

**Attestation**  
**Civil Money Penalty (CMP) Global Public Health Emergency (PHE)**  
**Visitation Aids I & II Requests**

The following attestations are in addition to those found in Section 6 of the Civil Money Penalty (CMP) Reinvestment Application Template In Person Visitation Aids Request form.

If Your Organization's Legal Name (hereafter, Applicant) receives written approval of its funding request for reimbursement of communicative technology purchases from the Iowa Department of Health and Human Services (hereafter, HHS), the Applicant attests to the following:

1. The Applicant agrees that it meets and shall continue to meet the eligibility criteria set forth in: (1) the Civil Money Penalty (CMP) Global Public Health Emergency (PHE) Application Template Coronavirus Disease 2019 (COVID-19) Visitation Aids I & II Request form, (2) the State Approval of Request to Use CMP Funds for COVID-19 Visitation Aid, and (3) the Department of Health and Human Services Informational letter No. 2184-MC-FFS-CVD (barriers) and 2321-MC-FFS-CVD (air filters). The Applicant shall also comply with both the terms of the documents listed above and those found in the Department of Administrative General Terms and Conditions for Goods Contracts at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20goods.pdf>. All of these documents are hereby incorporated into this document by reference.
2. If awarded funding, the Applicant shall provide the documentation to HHS as noted in the "Payment of Grants" section of the Department of Health and Human Services Informational letter No. 2184-MC-FFS/2321-MC-FFS or when seeking reimbursement for devices purchased.
3. Applicant shall use approved grants funds for the sole purpose of providing nursing facility residents with in-person visitation aids. Any funds spent in a manner not consistent with the certification on the completed application or as outlined in the eligibility criteria, will be subject to recovery.
4. If Applicant received funds, and does not agree to the terms set forth herein and would like to return the funds, please send an email to [IMECMP@dhs.state.ia.us](mailto:IMECMP@dhs.state.ia.us) and Applicant will be provided with instructions on how to return the funds. The Applicant understands that if HHS issues a denial of Applicant's application for funding for this CMP project, HHS is not obligated to reimburse Applicant for purchase of any communicative technology devices.

By signing below, I confirm compliance with the attestations and terms set forth herein.

<b>Applicant, (Applicant's Legal Name)</b>	
Signature of Authorized Representative:	Date:
Title:	