

**Attestation Related to Civil Money Penalty (CMP) Reinvestment  
Application Template Coronavirus Disease 2019 (COVID-19)  
In-Person Visitation Aids Request**

The following attestations are in addition to those found in Section 6 of the Civil Money Penalty (CMP) Reinvestment Application Template Coronavirus Disease 2019 (COVID-19) In-Person Visitation Aids Request form.

If ( \_\_\_\_\_ ) (hereafter, Applicant) receives written - approval of its funding request for reimbursement of in-person visitation aids purchases during the COVID-19 pandemic from the Iowa Department of Human Services (hereafter, DHS), 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) Reinvestment Application Template Coronavirus Disease 2019 (COVID-19) In-Person Visitation Aids Request form, (2) the State Approval of Request to Use CMP Funds for COVID-19 In-Person Visitation Aids, and (3) the Department of Human Services Informational letter No. 2321-MC-FFS. 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 DHS as noted in the "Payment of Grants" section of the Department of Human Services Informational letter No. 2321-MC-FFS when seeking reimbursement for visitation aids purchased.
3. Applicant shall use approved grants funds for the sole purpose of providing nursing facility residents with in-person visitation aids to support safe in-person visitation. 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.
5. The Applicant will be required to seek and receive approval from the State Fire Marshall Division to ensure Life Safety Codes are met for visitation aids such as tents, or other shelter for outdoor visitation and/or clear dividers. A copy of the

approval communication from the State Fire Marshall Division will be required for the reimbursement process.

The Applicant understands that if DHS issues a denial of Applicant's application for funding for this CMP project, DHS is not obligated to reimburse Applicant for purchase of any in-person visitation aids.

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

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