



**PHYSICAL AND DIGITAL INFRASTRUCTURE SECURITY GRANT PROGRAM
Attestation of Services Provided**

Name of Applicant/Organization: _____

I, _____ (Official Designee; same person as Section 15 of the Grant Subaward Face Sheet) hereby confirms that the above Subrecipient is responsible for adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following area:

- The Subrecipient confirms that they are 1) a currently licensed health care practitioner or facility who provides abortion- related services and reproductive health care services in the State of California; and 2) located in California.

All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with this requirement may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made a false attestation, or (2) the Subrecipient violated the attestation by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named above, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described attestation. I am fully aware that this attestation, executed on this date, is made under penalty of perjury under the laws of the State of California.

Official Designee Signature: _____
Official Designee Typed Name: _____
Official Designee's Title: _____
Date Executed: _____

