. (Up to 100 words.)