

## ***APPENDIX B. ELIGIBILITY ATTESTATION***

### **Eligibility Attestation**

Please provide signatures of three (3) officers within the organization attesting that the organization meets the following eligibility criteria:

1. The applicant organization is a community service board or private provider with three (3) or more years of experience providing intensive community-based support services for adults with serious and persistent mental illness (SPMI) within the state of Georgia.
2. The applicant organization has a working relationship with a court or courts holding jurisdiction over probate matters in the corresponding service area(s).
3. The applicant organization has a working relationship with local law enforcement in the corresponding service area(s).
4. The applicant organization has the ability to meet staffing requirements to serve an ongoing caseload of up to 25 individuals and the ability to implement the program with existing staff until new grant-funded positions can be secured.
5. The applicant organization is accredited as defined under DBHDD Behavioral Health policies (available at <https://gadbhdd.policystat.com/policy/10491760/latest>).
6. The applicant organization has the ability to operate comfortably in a cost reimbursement environment.
7. The applicant organization agrees to disclose any involvement by the organization or any officer or principle in any material business litigation, to include but not limited to client abuse, client neglect, or rights violation claims within the last five years.
8. The applicant organization agrees to make upon award a statement of commitment that it shall honor the provisions of any legally enforceable psychiatric advance directive of any person receiving involuntary outpatient treatment.
9. The applicant organization agrees to be subject to audit by the state auditor for the purpose of confirming compliance with state law and the performance of the terms of the grant.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date