

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD
FY 2021-2022**

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each of the applicable programs

PREP _____

Update Effective Date (*only required when submitting updates*) _____

Federal Employer ID#: _____

Complete Official Agency Name: _____

Business Office Address: _____

Agency Phone: _____

Agency Fax: _____

Agency Website: _____

**AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION**

Please enter the **agreement or contract** number for each of the applicable programs

PREP _____

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that the California Personal Responsibility Education Program (PREP) under the Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Section 2953 of the Patient Protection and Affordable Care Act of 2010 (Public Law (Pub. L.) No. 111-148) which established PREP. PREP is authorized and funded by Section 513 of the Social Security Act (42 U.S.C. § 713), as amended by Section 50503 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123) extended by Section 3822 of the CARES Act, 2020 (Pub. L. No. 116-136). I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations and policies with which it has certified it will comply.

Official authorized to commit the Agency to an MCAH Agreement

Name (Print)

Title

Original Signature

Date

MCAH/AFLP Director

Name (Print)

Title

Original Signature

Date

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							PREP
2	PROJECT DIRECTOR <i>(only if different from MCAH Director)</i>							PREP
3	PREP PROJECT COORDINATOR <i>(only if different from PREP Director #2)</i>							PREP
4	PREP FISCAL CONTACT							PREP
5	FISCAL OFFICER							PREP
6	Health Educator 1							PREP
7	Health Educator 2							PREP
8	Health Educator 3							PREP
9	Health Educator 4							PREP

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
10	Health Educator 5							PREP
11	Health Educator 6							PREP
12	Health Educator 7							PREP
13	Health Educator 8							PREP
14	Health Educator 9							PREP
15	Health Educator 10							PREP