**1. Cover Letter & Attestation**

Please submit a 1–2-page cover letter, signed by the Executive Director or other authorized signatory of your organization.  This letter should provide a brief summary of your organization’s mission and what you hope to complete by the end of this grant with the resources provided.

**Attestation**

**Please place a checkmark next to all attestation statements. Please have a person with fiscal authority in your organization sign the bottom of the attestation section.**

* I attest that no funds within this application will be used for existing costs within our organization (supplanting efforts).
* I attest that no funds within this application will go to previously committed expenses associated with a lobbyist or governmental relations representative.
* I attest that my agency has read and understood the requirements for this grant and will comply with any reporting needs.
* I attest no funds will be utilized for existing Medicaid reimbursable services.
* I attest I have the authority to enter into a financial agreement on behalf of my organization.
* I attest my agency will work to increase the availability of these services to Arkansas Medicaid Members.
* I attest that I understand that any funding awarded may be recouped for not meeting application terms or requirements.

**Signature of Authoring Official:**

**Title:
Date:**